

HICA

Kirkgate House - Care Home

Inspection report

18 Kirkgate
Bridlington
Humberside
YO16 7JU

Tel: 01262671185
Website: www.hica-uk.com

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Kirkgate House – Care Home took place on 5 April 2017 and was unannounced. At the last inspection on 2 July 2015 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the service was rated 'Good'. However, the registered provider was recommended to ensure that further repairs to the premises were made, after meeting the requirements of a breach of regulation 15 identified at an earlier inspection on 14 November 2014.

Kirkgate House – Care Home is situated on the edge of the town of Bridlington in East Yorkshire with easy access to the town centre and transport links to other towns and cities in the county. It is a purpose built premises, which can accommodate up to 28 people all in single bedrooms. The premises have been modelled to house people in units and each unit has its own kitchen, lounge, activity area and bathroom. There are also two self-contained flats. The service specialises in care for people with a learning disability. At the time of the inspection there were 28 people using the service, most of whom had lived at Kirkgate House – Care Home for many years.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a registered manager that had been in post for the last six years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had excellent opportunities to engage in occupation, pastimes and activities if they wished to in order to lead fulfilling lifestyles and to develop their potential. They were empowered to engage in the local community as citizens and to take part in innovative ways of having their needs met.

People's relationships were extremely well supported and encouraged so that people had very good family connections and support networks. All of this meant that people had an enhanced sense of wellbeing and an exceptional quality of life.

We saw that people were supported according to their detailed and person-centred support plans, which reflected their needs well and were regularly reviewed.

There was an effective complaint procedure in place and people had their complaints investigated quickly and without bias.

We saw that the service was well-led and both the culture and the management style of the service were positive, progressive, approachable, inclusive, open and honest. The management team and staff were powerful role models for people with regard to learning and developing life skills and engaging and being active in the community. This had been the case for many years.

There was a 'bespoke' and effective system in place for checking the quality of the service provided using audits, satisfaction surveys, meetings and a pledge to provide a high-quality service via the organisation's SHINE initiative, which underpinned the visions and values and put people at the heart of the service.

Recording systems used in the service and practices in handling information protected people's privacy and confidentiality. Records were well maintained and held securely on the premises.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns.

Risks were managed and reduced on an individual and group basis so that people avoided injury or harm wherever possible.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this.

Staffing numbers were sufficient to meet people's need. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to support vulnerable people.

We found that the management of medicines was safely carried out.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their personal performance annually appraised by an equally qualified and competent management team. Communication was effective and people's mental capacity was appropriately assessed and their rights were protected.

Employees of the service had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves.

The registered manager was able to explain how the service worked with other health and social care professionals and family members to ensure a decision was made in a person's best interests where they lacked capacity to make their own decisions.

People were provided with the nutrition and hydration they needed to maintain their health and wellbeing. The premises were suitable for providing care and support to people with a learning or physical disability and action was being taken to ensure the environment was appropriately adapted to meet the needs of those people that had been diagnosed as living with dementia.

People were compassionately supported by staff that were kind and knew about people's needs and preferences. People were involved in all aspects of their care and were always asked for their consent before staff undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored. This ensured people were respected and enabled to take control of their lives.

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 was safe.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were managed and reduced so that people avoided injury or harm.

The premises were safely maintained and staffing numbers were sufficient to meet people's needs. Recruitment practices were carefully followed and people's medicines were safely managed.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

People and their relatives spoke highly of the continuously excellent care they received.

People had excellent opportunities to engage in occupation, pastimes and activities to lead fulfilling lifestyles and reach their potential.

Staff were exceptionally supportive in meeting people's needs.

People were exceptionally well supported regarding their relationships with each other and family members.

They were supported according to detailed and person-centred support plans, which reflected their needs and were regularly reviewed.

People had any complaints investigated quickly and without bias.

Is the service well-led?

Good ●

The service was very well-led.

