

# Caireach Limited

# Kirkside House

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

This was an unannounced inspection carried out on the 9 February 2015. At the last inspection in April 2014 we found the provider was meeting the regulations we looked at.

Kirkside House is registered to provide accommodation and personal care for up to seven people with a learning disability. The service is divided into two units.

At the time of this inspection the home did not have a registered manager. 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. A manager had been recently appointed; they told us they had started the registration manager's application process and would be submitting this shortly to CQC.

At this inspection people we spoke with told us they were supported by staff who were caring.

Their care and support was personalised although some gaps in how care was assessed and monitored meant people's health and care needs could be overlooked. People enjoyed activities within the home and the community; their daily routines were planned and personalised.

# Summary of findings

People told us they always had plenty to eat and drink. People were supported to make decisions about their care and support. Where people did not have the capacity to make decisions about different aspects of their care this was assessed and recorded in their individual care plan. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were not always protected against the risks associated with medicines because the arrangements in place to manage medicines were not always appropriate. People were protected from abuse and felt safe although the behaviours of others they lived with impacted on their everyday life. People's safety had been assessed and risks were managed and monitored.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

Staff felt well supported by the management team. The provider had a system to monitor and assess the quality of service provision. Safety checks were carried out around the service and any safety issues were reported and dealt with promptly. The home's statement of purpose contained the aims and objectives of the service but it had not been updated when service provision had changed.

You can see what action we told the provider to take at the back of the full version of the report.

# 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 not consistently safe.

People were not protected against the risks associated with the unsafe management of medicines.

People felt safe although the behaviour of others they lived with affected their day to day lives. Staff knew what to do if abuse or harm happened or if they witnessed it.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

There were enough staff to keep people safe and meet people's individual needs.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

Staff understood how to support people who lacked capacity to make decisions for themselves. The service met the requirements of the Deprivation of Liberty safeguards.

People told us they always had plenty to eat and drink.

People received support from a range of health professionals but a lack of careful monitoring meant people's health needs could be overlooked.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us they were supported by staff who were caring.

Staff were confident people received personalised care. They understood how to support people in a way that ensured they were treated with dignity and respect.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People we spoke with told us they enjoyed doing a range of activities. Individual activity plans ensured people's daily routines were personalised.

Generally people's needs were assessed and care and support was planned although some gaps in the care planning process could result in people's needs being overlooked.

**Requires Improvement**



# Summary of findings

Comments from people who used the service, family, friends and other professionals were acted upon.

## Is the service well-led?

The service was not consistently well led.

The provider had a statement of purpose that contained the aims and objectives of the service but it did not contain accurate information about the range of service users' needs which those services intended to meet.

The management team provided appropriate guidance and support. Staff had clear roles and responsibilities and knew what was expected of them.

The provider had systems in place to monitor the quality of the service.

**Requires Improvement**



# Kirkside House

## 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.

This inspection took place on 9 February 2015 and was unannounced. An adult social care inspector carried out the inspection. Before our inspection, we reviewed all the information we held about the home. This included any statutory notifications that had been sent to us. We 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.

At the time of our inspection there were seven people living at the service. During our visit we spoke with two people living at the home, and eight members of staff, which included support workers, team leaders, the deputy manager, the manager who dealt with day to day issues within the service, and the clinical services manager who oversaw the overall management of the service. We spent some time observing care and interactions to help us understand the experience of people living in the home. We looked at areas of the home including some people's bedrooms and some communal areas. 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.

# Is the service safe?

## Our findings

We looked at the systems in place for managing medicines in the home and found the provider did not have appropriate arrangements in place for the safe handling of medicines.

The provider had a medication policy. This provided guidance on the safe administration of medicines and made reference to the Royal Pharmaceutical Society's guidance for the safe handling of medicines in social care establishments. The provider's guidance should refer to the National Institute for Health and Care Excellence (NICE) guidance, 'Managing medicines in care homes guideline (March 2014)'.

Some people were prescribed topical creams. When these were applied the medication administration records (MAR) were signed by the member of staff responsible for administering medicines but this was not always the same person who applied the topical application. Therefore, the member of staff signing the MAR could not be sure the cream was applied correctly.

