

Caireach Limited

Kirkside Lodge

Inspection report

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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

This inspection took place on 19 and 25 July 2018 and was unannounced on the first day and announced on the second day. At the last inspection in June 2017 we rated the service as Requires Improvement. At that inspection we found the provider was in breach of Regulation 12, safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least good. During this inspection we found improvements had been made and medicines were now overall, managed safely. Improvements were needed to ensure safe storage of medicines during hot weather conditions and these were in the process of being addressed.

Kirkside Lodge 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.

Kirkside Lodge is a service for eight people, divided over four apartments and providing support to adults with a learning disability and/or autism spectrum disorder. The service supports people between the ages of 18 and 65.

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.

There was no registered manager as they had very recently left the service. 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. A new manager had been appointed and had applied to the CQC to become the registered manager.

People and their relatives told us they or their family member felt safe. Staff understood how to keep people safe and told us any potential risks were identified and managed. Risk assessments contained enough detail to enable staff to keep people safe from harm. Risk assessments were reviewed regularly, and any changes were incorporated into people's support plans.

Safeguarding procedures and policies were in place. Staff and the management team were aware of their responsibilities to identify and report any allegations of abuse to the local authority. Staff had received safeguarding training.

Staff were recruited safely and were deployed in suitable numbers to meet people's assessed needs. Staff and people who used the service told us there were enough staff available to meet the needs of people and support them with any activities.

People received care from staff who had the skills and knowledge required to effectively support them. All staff had completed a range of training and new staff completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said they enjoyed working for the service. They were motivated and committed to providing a service that was personalised to each individual.

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. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. The service operated within the principles of the Mental Capacity Act 2005.

People's health was monitored by the staff and they had access to a variety of healthcare professionals. This helped ensure people's healthcare needs were met. People's nutritional needs were met. People told us they enjoyed the food and menus were varied. People told us they enjoyed cooking for themselves.

People told us they liked and got on well with the staff that worked at the service. We saw staff treated people with kindness, respect and compassion. People were treated with dignity and their choices were respected by staff. People's independence was promoted. There was a wide range of activities available for people both in the home and in the community. People were supported to maintain contacts and relationships outside of the service.

People or their relatives were involved in the planning of their or their family member's care. Support plans and risk assessments were updated as people's needs changed to ensure staff were fully aware of people's needs. There were systems in place to ensure any concerns or complaints were responded to and acted upon.

Quality assurance systems were in place to monitor and continually improve the quality of the service provided. Policies and procedures were in place and were kept under review. Feedback was obtained from people who used the service, their families and representatives.

The management team and staff were committed and enthusiastic to providing a person centred service for people. Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

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.

Overall, medicines were managed safely. The management team took action at the time of the inspection to ensure the temperature of medicine cupboards were reduced to ensure safe storage of medicines.

Sufficient skilled staff were safely recruited to meet people's individual needs.

People were protected from abuse. Risk assessments showed specific areas of risk, and the measures put in place to minimise those risks.

Is the service effective?

Good 

The service was effective.

Staff told us they received training and support to carry out their role. Records we looked at confirmed this.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service spoke positively of the caring approach from staff. Staff were familiar with people's preferences and needs.

People's privacy and dignity was respected.

Staff were committed to promoting people's independence and supporting them to make choices.

Is the service responsive?

Good 

The service was responsive.

People felt confident raising concerns or complaints and these were listened to and acted upon.

People's support plans contained sufficient and relevant information to provide consistent, person centred care and support. There was a sensitive approach to the consideration of people's end of life care.

People enjoyed the activities they participated in. Their community presence was encouraged to ensure fulfilled lives for people.

Is the service well-led?

The service was well- led.

The management team understood the responsibilities of their role.

The provider had effective systems in place to monitor the quality and safety of the service in order to drive improvements.

People who used the service and their relatives were asked for their views about the care and support the service offered. There was a positive, open and supportive culture at the service.

Good ●

Kirkside Lodge

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 comprehensive inspection took place on 19 and 25 June 2018 and was unannounced on the first day and announced on the second day. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding 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.

The provider had completed a Provider Information Return (PIR) in June 2018. We used information the provider sent us in the Provider Information Return when planning the inspection. 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.

During the inspection, we spoke with the manager, the regional deputy operations director, a unit manager and four staff. We spoke with four people who used the service. We also spoke by telephone with one relative.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans and four people's medicines records.

Is the service safe?

Our findings

At the last inspection in June 2017 we rated this key question as Requires improvement. We found the provider was not managing medicines safely. We found at this inspection, systems had been put in place to ensure medicines were overall, managed safely.