People had excellent roles models in the staff and management team. The registered manager was innovative and progressive and the culture of the service was extremely open, honest and inclusive.

High-quality care was provided and this was because the staff implemented and put into action the organisation's pledge that underpinned the services visions and values and supported the quality monitoring and assuring systems.

Records were very well maintained and information secured so that people's confidentiality was protected.

Kirkgate House - Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The inspection of Kirkgate House – Care Home took place on 5 April 2017 and was unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Kirkgate House – Care Home and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people that used the service, three relatives and the registered manager. We spoke with four staff that worked at Kirkgate House – Care Home. We looked at three people's care files and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems that were used. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed interactions between people and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Is the service safe?

Our findings

People told us they felt safe living at Kirkgate House – Care Home. They said staff are, "Really nice", "Like friends" and "Helpful." Staff said, "I would be happy for my relative to live here", "Safeguarding is everyone's business and I would go straight to the manager or above if anything was not right" and "We treat people like our own family here and always protect them."

Relatives told us, "The staff are more like family. We were very pleased to have found Kirkgate and now we visit and leave our family member in safe, family hands, because that is how we think of the home. We don't have to worry anymore" and "I know my relative is in safe hands here, everyone is so lovely." One relative also said, "What you see is what you get. It is marvellous and suits [Name] very well. I can die happy."

At the last inspection in July 2015 the registered provider was found to have met regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of this regulation had been identified at an earlier inspection in November 2014 with regard to inadequate cleaning of the premises and therefore ineffective infection control. This was due to outstanding repairs that needed completing and stained carpets that we found. Repairs had already been identified in the premises quality audit checks but the registered provider had not taken appropriate action to address them at that time.

While all of the work we identified in 2014 had been completed at the July 2015 inspection, other areas for repair were identified, that hampered effective cleaning and infection control. This meant the registered provider was recommended to make further improvements to the premises to ensure infection control measures would be effective throughout the service.

At this inspection we found that all of the repair work we recommended was completed and the service now ensured routine cleaning regimes were in place. Therefore infection control measures were effective. Repairs were completed to flooring in bathrooms and showers, exposed toilet pipes were boxed in, a metal sink had been replaced and all handrails were being regularly cleaned using different products.

Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team. Records were held in respect of handling incidents and the referrals that had been made to the local authority. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce the risk of harm from falls, moving around the premises, inadequate nutritional intake, managing seizures, use of personal electrical equipment, the use of bed safety rails and accessing the community or undertaking social events. Personal emergency evacuation plans were in place for evacuating people from the building in an emergency. As a response to a fire safety issue that had been risk assessed, but involved minor scorching of a quilt cover, all people that used the service and with capacity were booked to take part in a talk and discussion with a fire safety officer, to raise

their awareness of the dangers of fire.

Contracts of maintenance assured us the premises and equipment were safe. Maintenance safety certificates for utilities and equipment used in the service were up-to-date. These included, for example, gas, electricity, lifting equipment, the passenger lift and fire safety systems. This meant people were kept safe from the risks of harm or injury.

Accident and incident policies were followed and records were held, which showed action was taken to treat injured persons and prevent accidents re-occurring.

Staffing rosters corresponded with the numbers of staff on duty during our inspection. We were told by the registered manager that in May 2016 night staffing numbers increased to three, following a fire safety issue.

People agreed there were enough staff to support them with their needs. Relatives also confirmed this. One said, "There are always enough staff here to take people out and provide the support they need". Staff told us they covered shifts, as necessary and had time to carry out their responsibilities to meet people's needs and spend extra quality time with them. Everyone we spoke with agreed that staff were amenable and always came in to do extra shifts when required.

HICA recruitment procedures ensured staff were suitable for the job. We saw job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before staff started working at the service. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Recruitment files contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. Staff only began to work when all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

Medicines were safely managed within the service. People had monitored dosage packs of medicines held in their bedrooms. Monitored dosage packs are a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, given at specific times, as prescribed by the GP. A list of approved and trained medicine handlers was held with the medication administration record (MAR) charts. MAR charts were accurately completed.

