







Anchor Trust Kirkley Lodge

Inspection report

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Date of inspection visit: 9 and 17 July 2014
Date of publication: 28/01/2015

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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We last inspected Kirkley Lodge on the 7 August 2013 and found the service was not in breach of any regulations at that time.

Kirkley Lodge is a 47 bedded care home providing care to older people with a range of needs. This care is provided within three distinct units. Primrose which provides care for up to 12 people who are living with a dementia; Roseberry which provides care for up to 11 people with enhanced personal care needs and Peacehaven, which provide personal care for up to 24 people. At the time of the inspection there were 46 people living at the service.

There is a registered manager in post who has been registered with the Care Quality Commission since

Summary of findings

February 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

The inspection visit took place over two inspection days, with the first day being unannounced.

People had their needs assessed before moving into Kirkley Lodge. Whilst people had their care needs assessed not all records had been fully completed or were up to date. Care records did not always contain sufficient information and there were areas of need where care plans had not been developed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment. Care records were not accurate or fit for purpose.

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

People told us they felt safe living at Kirkley Lodge and we saw there were systems in place to protect people against risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager and staff had completed training and knew the procedures to follow.

We found that people were cared for by staff who had the knowledge and understanding to meet their needs. Robust recruitment processes were in place and followed, and appropriate checks had been undertaken before staff began working at the service. This included obtaining references from their previous employer and also check to show that staff were safe to work with vulnerable adults.

An appropriate skill mix of staff was in place. A review of staffing numbers had been completed and recruitment was underway to increase the staff within one of the units.

Staff were provided with training appropriate to their job role. Staff supervision had not taken place as frequently as needed, however the registered manager had taken action to address this.

Good arrangements were in place to ensure that people's nutritional needs were met and where necessary people had input from dieticians or speech and language therapists. People told us they liked the food and had sufficient choice and variety.

Suitable arrangements were in place to meet people's healthcare needs. People had access to healthcare professionals and services.

People and visitors told us they were supported by caring staff and they were treated with dignity and respect. Staff were aware of the values of the service and of the need for person centred care.

We saw staff had developed relationships with people that were kind and caring. We saw lots of positive engagement with people and there were lots of smiles and laughter.

An activities person had recently been appointed and people were enjoying being involved in activities both within the service and on outings.

Appropriate systems were in place for the management of complaints.

There were effective systems in place to monitor and improve the quality of the service provided.

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.

People living at Kirkley Lodge told us that they felt safe. Staff had received training in respect of abuse and were clear about the action to take should they need to.

Individual risks had been assessed and identified as part of the support and care planning process. Safe recruitment procedures were in place which ensured that only staff who were suitable were employed.

We saw that there was always staff available to give people support when they needed it. Concerns were shared in respect of staffing levels, which had been reviewed and recruitment was underway to increase staffing within one of the units.

Good



Is the service effective?

The service was not effective.

We saw from the training matrix and staff training records that there was a good programme in place for both mandatory training and specific training to meet individual needs.

The manager and staff had completed training in respect of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, it was identified during the inspection that consideration was needed in respect of one person as there was a potential deprivation of liberty.

People's nutritional needs were met and people had a choice of meals which provided a well-balanced diet for people living in the home. People told us that they were happy with the meals provided. People had regular access to a range of healthcare professionals, such as GP's, district nurses and opticians. People were supported to attend hospital appointments.

Good



Is the service caring?

The service was caring.

People told us they were very happy with the care and support provided to them. Staff spoke with knowledge and understanding of people's needs.

We observed the interactions between people living at the home and staff and saw that good relationships had been built. We saw people's privacy and dignity was respected by staff and staff were well able to tell us about this.

Good



Is the service responsive?

The service was not always responsive to people's needs.

Requires Improvement



Summary of findings

Whilst people had their needs assessed, some care records did not always provide staff with all of the information they needed and were not always up to date.

An activities organiser in post and people had opportunities to be involved in activities.

Appropriate systems were in place for dealing with complaints. People were provided with information about complaints and effective systems were in place to respond to them.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of service provided at Kirkley Lodge.

Staff were aware of the values of the organisation and felt supported in their roles.

Accidents and incidents were monitored by the manager and the organisation, which ensured that trends were identified and action taken.

Good



Kirkley Lodge

Detailed findings

Background to this inspection

The first inspection visit took place on the 9 July 2014. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service, that being older people and people with a dementia type illness. The second inspection visit took place on 17 July 2014 and the inspection team consisted of two inspectors.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. We spoke with one of the commissioning team about the service. We also spoke with Healthwatch, which is the consumer champion for health and social care. The provider completed a Provider Information Return (PIR) and this was returned before the inspection. 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.

