Caireach Limited

Kirkside Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 June 2017 and was unannounced. At the last inspection in February 2015 we rated the service as good. At the last inspection we found the provider was not in breach of regulation although we did report that when actions points were identified through auditing systems it was sometimes unclear if the identified improvements had been made. At this inspection we found they had effective action planning in place. However, we found medicines were not managed safely.

Kirkside Lodge is a service for eight people, divided over four apartments and providing support to adults with learning disabilities and complex needs. Located in Kirkstall, Leeds, the home is within close proximity to local services and amenities, including major transport links. At the time of this inspection eight people were using the service.

The service had a registered manager although they were not generally involved in the day to day running of the service. A manager had been in post for four weeks and told us they would be submitting a registered manager's application and had a meeting planned to discuss this with their line manager. 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 if ever they felt concerned or worried they would talk to staff or a member of the management team. Risks to people had been identified, assessed and managed through the support planning process. Within people's support plans there was guidance around the use of restraint and in the event of restraint being used clear records were maintained which were then reported to senior managers. We saw people lived in a safe environment and facilities enabled independent living. Some areas of the service needed decorating and some furniture and fittings were damaged. The issues had been escalated to senior managers and were being addressed. Staffing arrangements exceeded the contracted hours, however, some people's one to one allocated hours were not clearly evidenced so it was not clear they always received this.

Staff told us they felt supported by colleagues and the management team. They said the quality of training was good and covered areas that were relevant to their role. People were involved in making decisions about their care and support. Where people lacked capacity best interest decisions were made. People told us they enjoyed the meals and were asked what they wanted to include on the menu. New menus were being introduced, which were going to offer more lunch options. People we spoke with said they were happy with the support they received to help make sure they stayed healthy. They had health action plans and hospital passports. It was not clear that everyone had attended appointments that covered their general health needs such as dental and optician because some information had been archived. The manager agreed to review the archiving arrangements to ensure a record of appointments was readily available.

People told us they were happy living at Kirkside Lodge and were well cared for. Staff told us people were well cared for and the service was person focussed. They said good systems were in place to make sure people's history, preferences and goals were understood and we saw evidence that confirmed this. During the inspection we observed people were comfortable in their environment and there were sufficient communal facilities to ensure people had adequate space and their privacy was respected. Information was displayed to help keep people informed.

People told us they chatted to their key workers about the support they wanted. We found support plans were detailed and contained clear information which guided staff around how care should be delivered. People had person centred activity programmes. A system was in place for managing concerns and formal complaints.

We received positive feedback about the management team. Staff told us the service was well led. They told us it was well organised and communication was effective. People were encouraged to share their views and put forward suggestions. People who used the service and staff attended regular meetings and were asked to comment through surveys. The provider monitored the service through a range of quality management systems.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These related to safe care and treatment and person centred care. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People lived in a safe environment. Plans were in place to decorate and refurbish some areas, which would ensure people lived in a pleasant and well maintained environment.

Staffing arrangements exceeded the contracted hours, however, some people's one to one allocated hours were not clearly evidenced so it was not clear they always received this.

Medicines were not managed safely because good practice guidance was not always followed.

Is the service effective?

Good

The service was effective.

Staff were supported to do their job well. Staff received appropriate training and supervision which ensured they understood their role and responsibilities.

Systems were in place to promote choice and assist people to make decisions when they needed help.

People told us they were happy with the meals and support they received to help make sure they stayed healthy. People had health action plans but some information about recent health appointments had been archived so it was not clear how some aspects of people's health needs had been met.

Is the service caring?

Good

The service was caring.

People were happy living at Kirkside Lodge and felt they were well cared for. Staff were confident the service was person focussed.

People were comfortable in their environment and had sufficient personal and communal space.

Information was displayed to help keep people informed.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, and their care and support was planned and reviewed.

People were enabled to carry out person centred activities.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had some effective quality management systems although they had not picked up the issues identified at the inspection.

We received positive feedback about the management team.

People who used the service and staff were encouraged to share their views and put forward suggestions.

Kirkside Lodge

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 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.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR) in September 2016. We asked the provider for an update at the inspection. The 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.

