

Meridian Healthcare Limited

Kirkby House Residential Care Home

Inspection report

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Date of inspection visit:
06 December 2018

Date of publication:
24 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kirkby House Residential Care Home provides accommodation and personal care for up to 44 older people and people living with dementia. The home is located in a residential area close to Kirkby town centre, Knowsley. Accommodation is in single rooms with the majority having en-suite facilities.

At our last inspection we rated the service good. On this inspection, we found the service had remained good. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection 38 people lived at the home.

The inspection visit took place on 06 December 2018 and was unannounced.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and looked after by staff. We observed interactions between staff and people who lived at the home. These were positive, friendly and supportive. Written comments to the home included, 'I can see why this home is so highly recommended the atmosphere and staff are so wonderful, really friendly I wouldn't want my [family member] to be cared for by anyone else. And 'The staff are marvellous, I couldn't ask for better.' And, 'If I won the lottery I would not move my family member from Kirkby House.'

There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were personalised to meet people's needs.

People were extremely positive about the care they received and the quality of staff. Throughout the inspection we saw staff were available to assist people in communal areas and patient and kind to people they supported. Staff assisted people promptly when people needed their help and were friendly talking and laughing with people. We saw and people told us staff provided care in a way that respected peoples' dignity, privacy and independence. These included, 'If you paid thousands you could not get better care than here.' And 'The staff are fabulous, they bend over backwards, nothing is too much trouble.' A relative said, "The staff are attentive to resident's needs, very kind, caring and professional."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary

action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

There were sufficient staffing levels in place to support people safely. Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed. We saw people had access to healthcare professionals. People told us staff cared for them in the way they wanted and met their care needs promptly. They referred them to healthcare professionals in a timely way.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Care plans were in place detailing how people wished to be supported. These were informative and personalised and regularly reviewed.

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection.

People told us they enjoyed the food provided and had choice and variety. We observed the lunchtime meal. People received sufficient food and drink and the assistance they needed. The kitchen was clean, organised and staff were trained in food safety.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required.

People told us they enjoyed a variety of social and leisure activities and staff were welcoming to their families and friends. We saw staff were responsive to people's needs and wellbeing and spent time supporting and engaging people in social activities.

People knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

The registered manager sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, resident and staff meetings. People told us the management team were approachable and willing to listen.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Kirkby House Residential Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Kirkby House Residential Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 06 December 2018 and was unannounced. The inspection team consisted of one adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experiences on this inspection had a background supporting older people and people with dementia.

Before our inspection on 06 December 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included sixteen people who lived at the home and six relatives. We spoke with the registered manager, senior manager and five staff. We looked at the care and medicines records of three people. We reviewed a variety of records, including the recruitment of three staff, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

Where we could, we spoke with people about their care. Where people were unable to converse about their care because of their dementia we observed care and spoke with visiting relatives. People we spoke with told us they felt safe at Kirkby House Residential Care Home. They told us that they felt safe because security in the home was good, the home was clean and uncluttered and staff were always in attendance and assisted them promptly. One person told us, "The staff look after us really well and keep us safe. I am so lucky to be here." Another person said, "I only have to call if I need a hand. I am safer here." A relative said, "The staff are attentive to resident's needs, very kind and caring and professional."

Procedures remained in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received safeguarding vulnerable adults training and understood their responsibilities to report unsafe care or abusive practices.

Risks for people were minimised because staff carried out risk assessments to identify possible risks of accidents and harm to people who lived at Kirkby House, visitors and staff. These provided guidance in how to safely support people, reduced potential risks and were reviewed regularly.

We found people's medicines continued to be managed safely and in line with The National Institute for Health and Care Excellence (NICE) national guidance. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The management team checked staff remained competent at medicines management, observed staff administering medicines and carried out frequent audits.

Records seen confirmed the service had continued to carry out appropriate recruitment checks to ensure staff were suitable and safe to work with vulnerable people. People who lived at the home told us they were satisfied there were sufficient numbers of staff available to meet their needs. We saw staff provided supervision and support for people. Requests for assistance were responded to promptly. The duty rota demonstrated staffing was sufficient to meet the needs of people.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred the management team reviewed this to see if lessons could be learnt and to reduce the risk of similar incidents.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Staff had been provided with appropriate personal protective clothing such as disposable gloves, aprons and cleaning materials to undertake their duties effectively. Cleaning schedules were in place and regular infection control audits had been completed. We found equipment in use at the home had been serviced and maintained as required. There had been regular health and safety checks throughout the building to

ensure the home was a safe place for people to live.

