

Uttoxeter and District Old People's Housing Society Limited







Kirk House Care Home

Inspection report

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Uttoxeter
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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?	Good	
Is the service well-led?	Requires improvement	

Overall summary

We inspected this service on 5 November 2015. It was an unannounced inspection. Kirk House Care Home provides accommodation and nursing care for up to 35 people. At the time of our inspection 25 people were using the service. Most of the people living at the home were living with dementia.

There was no registered manager at the service. 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 provider of the service is made up of a group of volunteer trustees. The trustees had employed a manager who was working at the service at the time of our inspection and had started the process of registering with us. We refer to them as the manager in the body of the report.

Summary of findings

At our last unannounced inspection on 19 May 2015, multiple regulatory breaches were identified and the service was judged to be 'Inadequate' and placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This meant the service would be kept under review and inspected again within six months. We told the provider they needed to make significant improvements in this time frame to ensure that people received safe care and treatment that was responsive to their changing needs, were protected from abuse and not unlawfully restricted. We also told them that they needed to ensure that effective systems were in place to monitor the quality and safety of the service and to drive improvement.

At this inspection, we made the judgement that the provider had made sufficient improvements to take them out of special measures but some further improvement was needed to ensure the quality and safety of the service was effectively monitored.

The manager had introduced checks and audits to assess and monitor all aspects of the service. However, further

improvements were needed to ensure the checks were effective in identifying and acting on shortfalls found, to drive continuous improvements in the service. The complaints process was visible and the provider had introduced systems to encourage people and their relatives to express their views about the service to enable improvements to be made.

We found the provider had taken action to ensure people's health and nutritional needs were met. People were supported by sufficient numbers of suitably recruited staff who knew how to protect them against the risk of abuse. Staff followed plans to manage identified risks to people's health and wellbeing. Improvements had been made to ensure people's medicines were managed safely. People received personalised care and support that met their identified needs and preferences. People were supported to maintain good health and accessed the services of health professionals when needed.

Improvements had been made to ensure the manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Capacity assessments had been completed to show how people who were unable to make important decisions had been supported to do so.

People told us they liked the staff and that they treated them with kindness. Staff knew people's needs well and encouraged them to maximise their independence. Staff supported people to make choices about their daily routine and promoted their privacy and dignity. People were supported to maintain the relationships which were important to them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had improved knowledge of safeguarding procedures and knew how to keep people safe from abuse. Improvements had been made to ensure people's medicines were managed safely and risks to their health and safety were assessed and reviewed to ensure they remained current. Staff knew the actions they should take to minimise the identified risks. There were enough staff to meet people's needs. The provider carried out checks to assure themselves that staff were suitable to work with people who used the service.

Good



Is the service effective?

The service was effective.

Improvements had been made and people were supported and encouraged to maintain an adequate diet to meet their nutritional needs. The manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty. Staff received effective induction, training and support to care for people. People were able to access the support of other health professionals when their needs changed.

Good



Is the service caring?

The service was caring.

Improvements had been made and the staff supported people to maintain their privacy and dignity. People told us they liked the staff and we saw they had caring relationships with them. People were supported to maintain their independence and have choice and control over their daily routine.

Good



Is the service responsive?

The service was responsive.

Improvements had been made and people received personalised care which met their individual needs and reflected their preferences. People were supported to take part in activities and follow their interests. The procedure for making a complaint was visible and people felt able to raise any concerns.

Good



Is the service well-led?

The service was not consistently well led.

There was a positive atmosphere at the home and the manager, staff and trustees were working together to make the necessary improvements. The manager had taken action to improve the quality and safety of the service but

Requires improvement



Summary of findings

further improvements were needed to ensure the systems in place were effective in identifying concerns and driving continuous improvement. Staff understood their roles and responsibilities and felt supported by the manager and trustees.