This inspection took place on 1 June 2017and was unannounced. An adult social care inspector carried out the inspection. During the visit we looked around the service and observed staff supporting people. We spoke with two people who used the service in detail and briefly with two others. We gained limited information from some people who used the service about their experience of living at Kirkside Lodge because of the different ways they communicated. We also spoke with five members of staff, the manager and the clinical support manager. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Requires Improvement

Is the service safe?

Our findings

We checked the systems in place for managing medicines and found people received their medicines as prescribed although we found examples where the provider was not following safe medicine practice.

People told us they received support with the medicines and did not have any concerns about how their medicines were managed. Team leaders were responsible for managing and administering medicines. They had received medicine training and their competency was checked at least every year.

Medication administration records (MARs) showed medicines had been administered correctly. We carried out checks of medicines that were dispensed from containers and found the stock was correct. Stock record sheets showed staff checked these each time medicines were administered.
Most MARs were pre-printed by the dispensing pharmacist and included specific administration instruction where appropriate. Sometimes staff had to add medicines to the MAR during the medicine cycle and handwrote these, for example, when a new medicine was prescribed. The team leader responsible for administering medicines on the day of the inspection told us they must ensure they duplicated the instruction from the original packaging to the MAR. We saw this practice was followed when we reviewed two handwritten entries although these were not signed or dated. The provider's policy stated entries must be signed and dated by the person making the entry and then checked and countersigned and dated by another member of staff. The clinical service manager said they would remind staff about signing and dating handwritten entries.

We found the service was not following current guidance on external medication. We saw one person was prescribed a cream to treat a skin condition. We saw this was being applied regularly; however there was no information readily available about the thickness of application and area of the body to which the cream should be applied. This helps ensure that topical medicines are applied effectively in a way that keeps people safe. The clinical service manager said the dispensing pharmacist had in the past provided a specific record but no longer provided these. They said they were not using topical medication administration records (TMARs) or body maps. The clinical service manager agreed to take action and update their practice accordingly

Some people were prescribed medicines with a 'when required' dose (PRN). We saw these were administered using a person centred approach, for example, people were offered the medicine at times other than the usual medication times. People usually had a protocol with information to support staff to administer the PRN medicines as the prescriber intended. For example, whether the person asked for the medicine or if they needed prompting or observing for signs of need. We saw one person was prescribed two types of medicine for pain relief but they only had a protocol for one of the medicines. Another person had a protocol for pain relief medicine but did not have a protocol for medicine to treat constipation. The clinical service manager said they would ensure protocols were in place for all PRN medicines.

The provider had a policy for homely remedies which outlined how they would meet people's needs for treating minor ailments with over the counter medicines. We saw people had in their file a list of homely

remedies that had been agreed by the GP. One person had purchased pain relief and had a protocol in place. However, they had run out of stock so could not receive pain relief if requested. We noted the person's support plan around medication contained insufficient guidance around the level of support they required. The clinical service manager said they would update the person's support plan and arrange for the pain relief medicine to be prescribed and ensure the person had adequate stock. We concluded the provider was not managing medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they felt safe, and if ever they felt concerned or worried they would talk to staff or a member of the management team. We saw information around 'keeping safe' was displayed in the service.

Staff were familiar with safeguarding procedures and said good systems were in place to protect people. Staff we spoke with said they had received safeguarding training and training records showed all staff had completed this.

Risks to people had been identified, assessed and managed through the support planning process. We saw from people's care records that risk assessments covered key areas and were very detailed; they had clear actions that helped ensure people were safe and risk was minimised. Risk management included areas such as self-harm, absconding, smoking and regulating family contact.

Within people's support plans there was guidance around the use of restraint, and in the event of restraint being used clear records were maintained which were then reported to senior managers. Staff we spoke with told us they felt confident supporting people with behaviours that challenged and always followed the guidance which was specific to each individual. They said they had attended specialist training.