Throughout both of the inspection visits we spent time observing the interaction between people who lived at the service, visitors and staff. We used a number of different methods to help us understand the experiences of people who lived at the home. Some people could not verbally communicate their view with us. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service who could not talk to us.

During the visit, we spoke with nine people living at the home, three visitors, seven care staff, the registered manager, deputy manager, cook, assistant cook, the quality manager and a district manager.

We also spent time looking around areas of the home including people's bedrooms (with their permission), communal areas and the garden.

We also looked at a range of records, which included the care records of eight people who lived at the home, this included people from each of the three units. We also looked at staff records and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at Kirkley Lodge. Their comments included, “The staff are brilliant” and “The care they give us is superb”. People said, “Yes we feel safe.”

Staff who we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We looked at the training information which showed that staff had completed training in regards to these topics and this training was current and up to date. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

The training information that we looked at also showed that staff had completed other training that enabled them to work in safe ways. This included fire, first aid and moving and handling training.

We looked at the care records for eight people who lived at the home. We saw that a range of risk assessments had been completed. These included risks for health and safety, mobility, nutrition, skin integrity and risk associated with people’s behaviour. We saw that where risks had been identified this was reflected in people’s care plans and detailed for example, equipment such as ‘zimmer’ frames or pressure relieving equipment that needed to be used

We spoke with people who lived at Kirkley Lodge, visitors and staff about the staffing levels and skill mix within the service. There were mixed views about the adequacy of staff available, however this related to the Peacehaven unit, in which, there had been an increase in the dependency needs of people. We saw the provider was taking steps to address this, with additional hours having been approved and recruitment taking place. Steps were also being taken to increase the laundry hours as at the time of the

inspection there was no laundry cover at the weekends. The manager and regional manager gave reassurances that staffing levels would be maintained to ensure the safety and well-being of people who used the service. During the inspection we did not observe anything that directly gave us cause for concern. Staff were very visible and engaging with people.

We looked at the duty rota, which was very informative and included details about any appointments people had, whether staff escorts were needed and also information about staff training. We had a discussion with the registered manager about the system they used to determine suitable staffing levels. They explained they used a dependency tool that linked into the Residential Forum staffing tool. We saw evidence of this being in use for the whole home and also for the individual units. The staffing requirements for each unit were clearly identified along with the need for increased staffing within the Peacehaven.

We saw the current call bell system did not provide information about frequency and length of specific calls. The registered manager did however inform us the system in place was an old system and that there were plans to introduce a new, more intelligent system. The registered manager and district manager were going to have discussion within the organisation with a view to bringing the timescale for this forward.

We looked at the recruitment records of five staff, which included records for recently appointed staff. This was to check that the home’s recruitment procedure was effective and safe. Evidence was available to show that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started to work at the home. We saw that references had been obtained and found that relevant checks had been completed. This meant that people living at the home were protected as the recruitment practices made sure staff were suitable and safe to work in the home.

Is the service effective?

Our findings

People who we spoke with and their visitors confirmed they received care that was effective. People were being supported and cared for by staff who had the knowledge and training to deliver this safely. Staff spoken with told us they received appropriate training for them to fulfil their job role. We discussed training with the deputy manager who showed us the training matrix which was coloured rated. This made it very easy to see how up to date staff were with their training and when it needed to be updated. We saw that all staff had completed dementia care training as well as training in dignity/respect and person centred care.

Whilst we saw that staff supervision had not taken place at regular intervals, the manager provided us with information to show that this was being addressed. We saw that 28 staff had recently had supervision and there was a clear plan in place for the way forward. Despite not having supervision, staff told us that they were well supported and had opportunities for discussing any issues or concerns. We also saw that they had opportunities to be involved in staff meetings, for which minutes were made available to them.

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests and the least restrictive option is taken. The registered manager and deputy manager were aware of a recent change in DoLS legislation and a recent supreme court judgement. The judgment is important for deciding whether arrangements made for the care and/or treatment of an individual who might lack capacity to consent to those arrangements amount to a deprivation of liberty. The training information we looked at showed that staff had completed training in respect of these topics.

Discussion did however take place with regard to one person living in the service whose behaviour needed to be reviewed as there was a potential deprivation of their liberty. The manager took immediate action to address this and made the appropriate application. This person was under review by the service and other health and social care professionals.

Over the two inspection days we saw a number of visiting professionals. This included general practitioners and district nurses. People we spoke with told us the staff responded quickly to their changing needs.

Within people's care records we saw that any contact with GP's, district nurses or other health and social care professionals had been recorded. We also saw people had their nutritional needs assessed and specific plans were in place where people had been identified as at risk. We also saw that where risks had been identified with regard to nutrition, appropriate referrals had been made to the dietician or speech and language therapist and their advice had been recorded within the person's nutritional care plan. Staff we spoke with confirmed that they had easy access to people's care records. They said, "We have daily access, read them most days usually at the end of the shift, any changes we are informed at handover or by team leader if you have been off duty, they are easy to understand."