Kirk 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 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 was undertaken on 5 November 2015 by two inspectors. Before the inspection we reviewed the information we held about the service which included statutory notifications the acting manager had sent us. A statutory notification is information about important events which the provider is required to send us by law.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This 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. However, we offered the provider the opportunity to share information they felt relevant with us

We spoke with ten people who lived at the home and two relatives. We spoke with four care staff, one nurse, the chef, the acting manager and the deputy manager. We also spoke with one health care professional. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunch time to understand people's experience of care. Some people were not able to give us their views in detail because of their complex needs. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records to see how their care and support was planned and delivered. We reviewed four staff files to check people were recruited safely. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the acting manager and provider undertook to monitor the quality and safety of the service.

Is the service safe?

Our findings

At our inspection in May 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff did not always recognise when people were at risk of harm. At this inspection, we found the required improvements had been made. Staff we spoke with told us they had received training, demonstrated an improved knowledge about safeguarding people and spoke with confidence about the action they would take if they thought a person was at risk of abuse. One member of staff told us, “I didn’t know about raising safeguarding concerns before but the manager has gone through it with us, so we know what to do”. Another told us “I would go straight to the senior or the manager if I was worried about anybody”. Staff told us they had telephone numbers for the local safeguarding team and CQC and we saw information about safeguarding was displayed in the reception area. People told us they felt safe at the service and one person we spoke with knew about raising concerns. They told us, “If I thought I was being mistreated by staff, I’d report them because I know they’re not supposed to do that”. Another person said, “I definitely feel safe here”.

At our inspection in May, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people’s medicines were not always managed safely. At this inspection, we found the required improvements had been made. We saw that medicines were stored and administered correctly. We saw that staff spent time with people and encouraged them to take their medicines. Staff who administered medicines were trained to do so and had their competence checked by the manager to ensure people received their medicines correctly. This showed the provider had suitable arrangements in place to minimise the risks associated with medicines.

At our inspection in May, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people did not always have up-to-date risk assessments and management plans to reflect the care and support they required when their needs changed. At this inspection we saw risks to people’s safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people’s care. Plans were in place

for people who needed two members of staff to support them with the aid of a hoist. We observed that staff called for support from another member of staff and saw staff using the equipment safely, in line with people’s documented requirements. We saw that care plans were reviewed when people’s needs changed to ensure they continued to reflect the care and support people needed.

People were supported appropriately when they presented with behaviour which challenged their own safety and that of others. One member of staff told us about a person they supported, “We sit and listen to them, calm them, let them offload”. We saw this was consistent with the information in the person’s care plan on the best way to support them when they became unsettled. We saw staff documented incidents associated with challenging behaviour and, if it was known, what had triggered the incident. This meant they tried to identify what had caused the incident to enable staff to support the person if the situation occurred again.

The manager carried out checks to monitor fire and electrical safety and equipment such as the hoists and slings, which minimised the risks to people’s safety in relation to the premises and equipment. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We saw there were enough staff on duty to meet people’s needs and keep them safe. People told us they did not have to wait long for assistance from staff. One person told us, “I feel there’s enough staff. When I press my buzzer they came really quickly”. Another person said, “I pressed my buzzer this morning and they came to me quickly”. Staff we spoke with told us there were enough staff to support people. Staff told us the manager had introduced the use of walkie-talkies so they could easily call another member of staff to assist them if needed. One member of staff told us, “We used to have to go and look for another member of staff when we were moving someone with the hoist, now we just call them. It saves a lot of time and it means we don’t have to leave the person alone”. The manager calculated staffing levels based on people’s dependency levels and kept this under review to ensure there were enough staff to meet people’s needs at all times. The

Is the service safe?

manager told us they had recently recruited two new nurses which would mean they would no longer have an agency nurse working at night. This meant the continuity of staff would be maintained for people.

Staff told us and records confirmed the manager followed up their references and carried out a check with the disclosure and barring service (DBS) before they started

working at the home. The DBS is a national agency that keeps records of criminal convictions. The manager also checked PIN numbers to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to assure themselves that potential staff were suitable to work with people.

Is the service effective?