Medicines were obtained and administered on time, recorded correctly, stored safely and disposed of appropriately. Controlled drugs (CDs) were safely held at the time of the inspection and only one set of keys were ever in use to access them, which meant everyone knew who was responsible for them. Two senior care staff members were responsible for CDs on each shift. CDs are those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001.

Medicines that required cold storage such as insulin and some topical creams and drops were stored in a locked medicines fridge and maintained at the appropriate temperature to ensure these items remained effective. Medicines prescribed to be taken 'as required' were managed with the use of written protocols stating when, why and how these medicines would be given. A visual check on two people's medicines held in their bedrooms showed they were safely stored and stocks tallied with their records.

We were told by the registered manager that staff completed specialist medicine administration training so that they were competent to safely administer medicines to people who experienced seizures. This training was provided by nurses with the local Community Team for Learning Disability, who also refreshed the training on a regular basis for Kirkgate House – Care Home staff.

Is the service effective?

Our findings

People told us that staff at Kirkgate House – Care Home understood them well and had the knowledge to care for them. They said, "Staff are really good, they know what to do and what I need help with" and "Staff help me with anything I have problems with." Relatives told us, "I am very happy with the care, as I am always kept informed of any incidents or hospital visits and such" and "I could not ask for more. [Name] is supported really well."

Systems in place ensured staff received the training and experience they required to carry out their roles. An electronic staff training record showed when training was required or needed to be updated. Training was usually delivered by the organisation's training team in the form of face-to-face instruction and discussion, followed by e-learning and then completion of workbooks. However, specialist training was accessed from a clinical psychologist with the local authority Community Team for Learning Disability to support staff in supporting people with specialist behavioural needs. Bespoke training was provided by the HICA training team to enable staff to support people in other specialist areas, where personal care needs were compromised and anxiety was heightened.

HICA's trainers completed 'train the trainer' courses. The registered manager had a Diploma in Epilepsy Awareness and delivered training to other HICA service staff. The registered manager and deputy completed NVQ in End of Life Care, while several staff completed NCFE Level 2 in End of Life and Autism. All care and domestic staff were fully trained in all of the areas of care and support specified as minimum training, so that any staffing shortfall could be easily managed. Of the 27 care staff employed 92.5% held the Diploma in Health and Social Care.

Staff completed induction, received regular one-to-one supervision and took part in a staff appraisal scheme. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people verbally consented to care and support from staff or agreed by cooperating. Signed documents were held in people's files that gave permission for photographs to be taken, support plans to be implemented or medication to be managed.

People's nutritional needs were met because staff consulted them about their dietary needs. Three meals a day were provided and other snacks and drinks were prepared in the kitchenettes by people themselves. Nutritional risk assessments helped to ensure people's safety with food choices and swallowing. Staff supported people to eat and drink with sensitivity, during 'tools down' time at all meal times. This ensured all staff, regardless of role, were proficient in supporting people to have their nutritional needs met and all staff assisted in this.

People said, "The food is alright, I like it", "We get to choose what we want to eat" and "I go for the shopping with staff each week and can choose some of the things we like to eat." Relatives said, "The food is fantastic. I have eaten here and had my Christmas lunch with [Name], so I know what the food is like" and "I have never heard [Name] complain about the food. They eat most things."

People's health care needs were met through regular screening and consultation about medical conditions. Staff liaised with healthcare professionals where people could not represent themselves. Links with health care professionals were expertly forged and very well maintained which enabled people with phobias to receive the support they needed at the service or in alternative and less clinical surroundings. Other people were empowered by staff to speak up about their healthcare needs. If people's needs changed their condition was reviewed to maintain their wellbeing.

