

Kirby Grange Limited

Kirby Grange Residential Home

Inspection report

Markfield Lane
Botcheston
Near Leicester
Leicestershire
LE9 9FG

Tel: 01455824167

Website: www.kirbygrange.co.uk

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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

Kirby Grange Residential Home is a care home. At the time of the inspection it was providing personal care to 27 people aged 65 and over, some of whom were living with dementia. The service can support up to 31 people, including both older and younger adults.

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

People were supported by friendly staff who had the skills, training and support to provide high-quality care. Exceptional systems, processes and documentation were utilised effectively to help achieve positive outcomes for people. People enjoyed a happy homely environment that they were fully involved in personalising.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support had been outstandingly planned in partnership with them with a proactive and holistic approach. People and their relatives felt consulted and listened to about how their care would be delivered.

People felt safe living at Kirby Grange Residential Home. Staff knew how to keep people safe whilst caring for them. People were supported to take their medicines in a safe way. There were systems and procedures in place to ensure staff administered medicines in a timely and safe manner. People felt there were enough staff overall to support them, risks associated with people's care were assessed, reviewed and managed very well.

People and their relatives felt that staff were kind and caring. People's privacy and dignity was respected and their independence actively promoted.

People were supported to take part in a wide range of activities of their choosing. The home had resident pets that people had chosen and benefited from in a therapeutic way. People had no complaints but knew how to raise any concerns, procedures and policies in place supported a transparent and thorough approach to investigations.

The service was led by an enthusiastic and proactive registered manager who supported staff and people with a kind and caring manner. Person-centred care was at the forefront of the service. People, staff and the community were encouraged to be involved in developing the home. Excellent systems and processes were in place to continually monitor and improve to quality of service delivered.

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

Rating at last inspection (and update)

The last rating for this service was good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kirby Grange Residential 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 Care Act 2014.

Inspection team

This inspection was carried out by 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.

Service and service type

Kirby Grange Residential Home 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.

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers, activity coordinator and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt that they were safe living at the home and were supported in a safe way. A person explained, "I feel safe here, the security is good, it's only us and staff who walk about."
- People were provided with information on what abuse is, how to report suspected abuse and contact details of who to report it to.
- Staff and management understood how to protect people from harm. The service had a safeguarding policy and procedure in place which ensured people's human rights were not compromised.

Assessing risk, safety monitoring and management

- People's care plans contained thorough risk assessments. They clearly set out how staff should support people safely and encouraged positive risk taking. This allowed people to maintain their independence as much as possible.
- Staff understood how to respond to people whose behaviour may challenge others in a dignified and safe way.
- Personal emergency evacuation plans were in place to ensure people, pets, and staff could leave the premises safely. Regular safety checks carried out on the premises and equipment contributed to people's safety.
- The service used an IT system which prompted staff to meet specific details in people's care plans to maintain their safety. For example, alerting staff to reposition people at the correct times if they were at risk of pressure sores.

Staffing and recruitment

- People had mixed opinions on the numbers of staff, but all agreed the staff were friendly. People said, "I think they are short staffed", "I'm not sure if they have enough staff", and "I'm happy with the number of staff."
- The registered manager monitored staffing levels and adapted the numbers to ensure they met people's changing needs, this included adjusting levels following feedback from people.
- Staff felt supported and had received the relevant training to be able to keep people safe from the risk of abuse and harm.
- People were kept safe by the robust recruitment processes the service had in place. These including completing relevant checks on potential staff member's experience and history.

Using medicines safely

- People were supported to take their medicines in a safe and timely way. A person said, "I have medication

and get given it regularly." Another person said, "I've just been prescribed creams and the staff have already told me they will help or do it for me as it's for behind my knees."

- Staff completed records to show medicines were given regularly. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief, these gave clear instructions for staff to identify when these should be given and why.
- Staff who administered medicines had completed appropriate training and their competency was checked regularly.
- Medicine systems were organised, and the service was following safe protocols for the receipt, administration, storage and disposal of medicines.

Preventing and controlling infection

- Staff used personal protective equipment and hand sanitising gel was placed throughout the service. A person said, "The staff are very good with washing their hands, there are a lot of hand gels about."
- The home was clean, tidy and well maintained throughout. A relative said, "It always smells clean and fresh." Another said, "I've never found a problem with cleanliness and there is a good laundry service."
- Staff had completed infection control and food safety training and followed good infection control practices. The service had a designated 'infection control leader'. This person had extra training and passed information on to staff to ensure they were kept up to date and improved knowledge of infection control procedures.