We looked at the medication administration records of four people living at the service. We saw people's medicines were clearly recorded and signed for using a medication administration record (MAR). We saw people's medication support plans described people's preferences for how they took their medication, for example, with a glass of water. Protocols were in place for medication that was to be administered 'as required'. Overall, the protocols provided staff with the information required to ensure the medicine was given in the appropriate circumstances. One person was prescribed a variable dose medicine and it was not clear what dose to give in what circumstances. The unit manager contacted the person's GP to gain more clarity on this and said the support plan would be updated accordingly.

We checked the stock levels for the medicines in place and found what was recorded as being given, tallied with what was in stock. Medicines were ordered when needed, stored safely and checked regularly. However, in recent weeks, during spells of hot weather, the temperatures of the medicine cupboards had been higher than the manufacturers recommended storage temperature. This had been identified by the management team. Temporary solutions were in place to reduce room temperatures and room cooling equipment was on order. The issue had also been reported to the supplying pharmacist who had provided assurances the medicines were safe to use.

Some people were prescribed psychotropic medicines because their behaviour was at times, seen as challenging. Psychotropic medicines are drugs that are capable of affecting the mind, emotions and behaviour. The provider ensured there was no over reliance on this medicine and people were supported to manage their behaviours that challenged through positive behaviour support (PBS) interventions.

People and their relatives told us they or their family members felt safe at the service. One person said, "I am helped to be safe everything is great." Some people were not able to tell us verbally whether or not they felt safe so we observed their interactions with staff to help us understand. We saw people were comfortable and at ease in the presence of staff. A relative spoken with told us they considered their family member to be safe at the service and they had no concerns.

Staff had received training in how to recognise signs of abuse. All staff spoken with were aware of their responsibilities to report any concerns they may have and the actions they would need to follow if abuse was suspected. We noted where safeguarding concerns had arisen; they were reported and responded to appropriately. We also saw the provider had systems in place to support learning from when things went wrong and to use what they learned to make improvements to the service. For example, the need to improve the standard of documentation when recording injuries sustained.

People were supported by staff who were aware of the risks to them on a daily basis. Staff told us they had

been provided with all the information they needed in order to support people safely and effectively. They were very knowledgeable with regard to the risks to the people they supported and how to manage those risks. Care records showed the risks to people had been assessed and plans were in place to manage those risks. Support plans for some people, included a PBS plan which had been developed in liaison with other agencies involved in people's care and support. PBS is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. It focuses on creating physical and social environments that are supportive and capable of meeting people's needs. It may involve teaching people new skills to replace the behaviours that challenge and therefore enhancing people's quality of life.

Staff had also completed British Institute of Learning Disability (BILD) accredited, managing actual and potential aggression (MAPA) training. There was a focus on prevention but if needed, safe physical interventions were included in response to behaviours that challenged. We saw records of any interventions were maintained and analysed to ensure safe practice. We noted any physical restraint was used as a last resort and any triggers were identified to prevent future re-occurrence of behaviours that challenged. Staff told us they were well trained in MAPA and were supported to use techniques with confidence. One staff member said, "It's all about prevention, de-escalation and knowing people's triggers."

There were sufficient staff to meet people's needs. People received continuity of care from regular staff who they knew them well and understood their needs. People told us there was always staff available to them and they received one to one support as planned. One person said, "Always enough staff and managers." Staff we spoke with said they had no concerns about staffing levels.

Recruitment was managed safely. Staff told us and records seen confirmed, that prior to commencing in post, the appropriate checks had been carried out, including references and DBS (Disclosure and Barring Service) checks. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This allowed the provider to make safer recruitment decisions.

Where accidents and incidents took place they were recorded and acted on appropriately. We saw individual analysis took place and lessons were learnt. Any accidents or incidents were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences.

The service was clean and well maintained. Staff had access to personal protective equipment throughout the home and wore this whenever appropriate. The provider ensured all safety checks of the building and equipment were completed. We found these had been carried out and the premises were safe. People had personal emergency evacuation plans (PEEPs) in place. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

Is the service effective?

Our findings

People we spoke with were complimentary about the staff that supported them and felt they cared for them properly. One person said, "They are all very good." Another person said, "I think they have been trained well." A relative said "I have no doubts at all that the staff are trained well; they are all great."

Staff told us they were well supported and had received a good induction when they began their job to ensure they were confident in their role. They said they completed training courses and worked alongside experienced staff to get to know the needs of people who used the service. One staff member said, "It's all very thorough, they make sure you get to know people before you work on your own with them." Records showed staff completed induction training and this included the care certificate. The care certificate sets out common standards for social care staff.