The premises were suitable for providing care and support to people living with a learning or physical disability, as Kirkgate House – Care Home was purpose built. People were housed in units, each with its own kitchenette, lounge, activity area, bathrooms/toilets and bedrooms. A ground floor unit accommodated those using a wheelchair. Other units were accessed by a passenger lift or stairs. One unit was extensively used during the day, another much less so. Also two self-contained flats offered three people with more independence.

Two or three people now living with dementia, had their personal environments altered to suit their individual needs. Carpets, furniture fabrics and wall coverings were plain so that people could navigate their environment easily. Other areas were being redecorated and colour schemes had been carefully considered to aid orientation for those living with dementia. This meant changes in decoration and furnishings to meet their needs were undertaken as necessary.

Is the service caring?

Our findings

People told us they got on very well with staff and each other. They said, "We are just like one big family", "I have lived here a long time and know the other people here really well" and "Staff are really good. They care about us."

Relatives said, "Kirkgate is like a family for those that have no family and is a comfort to me, as I know the staff are approachable and [Name] is happy here. I see people's interactions with staff and others that live here and there is no window dressing. It is all genuine. When I visit, staff don't always know I am there and I see them being just the same with people every time."

Staff displayed a caring and pleasant, but professional manner when they approached people. Staff knew people's needs well and were helpful and kind when they offered support. One staff member said, "I think how would I like my family member to be treated and try to work on that principle. We have a one page profile, listing care needs and all the unusual things as well about people. These are held in their bedrooms so that we, and any new staff, know how to care for the person immediately, as it is important to give the right care at all times and to understand what people need and want." Other staff spoke about themselves and people that used the service at Kirkgate House – Care Home being a family.

At the time of our inspection, those people who may have experienced discrimination within the community were being protected by vigilant staff members who empowered people to speak up at any sign of discrimination. For example, staff explained that whenever a person was at risk of discrimination they kept the person informed in a way they understood. Staff then pointed out the options the person could take and enabled them to decide for themselves whether or not they wanted to challenge the situation. Staff then repeated the person's choice and made their challenge clear to those being discriminatory.

While everyone living at Kirkgate House – Care Home had relatives or friends to represent them, we were told that advocacy services were available and being used by five people. A sixth person had recently requested that an advocate be appointed to them and this was in the application stage. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Advocacy information was made available to people.

People told us their privacy, dignity and independence were respected. They said, "I am treated very well here. I have no problems with how staff speak to me" and "I always have the privacy I need." Staff explained to us that they only provided personal care in people's bedrooms or bathrooms, knocked on bedroom doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state.

Staff said, "We complete privacy and dignity training which addresses meeting people's needs respectfully" and "With personal care we are most careful. We ask people to follow good practice principles and not to leave doors open. We make sure we are discreet at all times and we also uphold confidentiality of information about people, even though they often ask us about each other, as they do consider one another

as family."

Is the service responsive?

Our findings

People told us their needs were being exceptionally well met by staff that understood them. Everything they talked about included praises for the staff and how staff assisted and supported them with all aspects of their lives. People said staff just could not do enough for them and were always available to offer help, advice and comfort and share in their interests and everyday activities of living.

Relatives said, "The staff here are excellent and offer a five star service. I am one hundred percent happy. The atmosphere is calm and consistent, staff are really approachable, [Name] has plenty of space to move around and staff support them really well" and "I could not want for anything better for [Name] who has made some wonderful friends here and sees everyone, staff and residents, as their extended family."

People were always occupied and activities were numerous and of their choosing. People chose places of interest for outings and group excursions. Everything was recorded in photographs held in albums or on computer. They enjoyed visits from the 'Zoo Lab' (small animals and reptiles for people to pet and hold), visits to coffee shops and places of interest such as The National Railway Museum in York or Eden Camp. People took holidays, held theme days and events, for example, a Dad's Army garden entry into the annual HICA in Bloom Competition. They celebrated seasonal festivals; Christmas meals out, Halloween and summer garden parties on the premises. The registered manager and staff facilitated as many opportunities as possible. Some people took part in a local mental health hospital pilot of a new computer app (application), were issued with their own electronic computer pads as a thank you and had accessed the internet ever since for looking up information and topics that interested them.

