

The Franklyn Group Limited

Kirkwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kirkwood Care Home is a residential care home providing accommodation and personal care to up to 20 people. The service supports older people and people living with dementia in one building. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found

The service had some areas of safe practice but in general people were not safe. People were at risk of harm because the provider did not always manage risks well. Medicines were not managed safely. There were enough staff to keep people safe. Robust recruitment checks were not completed before staff started working at the service. People were safeguarded from abuse; the management team had improved their safeguarding processes. Systems were in place to control infection.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff usually received the training and support they needed for their role. The service consulted other professionals when they wanted advice and guidance, and health professionals visited on a frequent basis. However, the monitoring of appointments such as podiatry was poor, which meant people's health needs could be overlooked. People were provided with a nutritionally balanced diet but their dining experience and feedback about the quality of food was mixed. People lived in a suitable environment although the physical decoration throughout the service was not consistent.

There was a lack of consistency in people's experience and how well the service was managed. Systems to assess and monitor the service did not drive the required improvements. Care records were inconsistent and not always accurate.

Feedback was consistently positive about the changes the registered manager, who had only been in post for 6 months, had made. Improvements included, communication, staffing and environmental. People were confident they would make further improvements. One relative said, "I have seen changes with the new manager, it's more organised and I think she is a lot more approachable and listens and it seems a happier place in many ways."

The service was developing systems which gave people more opportunities to share their views. Staff had daily handovers where they received key information. A visiting professional told us the service worked effectively with their team.

The provider was responsive to the inspection findings and sent information to show they were taking action to address shortfalls identified at the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This focused inspection was planned to only cover our findings in relation to the Key Questions Safe and Well-led. However, we inspected and found there was a concern with ensuring consent to care and treatment was in line with law and guidance, so we widened the inspection to include the Key Question of Effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kirkwood Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk management, consent to care, recruitment of workers, medicines management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Kirkwood Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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.

Service and service type

Kirkwood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kirkwood Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 used information gathered as part of monitoring activity that took place on 14 September 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time in communal areas observing the care and support provided by staff. We spoke with 5 people who used the service, 5 relatives and 9 members of staff including care workers, senior care worker, senior support manager and registered manager. We reviewed a range of records. This included 4 people's care records and multiple people's medicine records. We reviewed 5 staff recruitment files and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely.
- Assessments usually identified potential risks and actions to minimise harm but these were not always followed. For example, 1 person had a pressure sore and should have been repositioned every 2 hours. However, monitoring records indicated this was not happening.
- Care records did not always explain how to keep people safe. One person regularly became distressed and exposed staff to risk of harm. There was limited guidance for staff and monitoring in place. This meant the person and staff were at an increased risk of harm.
- The service had identified they needed to monitor some people's fluid intake, but we saw examples where people had much less to drink than their recommended amount. For example, over an 8-day period, 1 person only achieved their fluid intake on 1 day.
- Environment risks were not always identified. We noted bedding and blankets were piled high in a room used for ironing, and staff were using an extension for a rotary iron. One person's fire door to their room did not close.

The lack of robust risk management processes meant people were not protected from harm or injury. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They confirmed actions were being taken to address issues raised during the inspection.

- Maintenance records showed regular testing and servicing was undertaken.

Using medicines safely

- Medicines were not managed safely. One person told us, "Medicines aren't given on time."
- People did not always receive their medicines as prescribed. For example, 1 person was on a time specific medicine, but staff did not always administer this at the correct times. Another person was prescribed a thickener powder which was added to drinks and used to reduce the risk of choking. Staff had not recorded when it was used which meant we were unable to establish if thickener powder was administered properly.
- One person was prescribed a pain patch and instructions showed the patch should be applied to a different area of the body each time to prevent over-concentration of the medicine. A record was in place to show where on the body the patch had been applied but this was not completed.
- Records for covert administration (disguising medicine in food or drink) did not follow national guidance.

Staff did not have access to sufficient information about how to covertly administer medicines safely.