We reviewed the training matrix which showed staff had received a rolling programme of training which included equality and diversity, MAPA, safeguarding, food safety, autism, and manual handling. If any refresher training was needed; this had been identified and plans were in place to ensure staff undertook their required training. Most of the training was e-learning and staff told us this had been a recent change from all face to face training. Staff said they were getting used to this method of training delivery and were aware if they needed to discuss training outcomes the management team were available to them. Staff had regular supervision and annual appraisals were in the process of being introduced. Any actions identified during staff supervision were followed up. This showed a positive approach to staff learning and development.

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 found that they were.

Staff understood the principles of the MCA and obtained people's consent prior to supporting them. One member of staff told us, "We always make sure we ask people before we do anything and more importantly, give people time to respond." Staff were able to explain how they ensured they obtained the consent of people who were unable to provide this verbally, through a variety of gestures and expressions. Where DoLS applications had been made, we saw evidence of best interests decisions, which included people involved in the person's care, including their relative or advocate. We found the provider implemented mental capacity assessments for individual decisions about people's care. For example, some people had a capacity assessments and best interest decisions in place for the administration of medicines as they were unable to consent to taking them.

People were supported with their nutritional needs. People had enough to eat and drink and maintain a well-balanced diet. Menus showed a variety of food was on offer to people. One person said, "I do my own shopping and cooking; I enjoy that." We saw the menu was on display in the service and this included a picture menu to enhance people's ability to make choices. We also saw people who used the service were involved in developing menus. One person had asked for cod, potatoes and green beans to be added as a menu choice on a specific day and this had been done. Mealtimes were a positive experience for people. We observed the staff interactions with people at this time, staff were supportive and encouraged people's independence.

People were supported to maintain good health. Staff were aware of people's healthcare needs and how to support them. We saw evidence in care files that people accessed their GP, opticians and other specialist health services and health matters were followed up. One person said, "If I need a doctor they arrange this quickly." A relative told us staff responded well to any health needs. They said, "They keep an eye on everything for [name of person]."

Is the service caring?

Our findings

People told us staff were kind and treated them well. One person told us, "They like me and I like them, we do nice things together." Other people said "All the staff are very nice, I like them all", "I get on great with the staff, no problems at all." A relative said, "I have nothing but praise for all the staff, they are so good with [name of person]." Some people were unable to tell us their opinion of staff but our observations showed staff presented as caring individuals. Staff spoke positively about the people they supported and demonstrated they respected people and cared about them. One staff member said, "I love working here; it's the people that make it so good."

Throughout the inspection we observed positive interactions between people who lived at the service and staff. Staff were attentive to people's needs and respectful. Staff took time to make sure they had understood what people were saying. They showed patience and understanding if people had communication difficulties. It was clear staff valued people as equal partners. Staff were respectful of people and what was important to them. We saw people were supported to maintain activities and contacts that had been a big part of their lives prior to using the service. One person said the staff were very kind in supporting them to go to where they used to live.

Staff knew people well; their background and histories and what was important to them. This meant they could support them effectively. People had 'one page profiles' and other information in their care records that detailed their background, history, personal preferences and cultural and spiritual needs. This helped staff to get to know people.

People told us they felt comfortable with the staff and that any concerns were listened to. One person said, "I find them good listeners and I can tell them what's bothering me if I need to." Staff were aware that any changes in people's routines could become distressing for them and were clear on how to support people in line with their care plans in order to avoid as much disruption as possible. A member of staff said, "Routine and consistency is very important to people and we try to stick to things."

Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. They understood their responsibilities for keeping people's personal information confidential. Staff knocked on people's doors prior to entering their rooms. All the people we spoke with confirmed their privacy and dignity was respected at all times.

Staff spoke of the importance of encouraging people to be as independent as possible. One staff member said, "It's important for people to do what they can for themselves, gives people a sense of achievement." Care records showed what people could do independently and how they were supported to maintain this.

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. We saw evidence of the staff and management team's commitment to giving people as much choice and control as possible. People made their own day to day decisions such as what they wanted to wear, where they

wanted to be and what activities they wanted to do.

People looked well cared for, which is achieved through good standards of care. Staff were able to recognise when people showed they were distressed or anxious. They provided reassurance when needed and responded well. We saw staff understood people and supported them with dignity and compassion.

People told us they were treated equally and respectfully. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Records showed people's needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs were respected. One person told us how important it was to be supported to observe their religious beliefs.

Is the service responsive?

Our findings

People had their care and support needs assessed prior to using the service. Assessments were completed with the people who used the service, their family, if appropriate, advocates, health professionals and the local authority. Assessments were comprehensive, and detailed support plans were drawn up from this information.

People received personalised care and support based on their preferences and interests. Support plans were person centred, focusing upon the person as an individual. People's preferences, likes and dislikes were recorded so staff knew how best to support people. The language used in support plans was positive, for example, the need to use a jovial approach with a person. Staff had a good knowledge of people they cared for and were able to tell us how they responded to people and supported them in different situations. Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life. Reviews were held with people who used the service, family members and other social and health care professionals to ensure people's needs were met and they were satisfied with the service.