Students on placement at the service gave feedback regarding their experiences and some comments were, 'Care was fantastic. I was involved in review meetings, visits from district nurses and the work of a speech and language therapist on an oncology ward' and 'I worked with many professionals: social workers, doctors, consultants and opticians while on placement. This allowed me to understand the importance of autonomous practice and how it really benefits the service user. Kirkgate House offers amazing care and I would definitely recommend them one hundred percent. Service users and carers were very involved in my practice and gave me feedback.' People were given a strong sense of involvement, fulfilment and responsibility with mentoring the students.

People that used the service felt equally valued and responsible when taking part in discussions and consultations with medical trainees under the mentorship of their doctors, when doctors visited them for annual health checks. It benefitted people because they had excellent health care screening checks with a consistent surgery team and in the privacy of their own home. Self-esteem for those people aware of and involved in the scheme, was improved because they felt valued helping their doctors to train medical professionals. People were confident speaking with us and demonstrated their pride in the part they played.

For many years staff had been powerful role models for people that used the service with regard to learning and developing life skills, for example, staff undertook to facilitate, supervise and be part of small teams of

people tasked to help around the service with cleaning, setting tables, serving meals and clearing away. We saw two people being supported by a care worker to set tables for lunch in one of the units and two other people moving furniture and cleaning the dining room with help of a domestic worker in another part of the house. Staff worked one-to-one with people on keeping their bedrooms clean and tidy too, teaching and instructing people in these skills. People carried out these tasks competently and took ownership of the day-to-day running of the housekeeping.

For many years staff had been powerful role models for people with regard to engaging and being active in the community, for example, this was the third successive year that the service had taken part in 'open gardens' with Bridlington Old Town Association, where people showed members of the public around the garden. People continuously raised money for charities holding coffee mornings, taking part in sponsored swims and selling craft items they had made on a stall at the annual Bridlington Dickensian market. Staff also enabled people to exercise their rights to vote, take up paid or voluntary employment and be part of social and religious organisations. One person told us they enjoyed working at a local garden centre, another that they liked showing visitors around, as they felt involved and a third told us they just loved taking part in making things and selling them to raise money.

Staff going 'over and above' included, for example, taking a urine sample to a GP surgery, speaking with the surgery manager, having it tested immediately to quickly secure an anti-biotic treatment for a person, which would otherwise have taken days to be tested at the hospital pathology lab. 'Over and above' included the administrator driving the minibus one Saturday to transport a person from hospital upon discharge, because no other staff member with a driving licence was on duty. Similarly the activities coordinator and two staff working a late shift on New Year's Eve stayed beyond their working hours and facilitated a party for people until 2am in the morning. Two staff on their day off went to and sat with a person in hospital for an operation and were also summoned by the consultant to the recovery room, as familiar faces for the person on waking.

One domestic regularly took a person to see wrestling matches and a care staff member regularly took a person to see their budgie, which used to be a pet at the service, but had to be adopted. Other staff took people to The Spa Theatre to see shows or artistes they liked, went shopping for people or went with people to the local hairdressers and then on to a coffee shop. Staff took people to Hull University where they attended The Red Disco, or to the pub at Christmas time. All of this support work was carried out in staff's own unpaid time. An Easter coffee morning was planned the Saturday of Easter weekend, to raise funds for charity, and the registered manager said staff on or off duty, paid or unpaid, would come along to help and to meet people's needs.

