

# The Franklyn Group Limited

## Kirkwood Care Home

### Inspection report

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Date of inspection visit:  
19 September 2018

Date of publication:  
02 November 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 September 2018 and was unannounced.

Kirkwood is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 20 older people and older people living with dementia in one purpose-built building. At the time of Inspection there were 20 people living at the home.

At the last inspection March 2017, the home was rated requires improvement. There were breaches in Regulation 12 safe care and treatment and Regulation 17 good governance. At this inspection we found improvements and the service was no longer in breach of these regulations.

There was a registered manager in post. 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.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was clean and tidy, but in need of refurbishment in some areas. However, there was a plan in place to address this.

The home was using the garage as a storage area, this was a cause of concern and we referred this to the fire service.

The complaints procedure was displayed. The home had not received any complaints since the last inspection.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Concerns were raised around storage in the garage which may constitute a fire risk.

### Is the service effective?

**Good** 

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was calm and relaxed. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

**Good** 

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity were respected and maintained.

### Is the service responsive?

**Good** 

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

# Kirkwood 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 checked 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 19 September 2018 and was carried out by two adult social care inspectors. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining room. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with seven people who used the service, three relatives, four care workers, the chef and kitchen assistant, two district nurses, GP and the registered manager.

# Is the service safe?

## Our findings

Following the previous inspection, the service was rated requires improvement in safe as there was a breach of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. This was because, medicines were not managed in a safe way, service users were not protected from the risk of infections, service users were not provided with a safe environment or equipment and the registered person did not demonstrate what actions were being taken to mitigate risks to people. At this inspection, we found improvements to the way medicines and risk of infection were managed and the service was no longer in breach of this Regulation.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen.

The administration of topical medicines such as prescribed creams was recorded in a consistent way. The MAR included information including a body map of where cream should be administered and when.

The home was clean, tidy and odour free, although some areas would benefit from refurbishment. The registered manager confirmed that since the last inspection some refurbishment work had been completed, such as replacing windows to the front of the property and decorating and re-carpeting some areas of the home. They confirmed refurbishment was on going and other areas had been identified as requiring attention including some communal toilets and windows to the rear of the building.

We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. When we looked around the building we saw there were paper towels and liquid hand soap in people's bedrooms and bathrooms. This meant care workers could wash and dry their hands correctly after delivering personal care in line with the services infection control policy.

People we spoke with spoke highly of the housekeeper and one person said the home was always spotless. We spoke with the housekeeper who told us there were sufficient cleaning hours and equipment to maintain standard of hygiene. However, we found the toilet frames in at least two communal toilets were rusty in places therefore they could not be cleaned effectively. This was discussed with the registered manager who confirmed they would be replaced.

We saw evidence that risks to people's health and safety were assessed. For example, recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as pressure

relieving cushions and mattresses had been obtained and were being used by the service to mitigate risks.

The people we spoke with and/or their relatives told us they felt people were safe living at the home and all the staff were kind and caring. One person living at Kirkwood told us, "I feel very very safe. I'm very content in my abode." One relative said, "The home was recommended to the family by a friend and I am so delighted they did. All the staff are brilliant and really do look after the people in their care." Another relative said, "I am extremely pleased with the care provided and very confident people living at the home are safe."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

The registered manager told us it was their intention to invite people who used the service to play a more active part in the recruitment and selection procedure in the future. This would mean they would ultimately help select the staff employed to provide their care, treatment and support.

There were enough staff on duty to care for people safely. People who used the service and relatives told us, they felt there were enough staff on duty. This was confirmed by the staff we spoke with who told us there were enough staff on every shift to make sure people were kept safe and to meet their personal care needs. They also told us the registered manager increased staffing levels if people's needs changed and additional support was required. The care team were supported by a housekeeper and cooks. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. An external company was responsible for the maintenance checks in relation to water. However, we found they did not check the hot water temperatures in people's rooms. We spoke to the registered manager who took immediate action to resolve this.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

We saw the garage was being used for storage, including boxes, slings and beds. We were concerned this constituted a fire risk and contacted the local fire service with our concerns. The manager took immediate action on the day to remove the clutter.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.



Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again.

# Is the service effective?

## Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people had been assessed for equipment appropriately.

We spoke with the registered manager who told us staff attended hospital and other medical appointments with people. This helps ensure people were comfortable, not alone, consistency and the medical professional has up to date information about the persons health.

A district nurse told us staff contacted them appropriately and followed any advice they were given. They told us, "Staff are really responsive, they phone within good time, before [Person] becomes agitated, so they can have their medication".

Staff told us they had a good relationship with the district nurses and they were able to ask them for advice. The district nurse told us, "If staff are unsure they will ask for clarification. They are proactive and give feedback. They explain people's care needs and negotiate. Sometimes they have thought of things we hadn't taken into consideration."

We spoke with the GP who told us, "Kirkwood is impressive, they anticipate change. Kirkwood give people a good quality of life. They problem solve and don't reach for medical intervention straight away."

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Staff were well trained and supported to carry out their roles effectively. The registered manager confirmed that training was either classroom based, E-learning or distant learning depending on the course. In addition, some training specific to the needs of people living at the home was facilitated by other community-based healthcare professionals. The district nurses told us, "Kirkwood have gone forward. Staff have had dry dressing training, so they are now able to dress superficial wounds."

The staff told us they received the training and supervision needed to carry out their roles effectively and felt well supported by the registered manager. One staff member said, "If you want to do a specific training course the manager will always help you find an appropriate course provided its relevant to the needs of the

people we care for." Another staff member said, "There is lots of training available and staff are always informed if they need to update their mandatory training."

We saw individual staff training and personal development needs were identified and discussed during their formal one to one supervision meetings with the registered manager. The registered manager told us they tried to ensure staff received formal supervision approximately every three months. They also confirmed the service operated an open-door policy so that staff could speak with them or any member of the senior staff team if they had any concerns.

We observed the breakfast and lunchtime meal and found people experienced an enjoyable mealtime. At breakfast people were offered a choice of either a cooked or continental breakfast. The lunchtime menu offered a choice of five main courses served with wine and two deserts followed by either tea or coffee.

We spoke with the chef and a catering assistant. They had a good understanding of people's dietary needs and obviously took pride in ensuring people received a varied and well-balanced diet. They told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home.

People spoke positively about the food in the home. One person said, "The food is excellent, you would have to be a very fussy eater not to like something on the menu." Another person said, "I enjoy all my meals, there is so much choice I sometimes have trouble deciding what to have." We saw people were offered drinks and homemade cakes and biscuits between meals and fresh fruit was available.

Nutritional care plans and risk assessments were in place and people were weighed monthly. Fluid charts were in place for some people to ensure they had sufficient intake within a 24-hour period. Although the charts were generally completed to a satisfactory standard there was no indication the total amount of fluid people had drunk was being effectively monitored. Despite these concerns we identified no impact on people who used the service, and this was a recording issue. This was discussed with the registered manager who confirmed they had already identified this issue and introduced new documentation which would resolve this matter.

The accommodation had been purpose built/adapted to meet the needs of people who used the service. We saw signage on bedroom doors to help people navigate about the home. Some of the décor was tired and needed updating to ensure a consistently nice pleasant living environment. There was a maintenance plan in place to ensure works were completed in a defined period. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. The home had a garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were no authorised DoLS in place.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process.

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff were kind and caring. One relative said, "The family are really pleased we chose this home for [Name of person]. They were initially reluctant to accept they needed 24-hour care but soon settled and have made a few new friends." Another relative said, "The staff are very good and spent time with people just talking about everyday things which [Name of person] enjoys." One person who used the service said, "I'm happy here, I know all the staff and we all get along nicely."

The registered manager told us people's relatives and friends could visit without any restrictions and our observations confirmed this. We saw visitors could spend time in people's rooms or in the comfortable lounge or dining room. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshments.

Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.