People had care plans to help guide staff when administering medicines. One person's care plan stated they had their medicines administered in liquid form. However, some of the medicines were dispensed as tablets then dissolved before administration but there was no reference to this in their care plan. There was no evidence this was discussed and agreed by the prescriber or supplying pharmacy. It is important this is checked out to make sure the medicines are still effective. Other people had care plans that identified how they should be supported to take their medicines. For example, one person's care plan provided step by step guidance that staff had to follow when they refused their medicines.

The provider's medicine policy stated when medicines arrive they must be checked in and recorded to minimise the risk of errors and provide a clear audit trail. We found this was not always followed because medicines stock was not always accurately recorded. We noted two people's medicines stock did not correspond with the number of medicines recorded as administered. This meant accurate stock balances were not maintained. An audit had been carried out but these discrepancies were not picked up

during this process. The management team thought the errors could be linked to medicines being booked in at different times of the day when they first arrived but were unsure.

We found that people using the service were not safe because they were not protected against the risks associated with use and management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who administered medicines told us they had completed medicines training and competency checks to ensure they were administering medicines safely; the training records we looked at confirmed this. We looked at people's MAR and saw there were no gaps. Additional checks were carried out by peers to make sure the MAR were signed correctly.

People were protected against potential abuse. People we spoke with told us they felt safe. One person said they had talked about keeping safe with staff.

The deputy manager told us there were no open safeguarding cases at the time of this inspection. A 'safeguarding file' was maintained. This contained investigation reports that related to previous cases and showed prompt action was taken by the provider and other people such as relevant health professionals had been involved. The provider had referred incidents to the local safeguarding authority and notified the Care Quality Commission appropriately and in a timely manner.

The safeguarding file contained adult safeguarding policies and procedures which identified the processes that must be followed. The provider also had 'Child Protection West Yorkshire Safeguarding Board procedures' in place because a person under the age of 18 was receiving a service. The clinical service manager told us that the provider's child protection policy was not available at the service on the day of the inspection because it had been under review and was in the process of being printed. The clinical services manager sent us a copy of the policy and told us this was being distributed to services and would be read by all staff.

We spoke with members of staff about their understanding of safeguarding. They had a good understanding of the safeguarding processes that were relevant to them, could

## Is the service safe?

identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff records confirmed staff received safeguarding training and regular updates. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

People raised concerns with us about the behaviour of others they lived with. They said they did not 'feel unsafe' but they were unhappy because the behaviour of others impacted on their daily lives. For example, one person said they were often disturbed when they were going to bed. We discussed this with the management team who acknowledged this was sometimes a problem but felt difficult situations were managed in a positive way. We saw from the complaints record that a meeting had recently been held with one person who had raised concerns about the behaviour of others and the affect this had on their daily life. The record stated the person was reassured and the situation would be monitored; we saw confirmation this was happening. The manager agreed to ensure regular meetings would be held with the people affected so they had opportunity to feedback their concerns.

Systems were in place to manage risk so people felt safe and also had the most freedom possible. One person said it had been agreed they could have greater freedom around the home because they could do it safely.

Individual risk assessments were centred on the needs of the person and clearly identified the level of risk. These identified hazards that people might face and provided

guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions.

During the inspection the fire alarm activated and everyone had to leave the building. The evacuation was well co-ordinated and it was evident that every member of staff clearly understood their roles and responsibilities. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Environmental risk assessments were in place and appropriate action was taken to ensure people were safe. For example, records showed staff carried out daily checks to make sure all knives and sharps were accounted for.

There were sufficient staff with the right skills to keep people safe. People we spoke with said there were enough staff to support them with their individual programme; we observed this on the day of our inspection. The deputy manager discussed the staffing arrangements and said the staffing ratios and skill mix were appropriate. The staff duty rotas showed sufficient staff were on shift at all times. The staff we spoke with also told us there were enough staff to meet people's needs. Two staff talked to us about their recent recruitment process. They said they had attended a group interview and then an individual interview. They told us they had filled in an application form and relevant checks had been completed before they had started working at the home. They said this included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records.

# Is the service effective?

## Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had robust systems in place to make sure staff received appropriate training. We looked at training records which showed staff had completed a range of training courses including first aid, food safety, health and safety, epilepsy, fire, moving and handling and MAPA (management of actual or potential aggression). Staff had received refresher training and this was completed within the timescales recommended in the provider's training guidance.

