

# Uttoxeter and District Old People's Housing Society Limited

## Kirk House Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

At our last inspection in May 2016 the service was rated as Good in all five key questions. At this inspection we found that the key questions of Safe, Responsive and Well-Led were now rated Requires Improvement.

Kirk House 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. Kirk House is registered to provide care to 35 people and at the time of our inspection, there were 30 people using the service.

There was no registered manager in post. An acting manager had been in post since January 2018 but was not registered with the CQC. 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 acting manager was available on the day of our inspection.

Specific health care needs were not always assessed and planned for. Risks to people were managed but records did not always reflect this. There were activities in place for people but these were not always consistent or person-centred. People's end of life care needs were not planned for effectively.

The service did not have a registered manager in post. Governance process that were in place were not sufficient to promote good outcomes for people. Quality audits were completed.

People received their medications as prescribed. There were enough trained staff to meet people's needs and staff were recruited safely. Staff knew how to protect people from the risk of abuse and harm and from the risk of the spread of infection. Lessons had been learned when things went wrong.

Staff treated people with kindness and compassion. People told said that they had their dignity and privacy respected. People were given choice and people's independence was promoted.

People and their relatives were given opportunities to feed in to how the service was run. The service worked well with other agencies and professionals to improve the care and support people were receiving. People spoke highly of the acting manager.

## 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 consistently safe.

Some risks were managed. There was a lack of guidance for staff around people's specific health conditions.

Hazardous substances were not stored safely.

There were enough staff to meet people's care and support needs.

People received their medicines on time.

Staff understood how to protect people from the risk of abuse or harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the knowledge required to effectively support people.

People had their nutritional needs met.

Staff sought consent from people when assisting them with their support and care needs.

### Is the service caring?

**Good** ●

The service was caring.

People said staff were caring.

Staff encouraged people to maintain their independence.

People's dignity and privacy were respected.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

There was a lack of meaningful activities for people.

People's end of life care wishes were not consistently addressed and recorded.

People knew how to make a complaint.

### **Is the service well-led?**

The service was not consistently well led.

There was no registered manager in post.

The systems used to monitor, assess and improve the quality of care people received required strengthening.

People said the acting manager was approachable

**Requires Improvement** 

# Kirk House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 November 2018 and was unannounced. 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 care service.

Prior to the inspection, we looked at the information we held about the service. This included information from the provider that they are required to send to us by law. These included notifications such as safeguarding concerns, serious injuries and deaths. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We took the information we had received into account when we inspected the service and made the judgements in this report.

We spoke with six people who used the service and three visiting relatives and friends. We spoke with two members of care staff, the cook, the activities coordinator, the clinical lead nurse, the care plan manager, the acting manager and one of the charity trustees.

We looked at one care record and the Medication Administration Records of two people. We also looked at records relating to the management of the service such as audits, accidents and incidents and staff training records.

# Is the service safe?

## Our findings

The key question of Safe was rated as Good in May 2016. At this inspection, the rating changed to Requires improvement.

Staff knew how to manage people's risks but there was not always sufficient guidance for staff to follow. Where people had particular health conditions, we found that staff were reliant on their own judgement to manage the health conditions and any associated risk. For example, one person was living with diabetes and required insulin up to four times a day to manage their condition. The person had their blood glucose levels taken regularly throughout the day and we observed from the Medication Administration Records (MAR) that insulin was administered dependent on the person's blood glucose levels and their dietary intake at the time of assessment. There was no clear instruction for any member of staff to know what a person's individual 'normal' blood glucose range was or what to do if the person was deemed to have an abnormal blood glucose level reading. We raised this with the acting manager and clinical lead nurse who confirmed that they had not developed any specific guidance for staff to follow to manage people's health conditions. This meant that people were placed at risk of receiving inappropriate and inconsistent care. We observed one person having their blood glucose levels checked but this was not obtained according to best practice guidelines. The nurse who was administering medication was not wearing gloves and did not follow the correct guidelines to ensure the blood glucose level reading would be as accurate as possible. This meant that the person was put at risk of receiving the incorrect dosage of medication that was required to manage their condition.