- Systems for administering prescribed topical creams were not safe. There were gaps on topical medicine administration records (TMARs) where staff had not signed, so we were not assured the creams had been applied. Two people did not have TMARs for prescribed creams that were in their room. Some creams were not stored safely because they were left out in people's rooms.

Systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They confirmed action had been and was being taken to ensure medicines were managed safely.

Staffing and recruitment

- A robust recruitment process was not always followed.
- Some checks such as DBS and interviews were completed but other checks were not always given due attention. For example, we identified gaps in employment history, previous employer details and references.

Systems were not in place to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They explained they had already identified issues around personnel files and were taking action to address this.

- There were enough staff to keep people safe. However, staff were often stretched and did not always have time to be flexible.
- During the inspection we observed staff were sometimes busy. For example, on the first site visit, there was a lack of support for people at lunchtime.
- People shared mixed feedback about the staffing arrangements. Some felt there were adequate staff on duty whereas others said there were not enough. One staff member said, " We are understaffed. We just do tasks, do this and do that so the quality of care is not so great." A relative said, "The staff are always busy, and the staff don't seem to have time to sit with people, well not as much as they or I would like."
- The provider used a tool to calculate staffing levels and was confident they were safe. They explained they had recently had a high turnover of staff and many staff were new. They agreed to closely monitor staffing arrangements.

Learning lessons when things go wrong

- The service was improving their system for learning lessons.
- Accidents were recorded with details of the action taken by staff at the time. The registered manager had a system in place to review individual events although there was a gap between the date of the event and manager review. This meant management recommendations might not be implemented promptly.
- The provider was monitoring accidents and incidents and had identified more robust reporting was required.
- The service maintained a monthly accident/falls audit which looked for potential themes and trends.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems and managed safeguarding concerns appropriately.
- The management team had made improvements to their overall safeguarding process. In December 2022 they identified some safeguarding concerns had not been dealt with under local safeguarding procedures and had taken action to address this. They made changes to their system to make sure going forward safeguarding concerns were dealt with promptly.
- Staff understood safeguarding procedures and were confident the management team would deal with allegations of abuse appropriately. One staff said, "Any concerns I would definitely report and know [name of manager] would deal with it."

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The provider was promoting safety through good hygiene practices. Staff had access to adequate PPE and cleaning supplies.
- Measures were in place to ensure the service was regularly cleaned.
- The provider's approach to visiting met government guidance.



Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not always assess people's mental capacity to make particular decisions. They did not always check decisions were made in people's best interests.
- We saw examples where the correct process was not followed when people were unable to make decisions for themselves such as using bed rails and having medicines administered covertly (disguising medicine in food or drink). Mental capacity assessments and best interests decisions were not completed. The service did not always evidence the right professionals and family members were involved.
- People were not always supported to make decisions about their care. Staff approach to asking people's consent before undertaking activities varied. We saw occasions where staff told people what to do, but other situations where staff gave control to people, which included choice of meals and drinks.

Systems were either not in place or robust enough to demonstrate consent to care and treatment and best interests decisions were obtained in line with legislation. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They sent an action plan confirming they were revisiting mental capacity assessments and best interests decisions and providing some additional training to staff.

- Systems were in place to monitor DoLS applications. The management team confirmed they had recent communication with the DoLS team.

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

- People lived in a suitable environment although the physical decoration throughout the service was not consistent.
- Some areas of the premises had recently been decorated including communal areas, but other areas looked tired and needed decorating. We saw some people's carpets were worn and needed replacing.
- The provider was planning further environmental improvements including a more secure and accessible outdoor space. They said they would develop an action plan to show priority areas and timescales for completing the work.