We spoke with two staff about their induction programme. They told us they had received appropriate training and support to help them understand how to do their job well. One member of staff said, "It was very thorough. I completed all my training, got to know people, read care plans and shadowed experienced staff to make sure I knew what to do. I've had really, really good support and had feedback so I know if I'm doing everything right."

Staff told us they were well supported and received good support from the management team and colleagues. Everyone said they had regular supervision and had opportunities to talk to a team leader, the deputy manager and manager. Staff said the management team worked alongside staff and observed staff practice. The manager confirmed all staff had a named person that provided them with regular supervision and all staff that had been employed for more than two years had received an annual appraisal.

People were involved in decisions about their care. The staff we spoke said they had received training to help them understand the key requirements of the Mental Capacity Act 2005 (MCA). They gave good examples which demonstrated people were supported to make decisions about their care and support. For example, one person had requested to amend their smoking agreement and we saw this had been changed. We saw clear decision making processes were followed where people did not have the capacity to make decisions for themselves. Staff were aware that any decisions had to be in the person's best interests.

People's care records contained detailed information about supporting people to make decisions. Where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded in their individual care plan.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). They had five Deprivation of Liberty Safeguards authorisations in place. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to assess whether the restriction is appropriate and the least restrictive.

The provider had consent forms which were completed with people to demonstrate they had consented to care and support. However, we noted that one person's form clearly stated they did not have the capacity to consent but they had signed the form. We discussed this with the manager who agreed to review consent forms and involve relevant others where appropriate.

People's nutritional needs were met. People told us they always had plenty to eat and drink. One person said they enjoyed the meals. Another person said they didn't really enjoy the food but had options to eat alternative meals. Staff said the arrangements for meals worked well. They were responsible for preparing and cooking main meals but told us people were encouraged to assist where appropriate. People had opportunities to prepare snacks and lighter meals. People had care plans which showed how they should be supported to have a balanced diet that promoted healthy eating. We looked at the menus which showed people were offered a range of meals. In addition to the menu people had an individual food record so any variations to the menu were clearly recorded.

Members of staff told us good systems were in place to make sure people's healthcare needs were met. They said people had regular health appointments and their health needs were reviewed on a regular basis.

People received support with their healthcare and it was evident health professionals were consulted where expertise support was identified. One person's care records showed they had attended regular health appointments to meet their general and specialist health needs. This included psychiatrist, orthotics, GP, district nurse and dental appointments. However, when we looked at the



## Is the service effective?

person's health action plan (HAP) we found this was not up to date. A HAP should hold information about the person's health needs, the professionals who support those needs, and their various appointments. The plan is based on a full health check.

We looked at another person's (HAP) and this identified that the person had attended health appointments which included psychiatrist and GP. The person's HAP was completed in September 2014 and made reference to a

hospital and dental appointment in November 2014 and identified the person had not attended an optician appointment for 'ages'. These appointments had not been followed up. We concluded a lack of careful monitoring meant people's health needs could be overlooked. We spoke with the manager and clinical services manager who assured us they would review everyone's health action plans as a priority piece of work to ensure all aspects of healthcare were being appropriately monitored and met.

# Is the service caring?

## Our findings

Positive relationships were developed with people using the service. Two people spoke with us and told us they were supported by staff who were caring. One person said, "The staff are good." Other people chose either not to speak with us or were unable to tell us about their experience of living at Kirkside House.

We observed interaction between staff and people living at the home on the day of our visit. People were relaxed in the company of staff. Staff clearly demonstrated they knew people well and had a good understanding of their support requirements. During a fire evacuation we noted staff were very skilled when they were supporting people to leave the building and whilst waiting to return inside the building. Staff focused on the person they were supporting to make sure they felt safe; we heard staff explaining and reassuring people. One member of staff was exceptionally skilful when they mirrored the movements of the person they were supporting. Their care records clearly showed this was the appropriate way to support them.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

Staff we spoke with were able to tell us about people's needs, likes and dislikes, history and future goals which helped them understand the person and how to respond when offering support. Each person had a timetable which outlined their weekly programme. Staff said these were person centred and based on people's needs and preferences. One person told us staff sat with them and discussed and reviewed their activities on a regular basis. They said staff listened to them and respected their decisions.

All the staff we spoke with were confident people received good care. A member of staff said, "People are really well cared for. They have complex behaviours but we do everything we can to make sure they still receive 'caring' care and also have fun." Another person said, "It's structured and you have to follow the guidelines but these make sure people receive the best care that's right for them." Staff gave examples of how they maintained people's dignity, privacy and independence.

