St Philips Care Limited

Kirksanton Care Centre

Inspection report

Kirksanton
Millom
Cumbria
LA18 4NN

Tel: 01229772868
Website: www.stphilipscare.com

Date of inspection visit:
14 November 2017

Date of publication:
13 December 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

At the last inspection in February 2015 the service was rated good. At this inspection we found the service remained good.

Kirksanton Care Centre has three distinct areas. The Croft is in the oldest part of the property and accommodates up to twelve people who may have had problems with alcohol abuse leading to memory loss and other associated conditions. The annexe to the Croft is for older adults, some of whom may be living with dementia. The Mews is currently unoccupied. Bedrooms are mainly single occupancy. Some rooms have ensuite facilities. There are suitable shared facilities. The home is owned by St. Phillips Care Ltd who own other homes in the UK.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a suitably qualified and experienced registered manager. She had created an open culture where both staff and people in the home felt supported and valued. Everyone we spoke with judged that the care of vulnerable people was the focus of the service.

Staff were trained to understand and report any potential or actual abuse. We had evidence to show that the manager understood how to make appropriate referrals, where necessary.

The service had suitable risk assessments in place and a plan for any foreseeable emergencies, which had been tested as this is a very isolated service. Accidents and incidents were monitored and dealt with appropriately.

Staff were suitably recruited, inducted and trained. Staff received supervision. Staffing levels were suitable but some vacancies were proving hard to fill due to the rural situation. Plans were in place to use creative ways of recruiting to the vacancies.

Medicines were appropriately managed. People had their medicines reviewed by GPs and consultants so that people had the right medicine for their health.

The house was warm, safe, suitably decorated and well furnished. Equipment was maintained and replaced as necessary. Some areas needed upgrading and the maintenance person was working on this. The provider had plans to upgrade the environment in all areas.

The home was clean and good infection control practice was in place.

The registered manager understood her responsibilities under the Mental Capacity Act 2005. 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. Restraint was not used and we had evidence people were asked for consent for all interventions.

People told us the food was of a very high standard and staff supported people who needed help taking good nourishment.

Health care professionals visited the home regularly. Staff supported and cared for people during times of ill health and at the end of life.

We observed caring and sensitive interactions between staff and people in the service. We learned that people were respected and treated with dignity and patience. Matters of equality and diversity were taken into account by the team.

Each person had a care plan and these gave suitable guidance for staff. People were well groomed and told us the care delivery was of a good standard.

Activities had lessen due to the activities organiser post being vacant but the staff team were trying their best to provide activities and entertainments. Recruitment was underway for the post.

The provider had a suitable quality monitoring system in place that was being used to identify how well the service was running. Changes and improvements were based on this auditing of quality. Good recording systems were in place.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Kirksanton Care Centre

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 14 November 2017 and was unannounced.

Kirksanton Care Centre has three distinct areas. The Croft is in the oldest part of the property and accommodates up to twelve people who may have had problems with alcohol abuse leading to memory loss and other associated conditions. The annexe to the Croft is for older adults, some of whom may be living with dementia. The Mews is currently unoccupied. Bedrooms are mainly single occupancy. Some rooms have ensuite facilities. There are suitable shared facilities. The home is owned by St. Phillips Care Ltd who own other homes in the UK. There were 26 people in residence when we visited.

The inspection was led by an adult social care inspector. A specialist advisor with a background in mental health social work assisted and spent the day with the people living in the specialist unit. An expert by experience spent time with older adults. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. All members of the team had experience with people living with dementia and other mental health disorders.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care. We planned the inspection using this information.

We spoke with seven of the eight people living in the Croft. We met all of the eighteen older people in the Annexe and spoke in depth with fourteen of them. We met with three relatives and a visiting health professional.

We read fourteen care files and we looked at daily notes, records of food taken, nutritional planning and other charts that help staff record cared delivery. We checked on the management of medicines in both units.

We spoke with the registered manager, two senior care assistants three care assistants, the maintenance person, two domestic staff, the cook and the kitchen assistant. We also spent time talking with the regional manager who came to the home in the afternoon.

We looked at three recruitment files and another four training and development files. We checked on six supervision and appraisal records.

We saw rosters, records relating to maintenance and to health and safety. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to training plans and environmental improvements after the inspection.

Good

Is the service safe?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'safe' was good. We again judged at this visit that the home was rated as good for safe.

The people we met told us that they felt safe. One person said, "If you need anyone you push your buzzer and they come and I am safe here." Another person said, "Never seen anything that made me frightened or worried."

A visiting relative said, "I come in four times a week, there is always staff about, I have no worries at all" and another said, "We have never seen anything to worry us and there is always someone about."

We met with staff on duty who spoke in depth about their responsibilities in relation to safeguarding. They told us that they had training in safeguarding and that this was also discussed in supervision and in team meetings. Staff were aware of how to contact senior management and outside agencies if necessary. One person said, "We can ring the whistleblowing line." The registered manager was aware of how to make a safeguarding referral.