Hazardous items were not always stored safely. During our inspection, a cupboard which was used to store prescription creams for people, was unlocked. We brought this to the attention of the acting manager who told us that the lock had been reported as broken that morning. We checked the cupboard an hour after we had reported this to the acting manager and found that the cupboard was still open and the stored prescription creams were readily accessible. The acting manager did take action to address this and by the afternoon, a new lock had been fitted to the cupboard. The Control of Substances Hazardous to Health (COSHH) cupboard was also found to be unlocked and we saw that the door to the laundry room was open throughout the duration of our inspection. This meant that people who were using the service were put at risk of coming into contact with substances, chemicals and equipment that, if not used correctly, could cause significant harm to people.

People told us that they received their medication on time. One person told us, "The nurse brings me my tablets always. Pretty well on time. We looked at the MARs and saw that people's medication was administered and signed for. There were protocols in place for people who received 'as required' medication and controlled drugs were stored correctly and disposed of in a safe way.

People told us they felt safe living at Kirk House. One person said, "I do feel safe living here". Another person said, "I feel safe, If I saw anything that worried me I would call the CQC". Staff had received safeguarding training and they were able to demonstrate that they knew and understood how to protect people from harm and abuse and what action they would take if they suspected someone was being abused or harmed.

One staff member told us, "I would report any changes in a person to the manager or if I needed to, I would ring the Care Quality Commission (CQC)".

There were enough staff to meet the needs of the people living at Kirk House. The acting manager had taken on more staff and had redeployed staff to work with each other in different parts of the building to efficiently meet the needs of people. One staff member said, "There are plenty of staff now, it also helps having a senior care worker on duty". Another staff member said, "There are two members of staff to each wing. It works well as there is always someone to help and we help each other out when our own work is done".

Robust recruitment checks were in place to ensure that staff were suitable for employment. Staff told us that before they could commence employment, they were asked to provide two references from a previous employer where possible and that they had to undergo checks with the Disclosure and Barring Service (DBS). A DBS check would help to prevent unsuitable people working with vulnerable groups. We spoke with the acting manager and looked at a recruitment file and this confirmed what we had been told.

The service had an infection control policy in place and staff we observed were wearing Personal Protective Equipment (PPE). One staff member said, "We wear all the right protection and we always wash our hands". Staff told us that they had received infection control training and demonstrated to us that they knew how to prevent the risk of the spread of infection.

When things went wrong, the service learned from this and had made improvements. The Local Authority (LA) Quality Assurance Team had visited the service and identified shortfalls and areas for improvement. The acting manager addressed each of these points and had put in an action plan to show how the shortfalls were being met and what was being done to improve on and sustain quality.

# Is the service effective?

## Our findings

The key question of Effective was rated as Good in May 2016. At this inspection, the rating continued to be Good.

People had assessments and care plans in place that detailed some of their care needs. People's needs were assessed before admission to the service and we saw pre- assessment forms in people's records. One person said, "The previous manager did an assessment first (before I came here)". Assessments were reviewed and updated where necessary. The acting manager said, "Each nurse has responsibility for updating the same four care plans every month to ensure that any changes to people's needs are identified, met and monitored."

Staff knew people well and told us how they used the daily care plans to underpin the support that they provided. Daily records were kept in people's rooms and we observed staff updating these during our inspection. The daily records we saw evidenced that people were having their daily support needs met.

Staff told us that they had received sufficient training and that they felt confident when supporting people. A person told us, "I am safe in the hoist". Another person told us, "The staff are trained and they know what to do for me". One staff member said, "All the staff here are very well trained". Staff told us that they had an induction when they commenced their employment at Kirk House and all staff were required to complete the Care Certificate if they had not already done so. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles within the health and social care sector. We saw that the acting manager had a system in place to record when staff had completed training and when staff training was due for renewal. This showed us that staff were regularly updating their knowledge and skills.