Is the service effective?

Our findings

People told us they enjoyed the food provided and were encouraged to give their views about it. One person told us "I like almost everything but I can always have something different if I don't like the choices on offer." Another person said, "I have put weight on since I came here – that tells you the food is good." People told us and we saw they were regularly offered drinks and snacks. Staff were familiar with people's nutritional needs, likes and dislikes.

We observed lunchtime. It was relaxed and unhurried. People had a choice of meal. There were sufficient staff to give people the attention they needed and the food looked and smelled appetising. The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services providing food awarded the home their top rating of five in meeting food safety standards about cleanliness, food preparation and associated record keeping.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People said staff checked they agreed for them to provide care and support. Care records seen confirmed this. We saw people's mental capacity had been considered for specific decisions and was documented in their care records. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw where people were restricted this was done lawfully.

We looked around the building and saw accommodation and equipment met people's needs and was appropriate for the care and support provided and included dementia friendly design features. We found equipment to assist people with mobility and personal care was in place, had been serviced and maintained as required. People's bedrooms were personalised.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Staff liaised with other professionals and shared information to assist with care and treatment. People told us staff talked with them about their care and supported them to see GP's, district nurses, opticians and other healthcare professionals promptly as needed. One person said, "The girls all know me and are very kind. They know when I am not myself."

We spoke with people who lived at Kirkby House, their relatives and staff and looked at the service's training matrix. People felt staff were trained and competent. Staff received training including dementia awareness, medicines, safeguarding, fire safety, infection control, food safety and equality and diversity. This assisted them to provide care that met people's needs. Staff received regular supervision. These were one to one meetings held with their line manager. Staff told us they could suggest ideas and training needs and were given feedback about their performance.

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

Is the service caring?

Our findings

People able to speak with us told us the staff were excellent. They said staff treated them with generosity, love and kindness. One person told us, "I am so very happy here in Kirkby House, all the staff are lovely and caring. They are fantastic and take such good care of me." Another person said, "I love the staff here like family. They are perfect. They care for me and help me and are patient and kind." A relative told us, "My [family member] has improved no end since coming here. She was quite morose before but now I see her smiling and laughing." Another relative said, "This was by far the best home I saw when looking for care for [family member]. I highly recommend this home. The staff are fabulous, excellent, compassionate and caring."

We also saw comments made in the recent home survey and in thank you cards. These included 'If you paid thousands you could not get better care than here. The staff are fabulous, they bend over backwards, nothing is too much trouble.' And, 'Kirkby House is wonderful, with excellent staff. the care the staff give the residents is second to none.' And, 'If I won the lottery I would not move [my family member] from Kirkby House.' And 'I can see why this home is so highly recommended the atmosphere and staff are so wonderful, really friendly I wouldn't want my [family member] to be cared for by anyone else. The staff are marvellous, I couldn't ask for better.'

We saw the staff team were committed to giving people the best possible care. Staff interactions were frequent and cheery and increased people's wellbeing. People looked up in happy expectation as staff came towards them, aware that interaction would follow, be that a song, game, dance or hug. Staff were focused on helping people to be contented and happy and to have golden moments and memories. Staff made sure they talked about and involved people in activities they were interested in. Even where the interactions were short, they resulted in smiles and contented expressions, which lasted a while.

The atmosphere in the home was relaxed and comfortable. Staff encouraged people to chat and join in activities. We saw various staff dancing and singing with different people throughout the day. There was a lot of laughter and talk of Christmas. When a person began to look or sound distressed staff stepped in to distract and defuse situations. We saw staff talked with one person making them laugh. A staff member gently asked another person to 'help' them with a job and they happily went off together. We saw another person getting up from the table at a mealtime and walking away from their meal. We saw staff danced over to the person, joked with them, then danced together back to the table to have more to eat. The person remained contented, sat again for a while and ate more of their meal. This happened several times and the staff member cheerfully did the same thing encouraging the person to 'have a little more.'