When we asked people about being able to see their GP, their comments included, "Yes we never have to wait" and "I have diabetes so I am at the GP's for check up's quite a lot." A visitor said, "My mother has been attended by the local doctor and I have been kept fully informed."

People living at the service and visitors were appreciative of the high standard of the meals being served. We observed lunch being served and had lunch with some of the residents. A choice of Cumberland sausages or stroganoff was on the menu, followed by apple pie and custard. It was well received by all. Comments included, "Yes the food is alright," "Yes you get a choice" and "I know where the menu is but have not looked at today's." They also said, "Oh yes there is enough food."

We spoke with staff about the systems in place for ensuring people's nutritional needs were met. They said, "The key worker weighs them every month, if they lose weight they are then on a weekly weigh and we get in touch with the GP or dietician via the team leader." "One person is now on a food chart." They continued to say, "One gentleman has a risk of choking and is on a pureed diet and thickeners" and "One person is on daily weights due to her heart condition and there is a risk assessment in place." They also said, "Some people are weighed monthly, some daily, it is my responsibility as the key worker."

Is the service effective?

We spoke with the catering staff. They told us, “We have a kitchen diary where people write information such as Mr X is on a pureed diet or Mrs X would like a salad tomorrow lunch time, or would like an early lunch due to going out” and “We also have a dietary summary sheet which provides all information on weights, diet, preferences and we also get the information from the SALT team.” They said, “We

have just done specialist diet training that included dysphagia (swallowing difficulties). We also do a 3 day intermediate food hygiene course level 3. Our food hygiene rating is 5. I also attended cater craft where we have to cook 40 dishes and we are tested on these, it is a BTEC Diploma.” The cook had recently been successful winning a national catering competition.

Is the service caring?

Our findings

People we spoke with and their visitors told us they were well cared for by the staff at the service. People told us about the good care they had received. Comments included, “I cannot fault anything here. The staff are so nice.” “Better than I expected.” A visitor said, “The care is superb. There is a good atmosphere here.” Another visitor said, “I have no qualms leaving my mother here. The care is brilliant and I am kept fully informed of her health. I am aware of her care plan.”

All of the staff we observed were kind and considerate to people who lived at the home. It was obvious that there were good relationships between people who lived at Kirkley Lodge and staff. We observed a warm and friendly atmosphere.

We spoke with staff about the care needs of people who lived at the home. All had a very good understanding of individual people living at the home, about their needs and preferences.

The provider information report (PIR) contained information about certain staff being dementia and dignity champions. We spoke with staff about dignity and they were well able to describe the importance of this and how they ensured people were treated with dignity within Kirkley Lodge.

Throughout the inspection visit we saw that people were treated with dignity and respect. Although people were not

always able to verbally communicate their view about the staff with us, we observed good relationships. The SOFI observations were very positive and showed staff engaging in a very kind and caring manner with people, calling them by their preferred names and encouraging participation with activities. We saw many examples of staff engaging with people in a caring way and giving explanations to them. There were lots of smiles and laughter and people looked relaxed and settled.

People we spoke with told us they were treated kindly and with dignity and respect. Comments included, “Yes they do always treat us with respect” and “Yes and they encourage us all to join in with others.” Staff spoken with said dignity and respect was an integral value within the service.

We saw people were able to maintain contacts with their friends and family. During both inspection days there were numerous visitors. We were told that they were welcome at any time.

Staff we spoke with told us of the need to treat people as individuals. We observed a flexible approach to daily life within the service, with some people having a lie in, other choosing to have their meals in their rooms. Staff comments included, “It is to provide care to everyone to meet their needs and treat everyone as an individual.

“Looking after the individual, promoting their independence, doing things for themselves but helping where needed.” “Residents needs come first.”

Is the service responsive?

Our findings

People had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. We found care records were written in a person centred way and were clearly about them as individual. These could be enhanced further with a more detailed completion of people's life history documentation.

Whilst people had their needs and risks assessed and care plans had been developed, we found some of the records were not as detailed as needed. As such, they did not provide staff with all of the information they needed to enable them to fully meet people's needs. An example included one person who had been admitted several times for respite care. Their care records had not been fully completed or updated at each admission. We were however satisfied that where risks had been identified, for example with nutrition, appropriate plans and measures were in place. We did however see on the second day of inspection that steps had been taken to address this and the person's care records had been completed and was up to date.

A further example included information in relation to a person whose behaviour could challenge the service. We saw that whilst this had been identified and a range of information was in place, including care plans and behavioural charts, these did not contain sufficient information as to the management of these incidents. It was also unclear how the behavioural charts were being used and we found the behaviour charts were not always completed. There was little information about actual triggers to this person's behaviour and although there was a psychological assessment completed, this information had not been cross referenced to the person's care plan. We observed the way in which staff supported this person during the inspection and again were satisfied that the person's needs were being met and other health professionals had been contacted and were involved with this person's care and support.