# Is the service responsive?

## Our findings

People received consistent and personalised care. People we spoke with told us they enjoyed doing a range of activities. Everyone had a weekly programme that was based on people's preferences and needs and included regular activities in the community and within the home. We looked at people's daily records and these showed people's planners were followed.

Staff we spoke with said people's activities planners worked well. One member of staff said,

"People have got lots available to them. They have busy activity planners and these are really good."

People's care and support needs were assessed and plans identified how care should be delivered. Each person had a range of assessments and care plans. These covered important areas such as behaviour, physical intervention, sleep patterns, interpersonal and socialisation, educational, intellectual and culture, and personal care. We saw, in the main, care plans we reviewed contained information that was specific to the person and a good level of detail about how to provide care and support.

We did however, find that some care needs had not been properly assessed and care delivery was not recorded. For example, one person suffered from repeated infections.

Health professionals were consulted but there was no related assessment or care plan. Another person's care plan stated they slept well but there was other information that contradicted this. We saw that some care plans and assessments were not easy to follow. One person's care plan had amendments that were recorded at the side of the original care plan so it was difficult to establish which information was correct. We also noted that sometimes names of other people were crossed out and a different name was written above. This indicates the documents were not personalised because they had originally been written for another individual. We discussed these issues with the manager and the clinical services manager. They agreed to review the documentation to ensure any gaps in care planning were addressed.

The manager told us they had received seven complaints and five compliments in the last 12 months. There were no ongoing complaints. They said where concerns were raised they recorded these as complaints to ensure they captured people's views. We looked at the complaints record which contained information to show complaints were investigated and resolved where possible to the satisfaction of the person who complained. Comments from people who used the service, family, friends and other professionals were acted upon. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

# Is the service well-led?

## Our findings

At the time of this inspection there was no registered manager. The registered manager had recently transferred to another service and a new manager had been appointed. They told us they had started their registered manager's application and hoped to have this submitted soon after the inspection. The clinical services manager had recently been given responsibility for overseeing the management of Kirkside House. The deputy manager had worked at the home for a number of years and was providing support to the management team.

Staff spoke positively about the management team and told us they were happy working at the home. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. One member of staff said, "It is a really person centred service. We all work in the same way and know what we are doing. If we get stuck with anything there is always someone around who can assist."

Staff had clear roles and responsibilities and knew what was expected of them. Each day they were allocated specific duties which included working with people on a one to one basis and health and safety checks. Staff told us the service was well organised and good systems were in place to monitor the quality of service provision. One member of staff said, "Even though we have gone through recent changes everything has continued to run smoothly. It's really well organised."

There was a system of audits completed by staff and the home's management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as premises, health and safety, cleanliness and medication. Senior managers and quality monitoring managers visited the service on a regular basis. We saw a number of reports that showed the service was being monitored. Areas for development were identified and

followed up at subsequent visits. This meant quality assurance arrangements were robust and ensured people received care and support that was safe and met their individual needs.

Staff attended regular meetings and discussed topics that related to the quality and safety of the service. Meeting minutes showed recent topics included current issues, risks, time-keeping, driving, medication and Makaton, which is a language programme using signs and symbols to help people communicate. We saw that at each meeting actions from previous meetings were discussed. The minutes showed staff were given opportunities to contribute to the running of the home. Resident meetings had also been held but these were infrequent and usually attended by only one person. The manager said they had identified this was an area they wanted to develop and were looking at creative ways of encouraging people to become more involved. The provider had asked people who used the service and their relatives to complete surveys and comment on the service. We saw copies of responses from October 2014 which were generally positive although there were only a low number of people who had responded.

The provider had a statement of purpose that contained the aims and objectives of the service and the kinds of services provided. This, however, did not contain accurate information about the range of service users' needs which those services intended to meet. At the time of the inspection they were providing a service to a person under 18 but the statement of purpose stated they only provide accommodation to adults 18 plus. Kirkside House was previously registered to provide a service to 15 people but in November 2014 they registered the home as two services so Kirkside House only accommodated up to seven people. This had not been changed in their statement of purpose. The manager and clinical services manager said they would ensure the statement of purpose was updated promptly and agreed to send the amended version to the Care Quality Commission .

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.