There were suitable risk assessments and risk management plans in place for each person. We noted that risk management plans included reference to individual human rights. Staff were aware of the tension between risk and independence. We saw the accident records and these showed that risk was suitably managed.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. We judged that this ensured the home was as safe as possible.

This home is in a very rural setting and the registered manager was aware of the added risks because of its isolation. The service had a good contingency plan in place for any eventual emergency. The cook explained that they ordered extra food because there were times the home was snowed in.

We looked at rosters for the previous four weeks and we saw that there were always three people awake at night and a minimum of five care staff on duty by day. We judged that this was suitable for the delivery of care tasks. Suitable support staff were also on duty. The registered manager and the administrator said they would help out with some tasks if the care staff needed assistance. The home had a vacancy for an activities organiser.

The registered manager said that they had problems with recruitment due to the rural area. The operations manager had some ideas about how to attract more staff and to fill a vacant post and to increase staff presence at lunch time. We looked at recent recruitments and spoke to a member of staff who confirmed that background checks were made prior to them having any contact with vulnerable people. We looked at personnel records and these were in order.

The registered provider had suitable disciplinary procedures in place and the registered manager had received training in managing disciplinary and competence issues with staff. There had been no concerns around matters of conduct.

We checked on medicines records. These were in kept securely in a locked room. Staff ensured they kept medicines under review and we saw fax confirmations of medicine changes. Suitable monitoring of administration was in place with staff training and competence checks being undertaken. We saw people being given their medicines at a time and pace suited to their needs.

Staff had suitable training in infection control, access to protective clothing and equipment. We walked around all areas of the home and found them to be generally clean and hygienic. There had been no outbreaks of infectious illness reported.

The staff team told us if something went wrong the registered manager would look at the incident and that they as a team (and people who live in the home if appropriate) would look at the issue and make sure that things weren't repeated. A member of staff told us, "The manager will talk to you about something you weren't doing right and you would be expected to understand and learn."

Good

Is the service effective?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'effective ' was good. We again judged at this visit that the home was rated as good for this outcome.

People in the home told the team that "The staff are very good. Knowledgeable and quite efficient." Relatives were complimentary about staff and judged they were, "Well trained."

We looked at a range of assessments for people on admission and as part of the on-going care delivery. We saw that the team look at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation. Assistive technology was used to allow staff to monitor people, whilst protecting their privacy.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held and the team had considered that some people had been deprived of their liberty to ensure they were kept safe. 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. We found that the authorisations were in place, where necessary, and that new applications were waiting approval by the local authority. Staff supported people in the least restrictive way possible to comply with the authorisations.

We observed staff asking people and giving them options about their lives. We saw that, where appropriate, people were asked for both formal and informal consent. When people lacked capacity to make major decisions the team had consulted in 'best interest' reviews with social workers, other specialists and, where appropriate, family members.

We looked at the needs of people in both units and we then looked at the training the provider deemed to be mandatory. We noted that this met people's basic needs and that staff also had specialist training on, for example, understanding different types of dementing illness. Staff said they enjoyed both e-learning and face-to face learning.

We had evidence to show that staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff.

We looked at menus, nutritional plans, risk assessments and weight records for people in the home. We also

went into the kitchen and spoke with the very experienced and skilled cook. We shared a lunchtime meal with people and saw that the food was well prepared and presented. People ate well and told us they enjoyed the food. The kitchen and care staff understood the nutritional needs of people in the home. Special diets were prepared, allergies catered for and advice of dieticians and other professionals followed.

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to maintain good health. The local surgery team visited regularly and we spoke with a community nurse who told us the local health care team had a good relationship with the home. She told us they judged that the team were good at promoting good health and following treatment plans. We also saw that people saw opticians, dentists and other health care specialists.

The building had two distinct units. The Annexe for older adults and people living with dementia and the Croft which was the original house and this was the home of people living with alcohol related dementia. There was a third unused building, the Mews. We saw that some parts of the Annex looked a little tired but that the maintenance person had been decorating and repairing some rooms. There had been a replacement to the heating boiler and other improvements to the building. We were told about a major refurbishment was planned with the Mews being brought back into use. The area manager told us this would be followed by changes to the Annex with bedrooms being made bigger and provided with ensuite facilities.

Good

Is the service caring?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'caring ' was good. We again judged at this visit that the home was rated as good for this outcome.

People told us they thought the staff were very caring. One person said, "I like it here, the lasses are nice" and another said "I have been here...years and it's very nice, it's not home but it's as good as you can get. The staff are very nice, we have a good laugh sometimes."

Visitors said their relative was, "Very happy...the staff are nice." A visitor told us that their relative, "Likes the [male staff] and says they give him good care."

We observed affectionate and appropriate interactions in all areas of the home. We noted that all the staff team, whatever their role or length of service, knew individual people in the home really well. Domestic staff stopped to ask people how they were, the catering staff spoke to people about their meals and the administrator and the maintenance person were also observed talking with people and showing their caring interest.