Learning lessons when things go wrong

- Staff worked in an open and transparent way, ensuring they reported all incidents appropriately. The registered manager made sure that accidents and incidents were thoroughly and openly investigated.
- Incidents were discussed at a daily meeting that included all staff on that shift, staff not on shift were made aware through the IT system and further team meetings. The registered manager also shared examples of incidents from other care homes with staff for them to learn from.
- The registered manager provided examples of when they had changed systems and processes following incidents to demonstrate that lessons had been learnt.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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's needs and choices were thoroughly assessed before moving into the home. Staff were given an overview of people's needs and preferences before admission. Their needs and choices had been regularly reviewed following admission with a personalised holistic approach, considering their culture, experiences, physical, psychological and social needs.
- Referrals to healthcare professionals were made where appropriate and were proactive. For example, one person's records had been updated immediately following a fall and then again, a week later. Guidance for staff had been updated and appropriate referrals had been made.
- Relatives said that they were involved in the initial assessment as well as their loved one's care plan after they had moved in, one said, "The care is well thought out and [name] is taken care of very well. There is a high standard of personal care, they have a better quality of life here."
- The service used a digital IT system to support the delivery of high-quality care and support. The system allowed staff to update people's records from handheld devices wherever they were in the home, meaning records could be kept up to date at all times. The system prompted staff to elements of people's care plans which meant better outcomes for people. Staff said that this system allowed them to have more time with people and was easier than paper records. Staff said, "It is easier to find out people's needs, we can easily look at backdated information. If I wasn't on shift I can go back and see what has been happening, I can see any assessment updates." Another said, "I can have a quick look for updates."
- The registered manager ensured that staff were aware of, and delivered care in line with, the latest guidance and standards. For example, we saw guidance about how to care for older people during a heatwave was up in the office, the registered manager told us this was discussed with staff and alerts had been made via the IT system. On the day of inspection, we saw that staff had followed this guidance. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People experienced outstanding effective, safe and timely healthcare support which met their needs. People were thriving and praised the service for the improvement in their quality of life. A relative said, "Since [name] has been here they have changed [their] medication and [name] is far better, [name] is more independent and happier, the home keep me informed." One person said, "Staff are really good at supporting with hospital visits."
- The service had built good relationships with the GP, optician and dentist to ensure people were regularly visited at home by someone familiar to them. Staff were proactive in engaging with external bodies to support people to live healthier lives. We witnessed an example of this where a member of staff identified a concern that a GP had missed and pursued it with a dentist, which resulted in a good outcome for the person.

- People's records contained emergency grab sheets to ensure people got the right care and treatment in an anticipated future emergency.
- The service was focussed on positive outcomes for people. Outcomes were identified in people's care plans with guidance for staff on how to support people to achieve them. The registered manager gave an example of how they had been approached by a person's family to see if they could accommodate a younger adult who was in very poor health and possibly approaching the end of their life. The service made adjustments to allow this person to move into their care and supported them back to health. With the support of the registered manager and staff this person was able to move back into the community to live a more independent life.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. One person said, "Staff who have been here a while are very knowledgeable and good."
- The registered manager actively encouraged people to be involved in the recruitment process. They explained the job role to people, introduced potential recruits to people at the interview stage and then asked for their feedback. The registered manager gave two recent examples where this had worked well and resulted in people being extra welcoming to the new staff that they had helped choose.
- Staff spoke positively about their in-depth induction, support from management and the service's commitment to training. Staff received training specific to the needs of the people they cared for. They were encouraged and supported to undertake additional training, which included gaining vocational qualifications in care.
- Staff felt supported on a proactive personal level by the management team, who went above and beyond to ensure the wellbeing of staff.

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

- People had their food and drink where, when, and how they wanted it. Snacks and drinks were available throughout the day and there was a kitchenette in the communal area that was used by staff, people and their relatives.
- People's eating and drinking needs were assessed and identified in their care plans. Where it was identified that people would benefit from adapted eating equipment, such as an easy grip fork, we saw this being used. Where concerns had been identified regarding food and fluid intake, appropriate action had been taken, including monitoring and recording people's intake.
- Kitchen staff had excellent knowledge on people's specific needs. They had access to information from speech and language therapy teams and people's preferences, allergies and dietary requirements.
- People who had problems with swallowing and were on soft diets, had their meals presented in an appetising way by using moulds that encouraged people to eat.
- People who were at risk of malnutrition were discussed at daily meetings, where staff used their personal knowledge of people's likes and dislikes to contribute ideas on how to encourage people to eat. People at risk were also assigned a "staff buddy" to sit with at mealtimes to chat with to further encourage them to eat.
- People were offered a choice of meals every day and could ask for items not on the menu. Kitchen staff kept a live feedback book of what people enjoyed or did not like so that they could further meet people's changing preferences.
- The service made sure that mealtimes were flexible to suit peoples varying needs and choices. People could choose to eat in their rooms, the dining room or in one of the lounges. People who did not like to sit down to eat were provided with finger foods, those who did not like to dine at the same time as others were supported to have their meals at different times.

