

Caireach Limited

Kirkside House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: Kirkside House is registered to provide accommodation and personal care for up to seven people with a learning disability and or autistic spectrum disorder. At the time of our inspection there were seven people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: Medicines were managed safely. Risks to people were assessed and records contained clear guidance for staff to follow. Staff knew how to respond to possible harm and how to reduce risks to people.

People were safe and protected from avoidable harm as staff knew how to recognise and respond to concerns of ill-treatment and abuse. Lessons were learnt about accidents and incidents and these were shared with staff members to reduce the risk of further occurrences.

The provider followed effective infection prevention and control guidance when supporting people. Any equipment that people used was maintained and kept in safe working order and the provider undertook regular safety checks.

People were observed to have good relationships with staff. People told us they felt well cared for by staff who treated them with respect and dignity. People also told us they were listened to and were involved in their care and what they did on a day to day basis.

Detailed care plans described the support people needed. This included best practice guidance and support from external healthcare professionals where required. People's health was well managed and the positive links with professionals promoted people's wellbeing.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

People's right to privacy was maintained by the actions and care given by staff members. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us they were involved in making every day decisions and choices about how they wanted to live their lives.

Staff were recruited using safe recruitment procedures and processes. There were enough skilled and experienced staff to meet the needs of people who used the service. Staff told us that they were supported

by the management and found them to be approachable.

Staff received a comprehensive induction when they commenced employment and completed annual refresher training. Staff told us the training was detailed and gave them the skills they needed to meet people's needs. People, their relatives and staff all felt confident raising concerns and ideas. All feedback was used to continuously improve the service.

A complaints system was in place and there was information so people knew who to speak with if they had concerns. Checks and audits were completed by the registered manager and the provider to monitor the quality and safety of the service.

Full details of our findings can be found in the main sections of the report.

Rating at last inspection: Good. (published 8 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We found the provider failed to notify us of five incidents which had occurred at the service across a 22 month period which the provider is legally required to inform us of. More information is in detailed findings below.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires improvement. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Kirkside House

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Kirkside House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also reviewed all other information sent to us from other stakeholders for example the local authority, members of the public and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with two people during our visit and two people's relatives. We also spoke with three staff and the registered manager during our visit. We received feedback from two health and social care professionals.

We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of staff.

Is the service safe?

Our findings

Safe– this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- People told us they felt safe. Comments included, "I do feel safe here yes, the staff are here whenever I need them" and "I feel very safe. The staff are always around and if I need anything I just ask them."
- Relatives told us, "Yes my relative is very safe, the staff look after them very well. I have no concerns about their safety."
- The provider ensured that where appropriate, they reported safeguarding incidents to the local authority. However, they failed to notify the CQC of five incidents which had occurred at the service across a 22 month period. Following the inspection, the registered manager submitted these.

Assessing risk, safety monitoring and management.

- People were supported and protected against the risk of avoidable harm. Each person had detailed personalised risk assessments and these were regularly reviewed and updated. Care plans clearly identified what staff needed to do to keep people safe. During the inspection we saw that instructions in care plans were followed.
- The environment and equipment were safe and well maintained. Safety checks of the building and equipment were completed.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

Staffing levels.

- There were sufficient numbers of staff to meet the needs of people using the service. People received one to one care for an allocated number of hours per day.
- Staff told us there were enough staff on duty.
- The registered manager told us dedicated bank staff were used to cover any shortfalls in staffing levels.
- The provider had robust recruitment procedures which ensured suitable people were employed.

Using medicines safely.

- Medicines were managed safely. Records to evidence the receipt and administration of medicines were clear. Where people were prescribed 'as required' (PRN) medication there were individual protocols in place so staff knew when to safely administer this.
- Audits and checks were carried out by the registered manager. Where errors were found during audit checks we saw that they were investigated.

- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections.
- Prevention and control of infection was covered on the initial induction period and again in annual refresher training.

Learning lessons when things go wrong.

- Accident and incident analysis was carried out regularly by the registered manager to identify any causes or contributory factors and corrective actions had been completed.
- Staff were aware of the reporting procedures for accidents and incidents.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People received a multi-disciplinary approach to care. Where possible, people were involved in their own assessments. The service aimed to assist people to set their own expected outcomes.
- People were supported to have access to a range of healthcare professionals. Multi-disciplinary team meetings were held at regular intervals which ensured people's care needs were reviewed and records were updated as required.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. People told us they thought staff were well trained. A relative told us, "The staff are very good with people, they are obviously skilled and well trained."
- Staff received a comprehensive induction when they commenced employment which included both face to face and online training. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care. New staff also shadowed experienced staff before working independently. This gave them the opportunity to meet the people who used the service and get to know them.
- Supervision and appraisals were completed in line with the provider's policy. Staff told us they felt supported by the management team and found them approachable. Two staff gave examples of where the registered manager had enabled them to work flexibly when they needed to.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to maintain a balanced diet and have the food and drink they preferred. Care plans documented people's likes, dislikes and allergies. People told us they liked the food. One person said, "The food is what we choose to have, so it is always what we want." People said they were actively involved in choosing, buying and preparing food.

- Guidance from health care professionals was sought and used to develop care plans for people who required additional support with eating and drinking.

Staff providing consistent, effective, timely care within and across organisations; supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Care records included information which showed people received an annual health check and had hospital passports as per best practice guidance.
- Staff worked closely with healthcare professionals such as GPs, dieticians and mental health professionals. Their advice was included in people's care records.

Adapting service, design, decoration to meet people's needs.

- The buildings were suitable for people living with a disability. There were sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- People's rooms were decorated and furnished the way they chose. The communal areas were bright, homely and welcoming.