People were enabled to take responsibility for the running of the service in several ways. With regard to housekeeping everyone assessed to have capacity kept their own bedrooms clean and tidy, organised and collected their laundry and worked on a rota basis to set and clear tables and sweep and mop dining areas. One person helped out on a regular basis in the laundry to sort and fold clothes and others called in to chat to the laundry assistant, listen to the radio and perhaps dance a while. People also helped keep the outside areas of the premises tidy and safe for use. One person assisted the handyperson with decorating and light labouring jobs. They also had a paid job with a family friend gardening in the community and spent time at Sewerby Park working in the market garden there.

With regard to staff recruitment most people were encouraged to 'meet and greet' candidates for jobs and spend time speaking with them, asking questions about their interests and what was important to them. People then discussed candidates with the registered manager, giving their opinion of suitability to fit in with everyone else at Kirkgate House - Care Home.

Care files we looked at were extremely well compiled and detailed. They contained a 'map of life', a lifestyle profile, details of people's preferences and people's personal details. Assessments of need and support plans contained information under nine specific areas of need, which evidenced how people and their relatives had been included in compiling information over a series of introductory visits and overnight stays as well as completing information documentation and 'This is Me' forms. These instructed staff on how best to meet people's needs. Support plans were clear and consistent.

People's needs were clearly recorded within their support plans. Support plans were the cornerstone of people's care and support. They reflected the needs that people presented and were person-centred to the extent that every need was assessed and risk was clearly planned for to ensure they were met on an individual level. Individual 'traffic light system' risk assessment forms showed how risk of possible harm or injury to people was reduced.

'Working files', which were a shorter version of the care files, contained photographs, 'one page profiles', daily records and monitoring sheets of the care and support provided. They enabled the reader to quickly gain insight into the needs of the person they referred to and understand the action required to ensure those needs were met.

Support plans, risk assessments and 'one-page profiles' were reviewed monthly or as people's needs changed. One person's 72 hour short-term support plan produced following an injury and the fitting of a plaster cast that caused a pressure wound, enabled staff to give the person the care they required until the wound healed. The plan had now come to an end.

Health action plans were in place, and for females these were extensively expanded regarding female health care needs. Health action plans were accompanied by health monitoring forms and professional health visitor records, as well as, for example, epilepsy monitoring plans or nutrition plans. If best interest decisions were required regarding health needs these were also recorded in health action plans, as was the case for one person who had needed a profiling bed.

Some people had behaviour management plans in place, which were also clearly written and detailed. One person required intervention regarding their bath time routine to ensure their physical health was not put at risk. This was carried out in collaboration with HICA's behavioural consultant and an officer at Continuing Health Care. The programme devised ensured the least possible intervention was put into action on a regular basis, which enabled the person to safely maintain their hygiene and health.

All documents held in care files were also produced in pictorial format to support people to understand them better. People had patient passports (a local NHS foundation trust document) for use in the event they were admitted to hospital, so that health workers could meet their needs.

The registered manager said that at least two people were now diagnosed with memory impairment conditions and were transitioning through stages of old age while living with dementia. Their physical and emotional needs had increased. The staff responded to these new needs and completed training in dementia awareness for people with a learning disability and people's immediate environment was being adapted to enable them to receive the new care they required.

For example, people had been accommodated to enable them to have a relationship and to meet their needs for daily living, but living with dementia now impacted upon this. So arrangements had been discussed with them and put into action to ensure relationships continued in the best possible way, while still meeting needs. Changes in room use and sleeping arrangements were sensitively managed before and

after the onset of memory impairment, but people were still supported in maintaining their relationship. Senior management highly commended the work.

Other dementia care needs were looked at pro-actively and staff were already forward planning for in the event that those living with dementia might need such as specialist equipment for skin integrity, continence management and meaningful occupation.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff got to know people's family members and kept them informed about people's situations if people wanted them to. Staff encouraged people to receive visitors and to remember family birthdays and anniversaries.

Staff accessed hoisting equipment to assist those people that needed it, to move around the premises and this was used effectively. People were risk assessed for its correct use. Other specialist items included anti-suffocation pillows for people who experienced seizures, sensor mats for those at risk of falls, profiling beds and bed safety rails. The staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms.