People's nutritional needs were met. Where people had specific dietary requirements, the food and drink was tailored to meet their individual needs. For example, some people required their food to be pureed and we saw that pureed food was available for people. One person told us, "I have to have my food mashed although I'm not keen on this". We spoke with the cook who was able to tell us who had specific dietary requirements and how their food needed to be prepared and served. There were choices of food available and these were presented to people at each meal time. The cook told us, "There is always at least two options but there are alternatives if people do not want or like any of these choices". There were hot and cold drinks and snacks available for people throughout the day. We observed staff supporting people to eat and recording people's food intake once they had finished.

Staff communicated with each other to keep up-to-date with people's needs and requirements. We observed staff working together to provide support for people. One staff member said, "We share information through handovers so all staff are kept informed about people. If there are any changes, this either gets reported to us or we report to the manager". People had access to healthcare to maintain their well-being and saw healthcare professionals as required. One staff member told us, "If people's needs change, we make a referral. For instance, the Speech and Language Therapists (SALT) will come and



reassess people with swallowing difficulties if we ask them to". Records we saw documented when visiting health professionals had been involved with a person's care needs. This meant that the staff and other organisations worked well together to deliver effective support for people.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people before supporting them with their care needs. One person told us, "They [staff] ask me before they help me". Staff understood the principles of the MCA. One staff member said, "It's whether people have capacity to make their own everyday choices such as what they want to wear or how they want their hairstyle and how we support them with that". The acting manager could evidence that they had made DoLS applications but the LA had yet to authorise these.

People had their own belongings in their rooms and we observed people spending time in their rooms as they wished. The corridors were wheelchair accessible. There were two communal lounges that were occupied during the day and there was a coffee lounge that was available for people and their visiting relatives and friends to use as they pleased. During our inspection, we observed one person seemingly enjoying being in the coffee lounge with another person. This showed us that the design of the premises met people's needs.

## Is the service caring?

### Our findings

The key question of Caring was rated as Good in May 2016. At this inspection, the rating continued to be Good.

People living at Kirk House told us that they received care that was kind and compassionate. One person said, "I get everything and I don't want for anything". Another person told us, "The staff are lovely and kind". We observed positive interactions between people and staff. The acting manager had introduced the idea of 'hug champions' and we saw this resulted in a positive outcome for one person during an observation. One person appeared unhappy and upset in the communal area. A member of staff approached the person and comforted them and asked if they would like a hug. The person responded with a smile and seemed to be reassured by the staff member's presence.

There was a consensus between people and staff that dignity and privacy was respected and upheld. One person told us, "They (staff) usually ask first, before they help". Another person said, "Staff always close the curtains and shut the door when they are helping me". Staff told us how they preserved people's dignity and we observed one member of staff support a person in the communal lounge to discreetly rearrange their clothing so the person remained comfortable whilst maintaining the person's modesty.

People were supported to maintain their independence and were given choices. One person said, "The staff are good, I can do some things for myself and they help me with others". Another person said that they wanted to regain some independence at mealtimes and had requested different types of cutlery. During a mealtime observation, we saw that this person had been given the cutlery they requested and were eating independently as a result. One other person told us that they had the choice to stay in their room or join others in the communal parts of the building and said, "They leave me alone if I want them to but sometimes I do join others".

## Is the service responsive?

### Our findings

The key question of Responsive was rated as Good in May 2016. At this inspection, the rating changed to Requires improvement.

People did not consistently receive personalised care. People had care plans in place but these did not always consider people's personal preferences, choices and life histories. One record we looked at had an incomplete communication passport and the parts pertaining to choice and preferences were left blank. The acting manager told us that the management team were in the process of addressing this and that members of the nursing team had been specifically tasked to review and update all the care plans. People told us that they were not always directly involved in the planning of their current care needs. One person told us, "I don't know about a care plan, I must have one". Another person said, "I don't know if I have a care plan, my [relative] might." Although care plans were reviewed monthly, people were not actively involved in reviewing and updating their care plan as they did not know their care plan existed. The plans were updated from the perspective of the staff. This meant that staff could not provide care that was consistently individualised and responsive to people's needs.