Without exception we saw staff treated people with respect in an understanding and considerate way. They clearly knew the most effective ways of approaching and supporting people to assist their well-being. We observed that staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. A visiting professional commented that they witnessed good practice on every visit. Another professional said they observed excellent relationships between staff and people who lived at Kirkby House and had never seen anything to concern them.

Staff had a good understanding of protecting and respecting people's human rights, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. People's personal relationships, beliefs, likes and wishes were recorded as they wished in their care records. Information was in place at the entrance to and around the home to make people aware that they supported people's diverse needs. This helped people to receive the right support around their individual beliefs including religion, culture and sexuality.

People told us staff encouraged them to keep in touch with families and friends and made visitors welcome. They helped people keep in touch by visits, telephone calls, emails or through social media where relatives lived away or were unable to visit. This helped people keep in contact with people who mattered to them.

People had access to advocacy services and regular contact with an advocate where needed. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People said they were happy with their care and the support they received from staff. They said staff quickly responded to call bells and requests for help and were available when they needed them. One person said, "I never have to wait long when I call them."

People told us and we saw there were frequent social and leisure activities throughout each day. The activities coordinator and staff team were enthusiastic and passionate about involving people in meaningful and enjoyable interaction and activities. A relative commented in a recent home survey, '[Family member] looks so well, so happy laughing and joining in. She looks better than she has in ages.' People were involved in a variety of one to one and group activities including singing and dancing, exercises, arts and crafts, games, themed parties and local choirs and professional entertainers visiting. Activities were focused on encouraging people living with dementia to get involved in activities that improved their wellbeing. Care records seen confirmed this. A relative said, "The staff here are remarkable. They go over and above what we would expect."

People said their spiritual needs were met with visits from local ministers and attendance at places of worship if they wished. There were good links with a local nursery and schools who visited the home to interact and sing. People who lived at the home told us these visits were enjoyable and looked forward to. As well as Christmas decorations throughout the home, there was a large Christmas tableau in the entrance hall that people showed us and told us about. They said these were changed to show different themes and activities such as weddings or soldier uniforms and encouraged discussion about people's own experiences.

Care plans continued to be informative and personalised and were reviewed regularly. People told us staff checked if they were comfortable with the way they supported them. Relatives told us they were involved and kept informed about any changes in the care their family members.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate easily

The complaints procedure continued to be made available to people in the home and their family members. Staff reassured people any complaints would be responded to appropriately. People we spoke with told us knew how to make a complaint and felt able to discuss any concerns with the manager.

We saw staff had discussed and recorded people's preferences for end of life care where people were willing to do so. This assisted staff and families so they were aware of these in advance. Staff told us where possible people could be supported to remain in the home as they headed towards end of life, supported by staff who knew them. A health professional had written that the team at Kirkby House were amazing and had

looked after a patient of theirs on end of life care, brilliantly.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home, relatives spoken with and staff were praising of the registered manager and management team. They said they appreciated the way the home was managed. Survey comments included, 'Excellent care home with very excellent manager and staff.' And 'Kirkby House is a lovely home. I viewed five other homes this was the best by far. My [family member] has never looked so good or felt it. I can't thank the manager and all the wonderful staff enough.'

The registered manager sought the views of people in a variety of ways including meetings, surveys and informal chats. These confirmed people were happy with the standard of care and support provided. One person told us, "I love it here, everything about it."

The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. There was a clear management structure in place and the staff team confirmed they were clear about their roles and provided a well-run and consistent service. There was a clear management structure in place and the staff team were, knowledgeable and familiar with people's needs.

There were frequent audits to monitor the quality of the service and staff. These included medicines, care plans, equipment and the environment. Action had been taken as a result of any errors or shortcomings found. Staff learnt from incidents that had occurred and made changes in response to these to improve care and safety.

Staff told us they felt supported by the registered manager and management team. They said they had daily handovers, supervisions and staff meetings and were given relevant information as well as being able to suggest ideas. The meetings kept people informed of any issues and enabled staff to discuss the running of the home.

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a safe, quality service. These included healthcare professionals such as, district nurses, dieticians, speech and language therapists and mental health teams. This multi-disciplinary approach helped to support people in their care to receive the right support.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.