Staff support: induction, training, skills and experience

- Staff usually received the training and support they required to fulfil their roles.
- When staff started working at the home, they received a formal induction and attended regular reviews with the registered manager in their first few weeks. One staff who had worked at the service for 2 months said, "The training is ok. We shadowed experienced staff, and I finished the induction which covered everything."
- The service maintained a training matrix, which showed most staff had received the required training although there were gaps. The provider had identified some training sessions were outstanding and was taking steps to address this. They sent us an action plan which stated, 'All staff must complete any online training urgently.'
- Staff felt supported in their role and said support from the management team had improved. One staff said, "All my training is up to date, we have supervisions. [Name of manager] is amazing, very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dining experiences were inconsistent. We saw a lunch experience which was well organised and people were offered support. However, we saw a lunch experience where little attention was given to the dining environment and people were not supported well. The management team agreed to monitor this closely.
- The service had menus which ensured people received a nutritionally balanced diet although feedback about the quality of meals varied. Comments included; "The food is not the best and it's not the worst. You can ask for different things if you don't like what they make" and "It's tasteless."
- Catering staff had information, so they understood how to meet people's specialist dietary needs. One person had pureed foods because they were at risk of choking; staff used 'food moulds' so the meal looked appetising.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service consulted other professionals when they wanted advice and guidance. Management and staff provided examples where other agencies and professionals were involved in people's care. We saw health professionals visiting during our inspection. One professional confirmed they visited on a very frequent basis and told us, "They contact us at appropriate times. Staff follow advice and usually come with us when we visit people in their rooms."
- Although people had access to external healthcare professionals, the monitoring of appointments was poor, so it was difficult to establish that people's health needs were appropriately met. For example, we saw 1 person had long toenails, but staff did not know when they last saw a podiatrist. The provider responded during and after the inspection and confirmed they could extract health appointment data from the

electronic care recording system and going forward they would make sure each person had an overview.

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

- People's needs were assessed prior to them moving into the service to make sure the placement was suitable. The information gathered was used to develop care plans and risk assessments.
- Care and support was regularly reviewed.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance systems were not effective at ensuring people received safe, quality care and support. This has been evidenced with the breaches of regulations identified at this inspection.
- The management team had carried out checks and identified there were shortfalls in the way the service was led but they had failed to drive the necessary improvements.
- There was a lack of consistency in people's experience. The management team told us they had improved the person-centred approach. We found further improvements were required because the staff approach to care was inconsistent. For example, staff routinely described people as 'doubles' or referred to them as 'room numbers'. Times for getting people up was not always personalised.
- The quality of recording in care records varied. People's care records were not always accurate and did not always provide enough information to monitor their wellbeing. For example, 1 person was often distressed but their daily records stated they were content. Care records said 'bed rail checks were completed' for 1 person but they did not have bed rails in place.

The provider did not ensure robust systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They confirmed actions were being taken to address issues raised during the inspection.

- Feedback was consistently positive about the changes the registered manager had made and people were confident they would make further improvements. Comments included: "I have seen changes with the new manager, it's more organised and I think she is a lot more approachable and listens and it seems a happier place in many ways", "She [manager] has turned it around and by does she have her work cut out, but she's doing a brilliant job" and "Since [name of manager] everything has totally changed, and she will sort anything out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had improved informal systems for involving people and obtaining views. People felt they were being listened to more although they said this could further improve. One relative told us, "There are no formal meetings with other relatives, or questionnaires which would be helpful, but I do think it's well managed."
- Staff attended daily handovers and meetings. We received consistent feedback that staff felt general communication and opportunities to share views had improved. The management team were looking at ways they could further increase staff involvement.
- The management team were focusing on working openly and transparently. The registered manager said, "I always encourage everyone to come to me, I advise staff whistleblowing is a positive thing and if they did not alert it is as bad as someone doing wrong." Complaints records showed the provider were monitoring that people were satisfied with the outcome.
- A visiting health professional told us the service worked effectively with their team. They said, "Staff know people well. We have seen improvement since the new manager started."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems were either not in place or robust enough to demonstrate consent to care and treatment and best interests decisions were obtained in line with legislation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of robust risk management processes meant people were not protected from harm or injury. Systems were either not in place or robust enough to demonstrate medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure robust systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure staff were recruited safely.