The service was divided into four units. We saw people lived in a safe environment and facilities enabled independent living. Certificates and records confirmed checks had been carried out to make sure the premises were safe. When we looked around the service we saw people spent time in the courtyard and also accessed their accommodation. Two people showed us their room; these were personalised and also had safety measures in place, for example, a television was set in a protective unit to prevent it from being damaged. One person showed us their en-suite bathroom which had recently been refurbished. Some areas of the service needed decorating and some furniture and fittings were damaged. We saw the issues had been escalated to senior managers. The clinical service manager said approval to address these had been approved and the work was commencing in the next couple of weeks.

People told us they were happy with the staff and received one to one staffing support at the agreed times. Staff we spoke with said the staffing arrangements were safe although three raised concerns that they sometimes felt there was not enough staff. One member of staff said there had been recent changes to shift times but acknowledged these were under review and were being changed if they were not working well. Two members of staff said the one to one staffing allocation was not always appropriately managed. One member of staff said, "I feel [name of person] and [name of person] don't always get their one to one hours."

We discussed staffing with the manager and clinical service manager. They confirmed the staffing hours used each week exceeded the contracted hours. They said that most people had one to one support throughout the day and this was clearly identified, however, they had identified there was less clarity when people only had one to one funding for part of a day. The manager said the one to one staffing arrangements should be recorded each day on the handover sheet. We looked at the previous seven days handover sheets and saw there was a specific section for staffing but this was usually left blank. The manager said they had discussed at a recent team meeting that recording around shifts needed to improve

so management could monitor the service, and we saw meeting minutes which confirmed this.

In the PIR the provider told us they had a 'comprehensive recruitment process, which included a robust interviewing process. All staff have Disclosure and Barring Service (DBS) checks prior to working within the service'. The DBS is a national agency that holds information about criminal records. We looked at two staff files and spoke to a member of staff who had been recruited in the last twelve months which confirmed this.

Good

Is the service effective?

Our findings

People told us staff provided good care and support. One person said, "Staff will pick up when I need support. They will resolve any issues." Another person who used the service told us about a recent experience where they felt staff had been skilled when dealing with a situation. They said, "I had an accident and staff looked after me very well. Afterwards I filled in an appraisal form and said I was very proud and wanted everyone else to know how well they had done."

Staff told us they felt well supported by colleagues and the management team. They said the quality of training was good and covered areas that were relevant to their role. They told us they felt equipped to do their job well. Staff said they received regular supervision where they had opportunities to discuss their role and responsibilities. We reviewed the supervision matrix which showed, at least every three months, staff spent time with their supervisor.

We reviewed the training matrix which showed staff had received a variety of training which included food safety, first aid, health and safety, autism, epilepsy, MAPA (The Management of Actual or Potential Aggression), safeguarding, and manual handling. Staff who were new to their role completed the 'Care Certificate' induction which is a set of standards staff adhere to in their daily working life. In the PIR the provider told us, 'Staff Inductions are over two weeks. Day one in service where staff read the policies and procedures file, the rest of the mandatory and bespoke training is completed at Head office. Staff undertake a week's shadowing. During this time they will read the files of the residents which includes the risk assessments and care plans, and have the opportunity to ask any questions they may have.' A member of staff who had recently started working at the service confirmed their induction followed the process described in the PIR.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw MCA training was included in the provider's training programme. Staff we spoke with understood their responsibilities around the MCA and confirmed they had attended training. Staff said they considered people's capacity to take particular decisions and ensured when a person lacked capacity decisions were made in their best interest. Staff felt confident the principles of the MCA were adhered to and people's rights were protected.

People told us they were involved in making decisions about their support and had agreements in place. One person told us they had agreed their activity programme and followed this; they said if they wanted to change this they would discuss alternative activities with their keyworker and then make another

agreement.

We saw in people's support plans there were capacity assessments and records of best interest decisions. For example, one person had a best interest decision which related to personal care and receiving their medicines covertly which meant they were administered in a disguised format without the knowledge or consent of the person receiving them. We saw others had been involved in the best interest process and included specific input around using covert medicines from a pharmacist.