Our findings

At our inspection in May 2015, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not always supported to eat and drink adequate amounts to ensure their nutritional needs were met. At this inspection we found the required improvements had been made. People's nutritional needs were assessed and if needed a specialist diet was provided. For example, one person required a food supplement drink and pureed diet and we saw this was provided as indicated in their care plan. We saw that people were encouraged to eat their meals and staff supported them where needed. We observed staff recording people's food and fluid intake which ensured their dietary risks were effectively monitored. People's weights were closely monitored and advice was sought from health professionals where needed. This showed people were supported to maintain a healthy weight.

People told us they liked the food and we saw people were offered choice of two meals at lunchtime and hot or cold drinks and snacks throughout the day. The cook told us that people were asked for their opinions on the food and their feedback was used for menu planning. One person told us, "The food is excellent, they cater for all tastes. They come round to ask what I'd like". Another said, "Food is very good, I've no complaints". One relative told us, "[Name of person] is fussy with food but staff always get them something they like". At lunchtime, we saw the mealtime was a sociable experience and people were relaxed, chatting to each other and with staff.

At our inspection in May 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the people that lived at the home lacked the mental capacity to make decisions about their care and staff were not following the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The legislation sets out the requirements that must be in place to support people who lack capacity to make important decisions for themselves. At this inspection, we found the necessary improvements had been made. Care plans we looked at showed that people's capacity was considered in all areas of their care and where appropriate, decisions were made in the person's best interest in accordance with the legislation.

Staff we spoke with had received training in the Act and demonstrated they understood what capacity meant and how it affected people's ability to make decisions over their care and support. Staff told us how they supported people to make decisions about their daily routine. One member of staff told us, "I always ask, even when I know the answer, sometimes you have to prompt people a little". Another said, "We give people choices over their food and drink, what they wear". We saw examples of this throughout the day and observed a member of staff asking people what they wanted to watch on television and getting their agreement before changing the channel. This showed staff recognised the importance of gaining consent.

We saw that the manager had carried out assessments to determine if anyone was being restricted within the home's environment. They had identified that some people were being restricted and made had made referrals to the local supervisory body for DoLS authorisations. The manager had discussed the referrals with the DoLS team and assessments were awaited. This demonstrated they understood their responsibilities to comply with the requirements of the DoLS.

At the inspection in May, we found that the training staff received did not always provide them with the skills they needed to care for people effectively. At this inspection, people and their relatives told us the staff looked after them well. One person told us, "Am I well looked after? You bet I am". Staff told us access to training had improved since the new manager had started and they had received updates in areas relevant to the care of people in the home. The manager had a training matrix in place which confirmed that most staff had received training in areas which were relevant to the needs of the people in the home. We saw they were monitoring this and a programme of training was in place to address any gaps. Some staff had not received supervision but the manager was putting a programme in place to give all staff the opportunity to raise any concerns and receive feedback on their performance.

Staff we spoke with told us they had received an induction which included training in skills such as safe moving and handling, safeguarding and the Mental Capacity Act. One member of staff told us it had brought their skills up to date after a period where they hadn't worked in care. Staff told us they shadowed more experienced staff "on and off until they felt confident" and had their competence checked before working independently. One member of staff told us

Is the service effective?

new staff received feedback on their performance from both the manager and senior staff. The manager told us that as part of their training plan, new and existing staff had been enrolled on the Care Certificate, which sets out standards for the induction of health care and adult social care workers. This showed the manager followed nationally recognised good practice to ensure all staff had the skills and knowledge needed to support people effectively.

We saw that people had their day to day health needs met and were supported to maintain good health. We observed a member of staff checking a person's blood pressure, "That's not bad, better than the other day". The person told us, "I'm very lucky, I'm well looked after". A relative told us

they were happy with the care and staff were proactive regarding their relation's health. They told us, "The staff are on the mark whenever [Name of person] has been poorly". Staff sought advice from health professionals when people's needs changed and people's care plans recorded referrals to and visits from other professionals including the GP, specialist skin nurses and dietician. During handover staff discussed a person who had been seen by their GP following concerns raised about their diabetes. The person was to be referred to hospital for further tests. This showed people had access to health care professionals when their needs changed.