People were treated with kindness and politeness. Humour and affection were used appropriately and people responded warmly. We spoke with staff who could discuss people they cared for in a compassionate way. Respect was evident in the way staff spoke and wrote about people. Staff spoke about matters of equality and diversity. Staff knocked on doors and gave people space in their own rooms. Care was delivered discreetly and this allowed people to retain their dignity.

Staff spoke about confidentiality and we noted that several team members said that they were careful about this in a small community.

The registered manager told us the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates.

Staff spoke to us about the steps they took to encourage independence. We saw people being encouraged to do things for themselves where possible. People in The Croft joined in routine chores quite naturally because staff encouraged and expected them to participate. Where people were frailer the staff still encouraged people to do as much as possible.

Good

Is the service responsive?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'responsive' was good. We again judged at this visit that the home was rated as good for this outcome.

People told us, "I have got a care plan...I don't look at it but they ask me about things." Relatives told us, "We are involved in care planning."

People told us, "We are a bit short staffed at the minute so we haven't been out so much...am a bit bored." Staff encouraged people and did their best to provide activities and entertainments. One person said, "There are things to do if you want but I like to be busy...so I peel the potatoes and lay the tables in the dining room, I asked for jobs ... I like that." Another person said "I love my radio and I sit in my room and listen to that, that's great, we sit out a lot in the summer as the garden is lovely."

We looked at a range of care plans across both units. We saw full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. The care plans were detailed and comprehensive. People told us they had been asked about their needs and their opinions. Some people told us they would like more access to their plans and the registered manager said they would try to do this more often.

The registered manager and the area manager shared the providers plans for updating assessment and care planning processes and they told us all aspects of care planning were to be reviewed with a view to making planning even more responsive to need. The younger adults in the Croft would be encouraged to develop some goals as the team felt the people in the unit had become a little static. We look forward to hearing of these developments.

There was evidence of outings and activities in the home and some planning for Christmas parties and activities. The registered manager told us when the inspection started that she was having problems recruiting someone to the post of activities organiser and finding volunteers to help with activities. She felt that this could have a detrimental effect on people's social interaction. She was approaching different community groups and trying to recruit to the vacant post. We had evidence to show that staff were trying to do as much as they could and some staff came in their own time to take people out. One or two people had gone to local classes in the village hall and plans were in place to encourage more community involvement.

There had been no formal complaints made by people in the home, their families or advocates. The service had a suitable complaints policy and procedure in place. Relatives told us they would feel comfortable talking to the registered manager or to the registered provider. People told us they would, "Just tell the manager." We had no evidence of discriminatory practice and no one had any concerns about this.

A visiting health care professional discussed how the team worked with the local GP surgery and community nurses to make end of life care as comfortable as possible. The local health care providers were very satisfied with how the home worked with people at this stage. Some staff had done training on this and we

saw evidence in 'thank you' notes that the staff took a family focussed approach to this stage. We saw people's wishes to remain the home were recorded appropriately to prevent unnecessary transfers to hospital.

Good

Is the service well-led?

Our findings

When we last inspected the home in January 2015 we judged that the rating for 'well-led ' was good. We again judged at this visit that the home was rated as good for this outcome.

One person told us, "I like it here...it's good, everything runs fine." Another person said, "[The registered manager] is good...I trust her. I feel Ok about how things are running." A visitor told us, "We looked at a lot of places and this one seemed to be the best run...we have no complaints. It is fine."

The registered manager had been in post for some years and had worked in the home for many years in different roles prior to this. This meant she had the right kind of experience to run a care home. She had completed training in all aspects of management and care and had qualifications in both. People told us they trusted her and we saw how responsive she was to them.

The staff we met said they had respect for her and one person said, "She has turned this place around...in a quiet way but we now work well together and are quite efficient...all down to her." Staff said she was around in the home "all the time...even on her days off !" When asked people, relatives and staff said they found her to be open and honest in her dealings with them.

The registered manager held staff meetings and meetings with people who lived in the home. These were part of the quality monitoring of the service. The provider also sent out questionnaires to people, their relatives and other interested parties. People also told us, "The manager asks and listens". People had reviews of care and, where appropriate, family meetings had been held to look at care delivery.

The provider had a quality monitoring system that used the policies and procedures of the service as a benchmark. Regular audits were completed by the registered manager and her team and by the regional manager. We saw checks on care delivery, fire and food safety, maintenance, health and safeguarding and medicines management. We were also sent plans for how the environment was to be improved with, for example, new windows in all parts of the building, increased bedroom sizes and a refurbishment of The Mews. This was done as a response to what people had told the provider. We also saw that care planning was to be updated because the provider judged the current system needed to be in-line with current good practice.

We saw a range of easily accessible yet secure records. These were in both electronic and paper formats. We judged that good record keeping helped the service to run well and we noted that the records were written in an objective and non-judgmental way, followed the aims and values of the provider and were non-discriminatory in tone.

The inspection team judged that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service which valued all people and were non-judgemental about past history or current needs. We met open staff who were able to discuss the threats and challenges in the service as well as the opportunities and achievements of the home. We look forward

to seeing how the investment of time and resources will help the service to develop further.