People did not always have their end of life needs and wishes assessed in a timely way. The service was supporting people to receive end of life care but there was no documentation or records to provide guidance for staff on how people wished to be supported at the end of their life or their preferences once they had passed away. Care plans did not always address these specific needs for people and therefore care was delivered in a generalised way. The acting manager stated that they were waiting for further information from medical professionals before speaking with people to determine their wishes. The acting manager also spoke about the Gold Standard Framework (GSF) but we did not see any evidence that the service supported this practice. The GSF is a programme to improve end of life care in nursing homes by offering staff training and a framework to help identify, assess and deliver care. One person had recently been admitted into the home to receive end of life care and staff told us that they were able to direct their own care. However, staff had not worked with this person to explore their preferences for the care they wished to receive in the event their health deteriorated and told us that they were waiting for their relatives to provide this information.

People told us that activities were limited. One person said, "There is a quiz! No one speaks with me, I would like to be able to spend more time with people." Another person said, "I can't walk now and I get bored and fed up". A relative told us, "It is a shame because [person's name] gets so fed up".

Staff told us that there were activities taking place but we did not see any daily schedule of activities on display for people. The activities co-ordinator showed us their own schedule that covered the Christmas period which included outside organisations coming to the service to sing carols. One staff member said, "It is very quiet in the afternoon, there is nothing much really going on for people". The activities that took place were not always person-centred or meaningful for people. During our inspection, we did observe a quiz taking place. People who took part were seen to be enjoying the activity but we observed that the quiz did not last long and therefore the interaction between people also came to an end. We did not observe any

other activities taking place that day. The provider told us that they had identified that the provision of activities required improvement in the home however, we could not see that any action had been taken to improve in this area.

There was a complaints policy in place and people told us they knew how to access the policy and who they would speak to in the event they needed to raise a complaint. One person said, "I have no problems making a complaint". Another person said, "I would go straight to the manager if I had a problem". Staff told us that there was a policy in place and that people knew how to access this. Where complaints had been made, we saw that the acting manager had responded in line with their policy.

## Is the service well-led?

### Our findings

The key question of Well-Led was rated as Good in May 2016. At this inspection, the rating changed to Requires improvement.

Kirk House does not have manager in post that is registered with the CQC. The acting manager had been in post since January 2018. There was also a deputy manager in place. One of the Trustees of the charity told us that the delay in registering a manager had originated because the acting manager had not yet got the required management qualification. We informed the Trustee and the acting manager that the specific qualification to which they were referring was not a requirement of registration with us. The trustee said they would address this issue with immediate effect and make an application to us.

The failure to ensure that a manager who is registered with the Commission was in post constitutes a breach of Regulation 33 of The Health and Social Care Act (2008).

Governance processes were not robust or adequate and had therefore had not identified the issues that we had addressed during this inspection. There was no current guidance for staff to manage the specific health needs of people. The acting manager did not always have effective systems in place to assess, record and monitor risk and people's wellbeing. The service was not outwardly looking to develop the service and had missed opportunities to attend events such LA provider forums. The provider had not developed a systematic approach to quality assurance that was effective at driving improvements in the home. However, the provider and acting manager were using an action plan that they had developed in February 2018 to lead their governance systems and planned improvements and this was updated on a weekly basis and is an on-going work in practice.

People and their relatives had been given the opportunity to feedback to the acting manager about the service through a questionnaire. The acting manager shared how they had taken on board some of the feedback and made changes to improve the service for people. However, there were no records of any actions or outcomes to identify this or monitor the success of the changes that had been implemented.

The acting manager was not aware of their responsibility in relation to the Duty of Candour. The Duty of Candour ensures all providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. The acting manager had submitted other notifications to us that were required by law such as deaths.

The service had begun to develop links with the local community. The local church visited regularly so people could observe their religious practices. Local schools had been invited to the service to sing for people and the acting manager had developed a link with the local supermarket to utilise their community funds for the benefit of the people living at Kirk House.

People said the acting manager was approachable. One person said, "It's the best it's ever been run now, all staff are approachable". Staff told us that the service had also improved. One staff member said, "It is a

happier place here since the acting manager came". Staff told us that they had supervisions every three months and we saw a record that reflected when the acting manager had scheduled and undertaken supervisions.