We saw at the front of people's file a statement which stated people were unable to understand and sign their own care plan, so where possible families and/or health professionals would sign on their behalf. However, when we chatted to some people it was evident they had been involved in the support planning process and understood aspects of their care and support. We saw in one person's file who had spoken with us at length they had also signed a form which confirmed staff had helped them read and understand their file. We discussed our findings with the clinical service manager who was very confident that where possible people were involved in the support planning process and felt this was well was evidenced throughout the support plan file. They said they would review the forms which were kept at the front of the files to ensure they accurately reflected people's capacity to understand their support plan.

People told us they enjoyed the meals and were asked what they wanted to include on the menu. One person said, "They ask us at service user meetings and also come round to the units."

Two members of staff said they thought the quality of provisions could improve. One said vegetables were sometimes not as fresh as they should be. Another said they brought the supermarkets own brand. When we looked around the service we saw fruit and vegetables were available and these were fresh. We also saw supermarket branded items were purchased although these were not the cheaper value range items.

The manager showed us new menus which were being introduced; these were being finalised and would be implemented the following week. They said all menu options were being reviewed but they were trying to make sure lunch options were more varied. We saw people had expressed meal preferences at service user meetings and these were included on the menus.

People we spoke with said they were happy with the support they received to help make sure they stayed healthy. Staff told us people received good support with their health needs and discussed examples where other professionals had been consulted when concerns around health had been identified. For example, to help support people with behaviours that challenged and mental health needs.

In the PIR the provider told us, 'People had annual reviews where other health professionals and families are invited'. They said health is an agenda topic during the reviews and this ensures that health appointments are maintained and kept up to date. They said everyone had a health action plan and a hospital passport. We saw the relevant documents in people's files. We looked at one person's health action plan which identified they required a blood test. We saw an appointment had been arranged. It was not clear when we reviewed the support plans that people had attended appointments that covered their general health needs such as dental and optician. The manager said some information had been archived and agreed to review the relevant detail and make sure a record of appointments was readily available.

Good

Is the service caring?

Our findings

People told us they were happy living at Kirkside Lodge and were well cared for. One person told us since they moved into the service they felt happier. They said, "I've calmed down and can feel the change. I know I've got support around me. I'm really, really happy." Another person said, "It's very nice living here. I get on well with staff. There is a nice group of staff."

Staff told us people were well cared for and the service was person focussed. They said good systems were in place to make sure people's history, preferences and goals were understood. One member of staff said, "We never group people, it's always person centred care. We find out what people like and then try to make sure it happens."

During the inspection we observed people were comfortable in their environment and there were sufficient communal facilities to ensure people had adequate space and their privacy was respected. People spent time in their accommodation and outside in the courtyard. We saw one person accessed the kitchen and made themselves a hot drink. Another person sat in the sunshine and when they were feeling too warm decided to go indoors. Staff chatted to people and it was evident from observations they knew people well.

When we visited the units we noted in one unit a member of staff had displayed a notice which instructed other staff around limiting times of hot meals. We brought this to the attention of the manager who had been unaware the notice was displayed. They removed this straightaway. The clinical service manager said they would follow this up and make sure staff were very clear this type of practice was unacceptable.

In the PIR the provider told us what they did to ensure the service they provided was caring. They said, 'Service users and their families/friends are supported to maintain regular contact and engage in positive experiences together.' Our inspection findings confirmed this.

People had 'one page profiles' and other information in their care records that detailed their background, history, personal preferences and cultural and spiritual needs.

An information board in a communal meeting room displayed information to help keep people informed. We saw leaflets and notices around how to raise a concern, dignity, taking medicines and what is an advocate role. The provider displayed information about the previous inspection near the entrance of the service.

Good

Is the service responsive?

Our findings

People told us they chatted to their key workers about the care and support they wanted. One person said, "Staff go through the support plans. I've agreed a budget plan." Another person told us they would talk to their keyworker if they wanted to change anything in their activity programme.

In the PIR the provider told us, 'All Service Users have a person centred plan (PCP) in place which they have been involved in producing' and 'an annual review and PCP review'. We found support plans were detailed and covered areas of care which included physical needs, sensory and cognitive, mental health, behaviour and high risk areas, and interpersonal and socialisation. Each support plan contained clear information which guided staff around how care should be delivered. Risk assessments identified the risk, the benefits to the person carrying out the identified risk and what action needs to be taken to reduce the risk.