People who used the service told us the following about staff and living at Kirkwood, "I am absolutely treated with dignity and respect. Sometimes I say silly things but that doesn't matter. Absolutely so content in here." Another person told us, "People are so kind, very patient as I get forgetful in my old age. I'm very content."

Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in laughter and further conversation.

Staff knew people's favourite activities and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for.

People were involved in all decisions about their care and their choices were respected. For example, people were offered a choice of food, where they wished to spend their day and whether they wished to be involved in activities. People told us they felt their views had been listened to.

The registered manager told us they involved people in any reviews and decisions about their care and support. If a person did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored to ensure confidentiality was maintained and the computers in use were password protected.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

## Is the service responsive?

### Our findings

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, skin integrity and moving and handling. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw people's care and support needs were regularly updated and reviewed. This ensured responsive care. There was evidence the person or family had been involved with writing the plans and reviews.

People said care needs were met by the service. People looked clean and well-dressed indicating their personal care needs were met by the service.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making

The registered manager confirmed that recent a review of the care planning system had identified that improvements could be made to the format and therefore they were in the process of implementing new documentation. We looked at the revised care plan and found it was better organised and provided more person-centred information.

We saw there was an activities programme on display in the front entrance. This gave details of 'in-house' activities arranged by staff and visiting entertainers. For example, singers and a visit from the Donkey sanctuary had all been booked to visit. Trips out were also organised to local events.

The registered manager told us the service did not employ an activities co-ordinator but the care staff on duty provided people with a range of in-house activities. In addition, special occasions were celebrated throughout the year and entertainers visited the home on a regular basis. The registered manager told us activities were based on people's preferences and what they wanted to participate in on the day.

The people we spoke with told us the level of activities were adequate to their needs. One person said, "There is something going on most days and you can decide if you want to join in." Another person told us, "I do tapestry to occupy my time, cross stitch and over stitch. Staff are very helpful a few of us struggle one way or another." We observed staff sat completing jigsaws with people and sitting and talking to people.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and

found no formal complaints had been received since the last inspection.

The registered manager told us they were proactive in dealing with minor concerns raised by people who used the service and their relatives. They told us if necessary a short-term care plan was put in place to address any concerns raised. The provider told us there was a procedure in place to record this information so that it could be collated as part of the quality assurance monitoring process.

Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of people's care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health. People's end of life care needs were planned for. One person who was receiving palliative care had owned horses all their life. They told staff they wanted to see a horse again. The home arranged for a horse to visit. The person spent time in the garden stroking and talking to the horse. The district nurses told us, "I have never known anyone do this, they certainly go the extra mile, the person was so happy." The GP told us, "I am very confident in Kirkwood when caring for people at the end of life, I have a lot of confidence in them."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. The registered manager explained they use an application on the computer, so they can change colour and font size on policies and information for people. They also have talking newspapers and talking books delivered.



# Is the service well-led?

## Our findings

When we inspected the service in March 2017, we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. At this inspection, we found improvements and the service was no longer in breach of this Regulation.

There was a manager in post who provided leadership and support. They were supported by a deputy manager and senior care staff. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team.

We found the management team open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving positive outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service. It was evident that the culture within the service was open and positive and that people who used the service came first.

Audits and checks were undertaken monthly by the registered manager and deputy manager. The provider regularly visited the home and completed audits and checks. These were available for us to view on the day of the inspection.

The monthly quality audit undertaken by the management looked at the environment and the deputy manager also undertook a monthly medicines audit. However, these were not effective in identifying shortfalls with concerns highlighted with the fire risk assessment and storage in the garage area. The registered manager and providers were responsive in managing this to mitigate any risks. Skips were delivered by the end of the day to remove the clutter.

Staff meetings were held. Staff met with the deputy manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager informed us they work in partnership with Bradford contracts team and the NHS. The registered manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

People's views about the service were sought and acted upon. The service sent annual surveys to people

who use the service, family and friends. This information was collated, and outcomes were fed back to people in a residents and relatives meetings.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.