Is the service caring?

Our findings

At our inspection in May 2015, we found that staff did not always respect people's dignity. At this inspection we saw that staff treated people with kindness and promoted their dignity. Staff made sure people were comfortable and their dignity was maintained when they were supporting them to move using the hoist. We saw they explained to people what they were doing and made sure their legs were covered. The member of staff said, "Are we ready, going up". The person laughed with the staff which showed they felt comfortable. Staff ensured people maintained their appearance. We saw staff helping people clean their hands and mouths after they had eaten if they were unaware they had excess food there or if they were unable to do this for themselves. People were supported to maintain their privacy. We saw staff knocking on people's doors and waiting to be invited in. We also heard staff asking, "Do you want your door left open or closed?"

People told us they were happy at the home and liked the staff. One person told us, "I'm happy living here". Another said, "Staff are all so friendly. Nobody passes by without saying hello". A third said, "You are made to feel at home here, the staff are so lovely". We saw that staff knew people well and chatted easily with them. Staff chatted with people about the weather, what was going on in the news and about their friends and relatives. Staff told us, "We involve people in things, after all it's their home". Staff told us about a person who was responsible for maintaining the day and date displayed on the noticeboard outside the dining room. We saw them sorting the letters and numbers ready to put up. They told us, "It's a job I've been given. It keeps my mind active". A member of staff said, "She's very good at it". This showed staff made sure people felt they mattered.

People told us they were able to make decisions about their daily routine. One person told us, "I choose what time to get up and go to bed. If I want to go early, I just do it". Another person said, "We make our own choices about what to wear and what to do. You can do activities if you want, it's up to you if you want to get involved". We saw staff promoted people's independence. A member of staff encouraged a person to move their electronic armchair themselves before helping them to transfer into a wheelchair. One person told us, "Staff help me to shower but I have a proper shower chair and can wheel myself in and out again". One member of staff told us they encouraged people to do as much of their own personal care as possible, "[Name of person] always has a flannel and does their top half and I help them with the rest". This showed staff encouraged people to maintain their independence.

People were encouraged to express their views and be involved in making decisions about their care and support. We saw that one person was being supported to review their care plan. The member of staff said, "We're going to go through your care plan this morning. It's just a bit of reading to make sure we've got it right". We saw that people's relatives were involved in supporting people to make decisions where appropriate and if required, advocacy services were available to people. An advocate is someone who helps a person to speak up and make decisions about things that are important to them.

People were encouraged to keep in touch with people that mattered to them. One person told us, "Visitors can come anytime. Mine come whenever they can. One of my sons came the other day, he said he was passing by so thought he'd call in and see how I was". We saw staff knew people's visitors and made them feel welcome.

Is the service responsive?

Our findings

At our last inspection we found that some people who were cared for in their bedroom and needed support with all aspects of their care were at risk of social isolation. At this inspection, we found that improvements had been made. We saw that people had the opportunity to come into the lounge to sit with other people or to see their visitors. Staff had a good understanding of people's needs and followed the advice of professionals. One relative told us, "[Name of person] was getting up alternate days but the pain has been too bad this week". We saw this was recorded in the person's daily records and heard staff discussing how they were during handover. This demonstrated that people were supported to receive care and support that was responsive to their individual needs.

People received personalised care and support that reflected their preferences. Staff knew people's likes and dislikes and what was important to them and this was recorded in their care plans. We saw one person preferred to have their coffee black and in a cup and saucer and we saw staff respected this. Another person liked to hold a doll and staff referred to "the baby" whenever they spoke with them. Staff reminisced with people and kept their memories alive, for example we heard staff talking with people about decimalisation. The activities co-ordinator revisited past activities, such as when they made the model of Guy Fawkes, which was on display in the reception. We saw them reading an article from the local press, "Do you remember, look your picture is in the paper".