Staff we spoke with said the support planning process was effective and assisted them to understand how to provide appropriate care to people. Without exception, all the staff we spoke with said they had a good understanding of the detailed support plans. They told us how they worked with other professionals to monitor people's needs and any changes that may be required to support people in the best way possible. We saw records to support this. A health professional had given positive feedback to the service on the quality of documentation used to monitor a person's behaviour that challenged. A relative told us the staff were very responsive to their family member's needs. They said, "They do whatever [name of person needs]."

The provider was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A number of easy read and pictorial documents were available in the service. This included information on complaints, safeguarding and DoLs. A person we spoke with showed us where the information on safeguarding and complaints was.

People had access to a wide range of activities both in the home and in the community. People told us they were very happy with the activities on offer. Activities were planned and organised to take into account people's preferences, needs and abilities. People had an activity planner in place and were supported on a one to one or two to one basis to fulfil their plans. One person had joined a local gym and told us how much they enjoyed this; they went twice per week with support from a staff member. Other activities people were engaged in included; walking, shopping, pub lunches, church attendance, attending local live music venues and a textiles group. Some people enjoyed arts and crafts type activity and their work was on display in the service.

Throughout our inspection we saw people were engaged well in their activities. Staff told us people went out in the community daily and took part in activity that matched their interests and needs. One staff

member said, "We don't take people to places they find difficult, like crowded or noisy places, we go with what we know they like to do."

People and their relatives knew how to raise concerns and complaints. There was a complaints procedure and a system in place to log any complaints received. The service had received one complaint since our last inspection. We saw this had been dealt with appropriately. The management team maintained a log of compliments they had received on the service. We saw this included a note from a relative, thanking staff for the support they gave their relative to attend a family event. They said, 'It meant the world to have [family member] there.'

Is the service well-led?

Our findings

There was no registered manager as they had very recently left the service. A new manager had been appointed and had applied to the CQC to become the registered manager. They were known to the people who used the service and staff as they had previously worked at the service. The manager was supported by a unit manager and team leaders. The management team had a good awareness of the needs of people who used the service. It was clear they knew people very well.

People who used the service, relatives and staff spoke highly of the management team. Everyone we spoke with told us they knew the management team and liked the way the service was run. One relative said, "We are kept well informed of what's going on."

We saw people were actively involved in the running of the service. Regular residents meetings took place where people chose the menus and activities they wanted to do. They were also able to raise any concerns. We saw a person who used the service chaired the meetings and prepared the minutes. The minutes were on display in the service and showed people's comments and suggestions were acted upon. One person had requested a new sofa and this had been actioned. Another person had suggested a fund raising day when all staff and people who used the service wore their pyjamas. There were pictures of the event on display and the amount of money raised.

Staff told us they enjoyed working at the service and said there was a positive team working culture. They said the management team were all approachable, good listeners and open to suggestions. Staff said they felt valued and able to contribute to the running of the service. One staff member said, "I feel very confident to make suggestions, share any ideas I have." Another staff member said, "It's very good team work here, great communication, all work together for the people here." We saw staff meetings took place where staff were able to contribute ideas or raise any suggestions they may have. Minutes of staff meetings showed the meetings were used as an opportunity to share best practice and learning. For example, feedback on incidents or areas where staff practices needed to improve.

We found there were good systems of quality assurance checks and audits in place. There was a calendar of audits to ensure all areas of the management of the service were reviewed regularly. The audits included; medicines management, care planning, incident management, health and safety and infection control. These were used to monitor the quality of the service provided and to look for any improvements that could be made. We noted the actions completed were not always signed off as completed on the action plans. The unit manager agreed to address this.

Senior managers completed compliance reviews to ensure quality standards were maintained. Results of all the audits and reviews were collated to form an overall service action plan which showed evidence of a commitment to continuous improvement in the service. The provider maintained oversight of the service through a weekly reporting system. The management team reported key performance indicators on this weekly report. These included; occupancy, accidents, incidents, complaints, staffing and any use of high level restraint.

The service worked well with other agencies and services to make sure people received their care in a joined up way. This included working with community learning disability teams, GPs and psychologists. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and support. The management team had notified CQC appropriately of incidents in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

People who used the service were asked to provide feedback on the service through a survey. The results of the latest survey from 2017 showed a high degree of satisfaction with the service, with few actions identified. One action identified was the need to review the accessibility of the complaints procedure. We saw this was now in an accessible format and was on display around the service. A person who used the service showed us they knew how to access this document and where it was kept. Relatives were also asked to provide feedback on the service. The results of the latest relative's survey in 2018 also showed a high degree of satisfaction. No suggestions for improvement had been made.