Ensuring consent to care and treatment in line with law and guidance.

- Staff had received training about the Mental Capacity Act 2005 (MCA). 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).
- 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 had the appropriate legal authority and were being met. We saw appropriate DoLS applications were in place and staff demonstrated a good understanding of the legislation.
- Records were clear where decisions made had been made in people's best interests.
- People were asked for their consent before staff provided care. Staff asked people whether they wanted any support and respected their decisions.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People were treated with kindness and respect by staff. We observed staff's approach to be warm and supportive. It was clear that staff knew people well and people appeared comfortable and relaxed in staff company.
- People told us staff were kind and treated them well. One person said, "The staff are great. They go out with me, and we always do what I want to do. They are always there to help me and we get on really well."
- Feedback from relatives was very positive and complimentary of the staff team and the way their relatives were supported. Comments included, "When we visit our relative, they always looked well cared for, lovely and clean. The staff are very good and very kind" and "The staff are wonderful. They do a job that I couldn't do. The care they give my relative is excellent, they are lovely, caring and kind."

Supporting people to express their views and be involved in making decisions about their care.

- The staff supported people to access an advocacy service if they wished to have additional support whilst making decisions about their care. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.
- People and their relatives told us they had been involved in care plans and assessments. They also told us they were asked for their views on their care, and were invited to attend review meetings.
- Relatives said communication with the staff team was good and they were kept up to date with any issues relating to their family member.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People were asked how they wanted to spend their time, and if they wanted to be involved in activities. One person told us, "I get to choose where I go when I have my one to one time with staff as that is my time."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care; End of life care and support.

- People had their needs assessed before they started to use the service and staff demonstrated a good understanding of their individual needs. A range of assessments identified people's preferred methods of communication and staff were provided with clear guidance on how to effectively communicate with people. The registered manager had driven accessible communication in the service and people were encouraged to use picture cards, objects of reference and PECS (picture exchange communication system), all with the aim of empowering people to make choices and develop their self-esteem.
- People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.
- Some people who used the service had previously displayed behaviour that challenged but had responded well to positive behaviour support, and had not displayed this for many years. Positive behaviour support is a behaviour management system used to understand what causes a person's behaviour to be challenging. The service was proactive at noticing changes in people's behaviour and responded appropriately in ways that were supportive for the person concerned.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One relative we spoke with told us that due to ill health, they found it difficult to visit their relative at the service. They told us the registered manager had ensured that staff were available to accompany the person to visit them instead. They said this meant a great deal to them.
- The registered manager and the staff team were passionate about ensuring people's social inclusion in meaningful recreational and social opportunities.
- People had clear routines and activities which they did daily or weekly. They told us they enjoyed activities at the service, and those in their individual timetables which were based on their individual preferences. For example, one person enjoyed going swimming and others attended a vocational bakery project at Kirkside House. We received positive feedback about this from people. All activities and community engagement was aimed at increasing people's independence. People were supported and enabled to gradually learn skills such as how to manage their monies, healthy eating, how to interact in groups, manage social relationships, and how to make their own drinks and meals. One person told us, "I like shopping for my own food. The staff will help me to cook if I need them to, but I do enjoy doing it myself."
- People's care records identified if they had specific wishes about how they wanted to be cared for at the end of their life.

Improving care quality in response to complaints or concerns.

- The provider had a policy and procedure to guide staff in how to manage complaints. We looked at how the service had managed a recent concern they had received and saw it had been investigated and responded to appropriately.
- People and their relatives told us they felt able to speak with a member of staff if they were worried about

anything. One relative told us, "I would speak to the manager if I needed to, but I never have had to."

Is the service well-led?

Our findings

Well led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Most notifications had been sent to the CQC however, we found five incidents across a 22 month period, relating to safeguarding which had not been reported via a statutory notification to the CQC in line with legal requirements. Statutory notifications contain information about changes, events or incidents that the registered provider is legally required to send us so that we can monitor services. The relevant provider policy did not provide clear guidance for managers to follow. This is a breach of regulation 18 of the CQC (Registration) regulation 2009.

- The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.
- The provider had a comprehensive quality assurance system in place. This enabled the registered manager to collate information to show how the service was performing.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager displayed genuine affection for people and it was clear they were dedicated to ensuring their needs were met and they were happy.
- The service involved people in day to day discussions about their care in a meaningful way.
- The registered manager and staff understood their roles. There was a clear structure in place. Staff told us they were always able to escalate any concerns or queries and found the registered manager to be approachable.

Engaging and involving people using the service, the public and staff.

- The service had a positive culture that was person centred, open and inclusive.
- Feedback was positive where people and their relatives had been asked for their views and opinions on the service. Comments included, "I am always welcomed by staff when visiting Kirkside House" and "I am really happy with my care."
- People and their relatives spoke highly of the registered manager and staff team. People said they felt able to talk to the registered manager about any problems they had. One person told us, "I can go to him (registered manager) anytime, I know he will listen and do his best for me. I like him, he's a nice guy." A relative told us, "I can pick up the phone and contact the staff at any time and they always listen and deal with whatever I am calling about. They are very good at their jobs."
- Staff, people and their relatives told us they felt able to raise concerns and share ideas. All feedback was

used to continuously improve the service.

Working in partnership with others; continuous learning and improving care.

- The registered manager demonstrated an open and positive approach to learning and development. Staff meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.
- The service had good links with other resources and organisations in the community to support people's preferences and meet their needs. The registered manager gave examples of clubs and social events held in Leeds for people with learning disabilities were also attended by people who used the service. For example, people attended a local club night held for people with learning disabilities.