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

- People were fully involved in making the home, their home. They chose the decoration not only in their own rooms but throughout the home, even choosing colours that went against the owners wishes. When people requested garden furniture it was delivered within 24-hours.
- People were asked how they would like their own rooms decorated prior to admission and their room would then be ready for their arrival.
- The home had signage and decoration that promoted independence, for example all bathrooms were painted the same colour to be easily identifiable for those living with dementia.
- There was plenty of communal and private spaces for people to choose from. If they did not want to be involved in the activities, then they were able to still watch tv or socialise in other areas. They had access to two different outside spaces, where they could also dine if they wished.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the MCA and the service worked within the principles of the MCA. Staff said, "It's about people's rights, just because they haven't got capacity doesn't mean they can't make decisions. It's about acting in their best interests and helping them make their own decisions."
- The management ensured that all staff met any conditions on their DoLS by entering them on to the IT system. For example, one person's condition was around their eating and drinking, the IT system would alert staff three times a day to prompt the person to come to the dining room, and staff would record their action and the outcome to ensure the condition was being met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt that staff were friendly and caring. One said, "I'm happy here, the staff are good to me." A relative said, "The carers are fantastic...I couldn't be happier with the care."
- We saw positive and kind interactions, for example we observed staff treat a distressed person -who was disrobing in the reception area- with dignity, patience and kindness.
- Staff said they had enough time to get to know people and could spend one on one time with them.

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

- People and their relatives were invited to attend regular residents' meetings to give their opinions on the service and share ideas. There was also a suggestion box in the reception for people to give feedback.
- People felt comfortable expressing their views and asking for assistance, for example one person said, "I felt really hot yesterday and asked a carer if they could help me wash. They gave me a good strip down wash."
- A relative said, "My mum often prefers to stay in her wheelchair as it gives her a little bit of independence as she can move it, but staff always offer her the choice of being in a static chair both in her room and in the lounge."
- For people who could not make their own day to day decisions, either by themselves or with support from family or friends, there were advocacy services available. This meant that people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their privacy was maintained. Staff said when supporting with personal care they "make sure the door is shut and close all the curtains."
- Staff supported people to be as independent as possible. People's care plans and records guided staff to promote independence.
- Two people who met whilst at the home were supported to maintain a relationship; their privacy and independence was respected by all staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were individualised and contained personalised information. People had 'know me better' profiles which were completed with the person to give staff an insight into individuals backgrounds, likes and dislikes. Staff had information about people's choices and preferences and were able to meet the needs of people in a way that suited the person.
- For staff who were new or agency, the service had developed a leaflet that they could carry around with them as a 'quick guide' with people's photos and essential information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and guidance for staff was individualised and clear. For example, plans identified if someone required more processing time due to their diagnosis and guided staff to give them more time to reply.
- At the time of the inspection no one using the service had any sensory impairments that meant they required specialist equipment or aids. Although some people who were living with dementia were supported in choosing their meals by use of a cartoon picture book, however staff told us this would be more effective if it were real photos of the actual meals.
- The registered manager knew how to access aids and materials, such as talking clocks, prompt cards, large print and foreign language documents, when required. Easy read information about safeguarding and complaints was available for staff, people and relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included information about activities they enjoyed.
- The service had a full-time activities coordinator who people and their relatives spoke very highly of. One relative said, "[Name] is great. They do mum's nails, she enjoys being pampered."
- People had the choice to participate in group or one to one activities as well as day trips outside the home. One person said, "I like most of the activities, I join in the ones I want." Another person said, "I like the singing we do."
- The home had pets that had been adopted at the suggestion of the people living at the home. The people voted on what to name the cat and the guinea pigs. Ponies had also visited people as part of pet therapy.

- The activities coordinator actively encouraged people to come up with suggestions as to what they would like to do, and activities were discussed at resident meetings.
- The activities coordinator attended the local town hall meetings to encourage neighbours to pop in to the home and chat with people.
- People's friends and family were encouraged to visit, people were provided with local newspapers and newsletters. The service had fun days and coffee mornings. The service actively tried to help people avoid social isolation.