Where appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment, which was risk assessed and reviewed, ensured people's independence.

The registered provider had a complaint policy and procedure in place for anyone to follow and records showed that complaints and concerns were handled within timescales. Relatives said, "I have only needed to speak up once regarding [Name's] hygiene and it was quickly sorted" and "I know what to do if I had a complaint, but honestly I've never had the need."

Staff had a positive approach to receiving complaints, which helped them to improve the care they provided. The registered manager and staff adhered to an extremely honest and open approach in the everyday support they provided to people. Staff were extremely receptive to listening, hearing and taking action to address what people told them each and every day, so that the culture regarding any complaints was very positive and enabled people to instinctively and comfortably speak their minds. The staff had addressed seven complaints in the last year and complainants were given written or pictorial details of explanations and solutions following investigation. HICA ensured complaints were internally addressed by other registered managers or senior managers within the organisation to ensure impartiality.

All of this meant the service was outstandingly responsive to meeting people's needs.

Is the service well-led?

Our findings

People told us that Kirkgate House – Care Home was like a family-run service, where the atmosphere was friendly, secure and dependable. They said, "I really love living here," "I have a fantastic life" and "I am made to feel I am very important." Staff said the culture of the service was, "Homely, genuine and honest." We observed an open, sharing and inclusive culture among the staff team who respected the registered manager. Staff were empowered to challenge in the best interests of people and encouraged people to stand up for their rights and be independent.

The organisation completed general service audits using its Early Warning Assessment Tool, which was a check on practice and systems along the lines of The Health and Social Care Act 2008 regulations. Health and safety meetings were held across the organisation every three months, issues centrally collated and action taken. Thorough systems were in place for identifying, recording, taking action about and signing off jobs completed with regards to audits. The organisation also implemented an organisation-wide Quality Improvement Plan which incorporated the use of the organisation's five SHINE pledges (Quality, Compliance, People, Business Viability and Innovation). Action points and goals for improvement were set annually based on key performance indicator data collected in surveys. Certain areas were centrally monitored by the organisation, for example, training, accidents, incidents and safeguarding.

The SHINE pledges of 'quality' and 'people' overlapped with the service's visions and values, which were listed on their website. These included kindness, respect, listening, understanding, happiness and tolerance. The values were found to be put into action by staff that made sure people were at the heart of the service in a person-centred way; each person's individual lifestyle mattered and was encouraged at all times. Examples of this included the way in which one person living with dementia and their partner had been supported through some anxious and challenging times with regard to their daily living preferences and another person being supported and encouraged to take up voluntary and some paid part-time work in the community. People's lifestyle choices, successes and achievements were celebrated at the organisation's annual SHINE Ball, which they attended in formal dress and where they danced, congratulated each other and had a good time.

The registered provider was required to have a registered manager in post and this requirement was met. 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.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications under the Care Quality Commission (Registration) Regulations 2009, were sent to us and so the service fulfilled its responsibilities.

The registered manager constantly recognised, promoted and implemented very good practice in order to

promote a high-quality service. They maintained an up-to-date nursing registration, completed all training that they expected staff to complete, were trained in intermediate and advanced Dementia Care, held a Diploma in Epilepsy Care and therefore delivered epilepsy awareness training within the organisation and mentored nurse students at Hull University.

Those people that had epilepsy were extremely well supported in managing their seizures / episodes and with monitoring the frequency and severity of these, so that the risk of seizures and the harm from them was reduced. This was because staff were well instructed in the needs that people with epilepsy presented and understood when symptoms were evident, so that people quickly received support and epilepsy medication where necessary.

The registered manager also attended Care Sector Forum meetings and learning disability focus groups held by the local authority, where they provided information and broached provider concerns to enable consultation for new ideas and resolution of concerning issues. This meant people that used the service benefitted from the support of the registered manager and staff that had strategies for new or improved ways of dealing with their daily concerns or worries.