We saw an incident where one person was resistive to care intervention and saw this situation was not dealt in the most positive way. This was discussed with the registered manager with a view to providing some further learning and development.

Other examples included specific medical conditions for which care plans had not been developed. The care records were discussed in detail with the manager and senior staff and it was acknowledged that this was an area that needed some further development and that the documentation in use would be reviewed.

This meant there was a breach of the relevant regulation (Regulation 20) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report

Staff we spoke with were knowledgeable about the needs of individual people and were able to discuss the care they provided to people. We observed a staff handover and found these were informative and gave the staff the information they needed for the shift ahead. It provided staff with information about people's needs, including healthcare needs and also any actions that were needed, such as involvement of GP's and changes to medication.

All of the relatives we spoke with were aware of the care plans and several said they were aware they had been reviewed a few times, as needed.

A new activities organiser had been appointed and a few events were already planned and on the notice board. We observed activities taking place during the inspection visit and saw that people engaged really positively. We observed the activities person working with patience and understanding, with good clear explanations and praise given to people.

We saw within people's care records they contained information about people's choices and preferences. We saw many examples during the inspection of people being given choices and being consulted about participating in activities. We also saw that people were free to move around the service and had access to the garden. People said, "We are always involved in whatever is going on, we play bingo and get little prizes, the new lady sorts this." "We went for a trip to Arcadia (garden centre) and we all had an ice cream."

We looked at a copy of the home's complaints procedure which gave people the information they needed should they want to raise a complaint. This included timescales for action. All of the relatives we spoke were aware of the complaints procedure but all said, any problems they had experienced were all dealt with by the staff. The service

Is the service responsive?

was also about to introduce a new form for low level concerns, which would enable them to demonstrate how they dealt with these minor issues and again to help in

identifying trends. We saw that there had been two complaints, one of which had been investigated and one that was in the process of investigation. We saw that appropriate action was taken to deal with complaints.

Is the service well-led?

Our findings

The service had a registered manager in post, who was supported by a deputy manager. The manager has been registered with CQC since February 2014. Both the registered manager and deputy told us that since being in post they had taken a range of actions to improve the service, these included development of their dementia care service and staff training. They did however acknowledge that there was still more to be achieved and were working through actions in order of priority. Their plans included more frequent meetings with people who lived at the home and their relatives, improved frequency of staff supervisions and ongoing development of their dementia care provision. Additional support was in place from a district manager and from the care quality team. There was also support from the wider organisation, such as training and human resource departments.

We discussed systems for ensuring the service operated at a good standard. Systems included the business continuity plan, service improvement plans, monthly locations visits from the provider and a range of internal audits. These included infection control, catering, medication and care records audits. We saw there was a system for recording and monitoring accidents and incidents. This information was forwarded to the health and safety team. We saw that where deficiencies had been identified that action plans had been developed to address the issues. We did however note that it was not always clear if the actions had been addressed. This was fed back to the registered manager and regional manager and it was agreed that they needed to have this recorded more clearly.

Staff were aware of the actions they needed to take in the event that an accident occurred. They said, "Following an accident or incident we fill out the form then see how we

can prevent it, the deputy manager and registered manager do the follow ups." They continued to say "They all get investigated; we check equipment and the environment, reporting any problems."

When we asked the registered manager and deputy manager what they thought the service did well they said, "We are proud of our person centred approach to care, it is at the fore thought of everything," and, "Good quality dementia care."

The service had recently achieved the 'Anchor Inspires Programme', a programme that demonstrates that Kirkley Lodge is an inspiring service for people living with a dementia. The service met 50 out of the 55 criterion assessed, which was detailed on their feedback as an excellent result. We also saw staff had been appointed into key roles such as, dementia and dignity champions. We spoke with one of the dementia champions and they were very enthusiastic about this role. They described the two day course they had completed and said that they were now working with others to develop a more homely atmosphere and develop more activities. One member of staff was also runner up at the National Care Awards for dementia care whilst another was runner up in the National Care Awards for Care Home Worker.

Staff we spoke with were able to discuss the values that were in place within the service. One member of staff said, "Respect, reliability. It is how you deal with someone, don't lie or give false promises, such as I will be back in a minute and not go back."

The majority of the staff we spoke told us that they felt valued. Their comments included, "Yes definitely it is a happy atmosphere; I feel wanted especially when I am chosen to do things such as the dignity stuff. We are praised for good work." "Yes we always get a thank you." "Yes it is a nice place to work."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment. Care records were not accurate or fit for purpose.</p>