Improving care quality in response to complaints or concerns

- People said they did not have any current complaints but knew how to raise any issues if they did and were confident they would be taken seriously. One person said, "I had a complaint about the food once, I spoke to [manager] about it and it was sorted out."
- Information about the complaints procedure and policy was available in the service user guide and on display in reception, which was available in easy read.
- Complaints were thoroughly investigated, and actions taken to improve the service were taken where applicable. Only one formal complaint had been received in the last 12 months, which the registered manager had investigated and responded to promptly.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. People's care plans included their end of life wishes and families had been involved where appropriate. People said they had discussed their end of life wishes at the last resident meeting.
- Staff were trained in end of life care and felt supported by management. One staff member spoke about caring for someone at the end of their life, they said "I feel like it's nice to know that I can help make someone's last day the best day they could have [in the circumstances]."

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by an exceptionally motivated registered manager and management team, who led by example. They were committed to providing a service that passionately promoted person-centred values and independence.
- People felt that the service was very well-led and spoke really positively of staff and the management. A person said, "The manager is very good."
- Staff were proud to work at the home and felt listened to, valued and supported. One said, "I absolutely love working here."
- The registered manager was focussed on treating people as individuals and changing the service to meet their needs. We observed this ethos reflected in staff who cared for people in an inclusive manner and made them feel valued, particularly during group activities.
- The management team planned and delivered very effective, safe and person-centred care. We saw current and relevant legislation along with best practice guidelines had been followed. We saw examples of how this practice resulted in good outcomes for people, including vast improvements in their health and wellbeing.

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

- Staff and management recorded and investigated accidents and incidents thoroughly. People and their relatives were kept updated and the registered manager reported incidents to the relevant authorities where appropriate. This meant that the service worked in an open and transparent way in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were extremely confident in the management team and were very well supported to effectively undertake their duties and responsibilities. There was a clear structure to the service that everyone was aware of. Staff were encouraged to take up champion roles and were supported to advance their careers.
- The registered manager understood the importance of their role and ensured they continually monitored the quality and safety of the service to drive improvements. The IT system could alert the management team if people had not received planned care on time, for example if they had not been repositioned at the scheduled time, prompting them to take action.

- Comprehensive audits, assessments and competency checks were carried out regularly and actions were taken where appropriate to improve the quality of the service delivered, any learning points were shared with the team.
- The registered manager understood their legal obligations and regulatory requirements related to the conditions of the their CQC registration.
- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People and relatives were extremely positive about the quality of service received. One person said, "I wouldn't want to go anywhere else," and a relative said "I have recommended this home to others."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service strived to provide an open culture and encouraged people to express their views about how the service was run. The manager's office had an 'open door policy'. On the day of inspection, it was clear to see that all people, relatives, visitors and staff were aware of this, as lots of them stopped by, even only just to say hello and catch up.
- The service sought the views of people and family members through satisfaction surveys, care plan reviews, suggestion boxes and residents meetings. Feedback was always provided in an open and comprehensive manner on points and ideas raised. Action plans were developed when required to continually improve the quality of service.
- When new systems were due to be introduced to the home, people's opinions and consent had been sought. For example, when the service started using the IT system which meant that staff carried handheld devices with them at all times.
- There was exceptional communication throughout the service, this was evident in the records, IT system, daily meetings and interactions amongst the team.
- The service actively engaged the community. The registered manager invited members of the neighbourhood into the home, held fetes and fun days and ensured the home was represented at local town meetings. The registered manager was continually thinking of new ways to further engage with the community.

Continuous learning and improving care

- The registered manager placed a strong emphasis on continuous learning and this enthusiasm was shared by the staff team.
- The registered manager attended provider wide meetings at which ideas and new guidance was shared amongst the registered managers.
- The service invited external agencies such as district nurses, nutritionists, opticians, pharmacists to come into the home and provide up to date training.
- The service thoroughly investigated incidents and changed systems and processes where necessary to improve the service. For example, following an incident involving a person's missing money, the service changed the process and policy to further safeguard people.
- The registered manager had been on the board to choose the IT system that was shared provider wide. They had also been involved in developing the system to meet the needs of the service. Where the registered manager had picked up concerns they had implemented processes to ensure the highest quality and the continuity of care. For example, they recognised that the risk assessments on the system could not be personalised to their standard. So, in the interim, whilst working to develop the system with the software company, they continued to use the paper records.
- Learning from internal and external incidents, newspaper articles and best practice guidance was shared and discussed with the staff team at daily meetings, team meetings and via the IT system.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.