Staff we spoke with said the support planning process was effective and assisted them to understand how to provide appropriate care to people. One member of staff said, "They are very specific so we know exactly what support people need. Because we work with people who are complex we have to be consistent and the support plans make sure we do this."

During the inspection we spoke with people who used the service and staff about activities and lifestyles, and reviewed activity programmes and daily records. We found people had individual activity programmes which were person centred. One person told us they "really enjoyed' their activities and had been involved in deciding what they wanted to do. They told us they did gardening, went to the gym, local pub, snooker and the local community. People told us they mainly engaged in individual activities and spent time in their unit. They also said they sometimes had themed nights where everyone experienced different foods.

People told us they could talk to their keyworker and would also talk to the manager and clinical service manager if they had any concerns. One person told us the clinical service manager visited regularly and talked to them. One person said, "[Name of clinical service manager] helped me with my finances and I know she would help me sort out other things." We saw information around how to make a complaint was displayed in a meeting room.

No formal complaints had been received in the last 12 months. A record was maintained where concerns had been shared. This showed action was taken to resolve issues where possible to the person's satisfaction. We saw the service had received a compliment from a visiting professional around the quality of one person's support plan and risk assessment in March 2017. They stated. 'Visits have shown a depth of understanding towards [name of person] and a person centred approach'.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider was not in breach of regulation although we did report when actions points were identified through auditing it was sometimes unclear if the identified improvements had been made. At this inspection we found they had effective action planning in place which ensured improvements were made.

At the time of the inspection the service had a registered manager although they were not generally involved in the day to day running of the service. A new manager had been in post for four weeks. They told us they would be submitting a registered manager's application and had a meeting planned to discuss this with their line manager.

We received positive feedback about the manager and clinical service manager. Staff told us the service was well led. They told us it was well organised and communication was effective. Staff said meetings were held regularly and they discussed things that were relevant to the service. We saw in May 2017 staff had discussed staffing rotas, health and safety, medication and finances. Staff were reminded about reporting any safeguarding concerns to the management team immediately.

People who used the service told us they were encouraged to share their views and put forward suggestions. People attended regular 'service user' meetings. We saw from the meeting minutes they discussed various topics including food, staffing arrangements, premises and health and safety. We saw in April 2017 people had put forward ideas for meals and these had been included on the menus. A suggestion for new garden furniture was made and the manager confirmed this had been ordered.

People had completed surveys in December 2016; we saw the responses were positive. People said they were really happy with their care, and their care has made them feel better about their life. They said staff gave them enough information so they could make their own decisions, and staff were polite and treated them with respect.

We saw the provider monitored the service through a range of quality management systems. The clinical service manager completed audits which covered key areas of service delivery such as fire, premises, infection control, laundry, medicines and care files. We reviewed the report from April 2017 which demonstrated the audit was comprehensive. An action plan was developed which identified who was responsible and timescales for completion.

The manager submitted weekly data to the provider to keep them informed about what happened at the service, for example, information which related to accidents and incidents, safeguarding and staffing. We saw daily, weekly and monthly checks were completed by the manager and staff at the home. We saw on handover records staff confirmed that they completed daily tasks such as checking finances and medication records.

Although the provider had some effective quality management systems they had not identified the issues we

picked up at the inspection. For example, medicines were not managed safely and standard consent forms were used for people which stated they were unable to understand and sign their own care plan even though other evidence contradicted this.

In the PIR the provider told us what they did to make sure the service was well led. They said managers spent time on the units 'leading by example and providing staff with support and guidance' and they had 'organisational priorities in place so everyone was clear what the common goal was' and 'clear guidance in place around roles and responsibilities'. Our inspection findings confirmed this.

The local authority told us they were not aware of any current or recent historical concerns with regards to this service and their officers would continue to work closely with the provider as part of the contract management process to look at continuously improving performance and quality. They said, 'The provider is very much engaged in this process.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not managing medicines safely.