The management style in the service was open, inclusive and approachable. We observed the registered manager being approached by staff throughout the day and they asked questions and consulted her about specific support needs that people had. For example, staff consulted about a forthcoming event for some people and the registered manager listened, offered advice and enabled staff to come to an agreement about transport and timings for departure. Staff said they freely expressed concerns and were listened to. One of them said, "The manager is brilliant. They are more than a boss and know when you are struggling. Help is always there for work or personal issues. We might disagree on how we improve people's lives, but are enabled to try things out and they (the registered manager) are happy to admit when these prove successful. They (the registered manager) are very enabling with people and the staff."

We looked at documents relating to the service's system of monitoring and quality assuring the support that people received. Quality audits were completed on a regular basis and satisfaction surveys issued to people that used the service, relatives and health care professionals. People were empowered and enabled to voice their opinions through a variety of methods: meetings, group consultations, one-to-one discussions, reviews and impromptu exchanging of wishes and ideas for development and inclusion in community life. We overheard one person talking about their wishes for the coming weekend and expressing concerns about how these would be achieved. Staff advised the person on how they would be supported to do what they wanted to do and helped them plan for this.

Audits included checks on all aspects of service delivery. Shortfalls identified were recorded on an action plan and work took place to address the concerns identified, through one-to-one supervision with staff, staff meetings and referral to the organisation estates department (maintenance) and Share Point system. Share point was an organisation-wide electronic sharing system for all registered managers and senior managers. It ensured HICA employees discussed issues and shared tried and tested best solutions to problems that improved people's lives. An example of implementing ideas from this system was the re-siting of people's medicines in their bedrooms, which had previously been stored in a general medicine cupboard. People now had individual stores in their bedrooms which they were enabled to independently administer to themselves or were supported with on a more personal and confidential basis.

A new organisational role had been created: a Quality and Wellbeing Coach, who supported and supervised activity coordinators to get the best out of them for the benefit of people that used HICA services. The organisation had purchased licences for the activity coordinators across the organisation to offer 'Oomph'

exercise and 'Oomph' activity. This is an award-winning social enterprise dedicated to enhancing the mental, physical and emotional wellbeing of younger and older adults. Coordinators delivered the exercise and activity to people, which enabled people to engage and improve their fitness, health and wellbeing. Activity, inclusion, consultation were other ways of helping people to feel that they were at the heart of the service.

Surveys were issued to people that used the service, relatives, health and social care professionals and staff. Results of the last one issued in September 2016 were collated and published in a report, which showed that overall satisfaction was above 90%. The registered manager told us about how action is taken when issues in surveys are identified, for example, when it was raised in the survey one year that not all staff were following a particular policy, a copy of the policy was issued to all staff with their wage slips.

People held meetings each month to discuss general issues that affected their care and support. These were recorded in written word and in pictorial format. Staff meetings and management meetings were held to support good communication. Newsletters were used for advertising and reporting on events and items of interest within the service, which meant that people were informed and also enthused by prospect of new events. HICA as an organisation issued 'well-done' awards, for example, for maintaining a good food hygiene rating score or for raising funds for charity by holding a healthy eating tea party in nutrition/hydration week. These in turn encouraged better staff performance and therefore better support and lifestyles for people that used the service.

The service was monitored by the local authority using its quality assurance check with regard to the commissioning of care and support for people. The last one showed that the local authority was satisfied with service provision. When we contacted officers of two local authorities with whom the service contracted placements, they told us they were highly satisfied with the way the service conducted its business and provided care and support to people living at Kirkgate House – Care Home.

The service was run in a very positive, inclusive and pro-active way that enabled staff to respond outstandingly well to meeting people's needs. The registered manager and staff were a collaborative workforce that guided, supported and encouraged people to lead as fulfilling and enjoyable a life as possible.