People were able to take part in social activities and follow hobbies and interests that met their individual preferences. One person told us, "I join in with the activities if they

interest me but the staff know I prefer to spend time alone. They are wonderful with me, I can't fault them at all. We saw that people were able to find a quiet area to read or listen to music of their choice. We saw one person tapping their hand along to the music as they listened. A member of staff told us, "It's their favourite". People were consulted about their preferences and each person had an activity diary which recorded what activities they had been involved in and if they had enjoyed it. People's friends and relatives were invited to events at the home. A firework display was held on the evening of our inspection and people were enjoying a supper of hot dogs and jacket potatoes. There was a lively, party atmosphere in the home. This showed people were encouraged to maintain relationships with people that matter to them.

We saw that people's care records were reviewed to ensure they reflected people's needs and preferences accurately. Daily records documented the care people had received and any concerns were noted in a log which was discussed during the shift handover. This meant staff had up to date information about people's needs. Relatives told us they felt involved in their relation's care and the home kept them informed when their needs changed.

People told us they had no concerns but said if they had they would feel comfortable speaking with the manager and staff and felt confident action would be taken. One person told us, "I've nothing to complain about, if I ask, I get what I need". A relative told us, "I've never needed to complain but if I had a problem I'd go to the manager". There was a complaints procedure in place and we saw that complaints forms were available in the reception area. No complaints had been received since our last inspection.

Is the service well-led?

Our findings

At our last inspection in May 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have systems in place to regularly assess and monitor the quality of the service provided and did not always keep accurate records in relation to people's care and treatment. At this inspection, we found that further improvements were still required. We saw that the manager had implemented a system of checks and audits but we found that they needed further improvement to ensure they were effective in identifying shortfalls and driving continuous improvement. We found that the medicines audits had not identified gaps on the medicine administration records (MAR) and did not check the count carried out by staff for accuracy. We found that stocks of four people's medicines did not tally with the MAR. The manager told us they would investigate the errors. We found that audits of care plans had not identified that staff did not always record the application of topical creams and that records were not complete for a person who received their nutrition through a gastronomy tube. A visiting professional told us they did not have all the information they needed to review the person's care. The manager took immediate action and arranged for the GP to visit. We also found that the monitoring of people's weights had not identified that one person needed to be referred to the GP regarding their weight loss. This meant the systems in place did not support the provider to identify where the quality and safety of the service was being compromised to enable them to take appropriate action to make improvements. We discussed our concerns with the manager who took action to address these issues.

There was no registered manager at the time of our inspection but the manager in post had started the process

of registering with us. The manager notified us of important events that occurred in the service, in accordance with the requirements of registration. We saw that the manager displayed the rating for the service in the reception and provided a copy of their ongoing action plan which had been discussed with residents and relatives. This showed the manager understood the responsibilities of the registered manager role. The manager told us they felt supported by the trustees and professional support was being provided by the management consultancy working with the trustees.

We saw there was a positive atmosphere at the home. The staff, manager and trustees were working together to make the improvements needed at the home. The manager told us, "The staff have been fab. They told me, just tell us what you want and we'll do it". Everyone we spoke with was positive about the new manager and told us things had improved since they had started working at the home. One member of staff told us, "Everybody is settling down, we are happy to have the manager here". Another member of staff told us, "The atmosphere at the home has completely changed. The manager comes out of the office and offers support. They are brilliant". We saw the manager had an 'open door' policy and had a good rapport with people and their relatives who came to speak to them. A relative told us, "The manager is doing a good job. I was worried and she listened to me and calmed me down".

People told us the provider sought their opinions about the service. One person told us, "We have weekly meetings with whoever is in charge of the shift. We can talk about all kinds of things, whatever comes up". The provider held residents and relatives meetings and had recently introduced a satisfaction survey. The manager told us a questionnaire had just been sent out and the results were not available at the time of our inspection.