Kingsley Care Homes Limited

Kirkley Manor

Inspection report

3 Kirkley Park Road
Lowestoft
Suffolk
NR33 0LQ
Tel: 01502 573054
Website: www.kingsleyhealthcare.com

Date of inspection visit: 4 February 2015
Date of publication: 04/09/2015

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

Overall summary

We inspected this service on 4 February and 11 February 2015 and the inspection was unannounced. Kirkley Manor provides personal and nursing care for up to 71 older people, some living with dementia.

There was a registered manager in post. 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.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before

Summary of findings

delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support. However, people's mealtime experience could be improved, some people were expected to eat off small tables that could not be positioned properly so that they could eat comfortably.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checking the actions had been undertaken.

Summary of findings

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.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Kirkley Manor

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 inspection took place on 4 February and 11 February 2015 and was unannounced and the inspection was carried out by three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. We spoke with four people who used the service. Other people were unable speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 15 people who used the service, five people's relatives, the registered manager, the deputy manager and three registered nurses, two senior care staff and five care staff. We also spoke with the regional area manager was at the service during our inspection.

We also looked at nine people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service, many people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said that, "My [relative] wanted to stay at home, but they weren't doing well after my [relative's] death, they are safe now."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns and were aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent deterioration and to aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire.

The manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. If people were assessed as being in danger because they were losing weight, they were referred to a dietician to assess their need and to recommend changes to their diet to aid weight gain.

There were sufficient staff on duty to keep people safe and protect them from harm. One person said, "Staff are wonderful, if I use my call bell they come." And "I couldn't wish to be anywhere else." During our observations we saw that people were attended if needed without them having to wait too long.

Staff told us that they felt the staffing levels were mainly good and if a member of staff was unwell they were replaced with another permanent staff team if possible or agency staff were used. Sometimes if staff were off duty due to sickness at short notice it wasn't always possible to cover that shift, which meant that staff could be rushed. The manager told us that they use regular agency staff whenever possible. This meant that people received care and support from staff who knew them well.

Medicines, including controlled drugs, were well managed by the service. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by the management team to check practice.

Good

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "Staff are wonderful." Another person said, "I haven't been here long, but they [staff] got to know what I wanted quickly." Another told us, "I'm looked after well, they do everything they can for you."

Records showed that staff received training and support from the management team to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities. A person's relative told us, "They [the staff] came and asked us what my [relative] needed before they moved in and we have had chats since, they settled down well ."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLs referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals. One person told us, "I have a bad chest, I need to have it checked now and again, they [the staff] get me to my appointments on time."

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told, "The food is good, there's always choice and if you don't like it they will always make you something else."

Another person told us, "Its fine, I get more than enough to eat, I've had breakfast… three rounds of toast and teat, that does me." One other person told us, "The food is alright, I'm never hungry but I have salad a couple of times a week because it isn't always very hot. Other people and some staff also mentioned that the food was sometimes colder than they would prefer. The manager told us that this had been raised and a new heated trolley had been ordered and would be arriving within the next couple of days. We saw that the trolley had been delivered when we returned to the service on the second day of our inspection.

One relative told us, "I come every day, I help my [relative] to eat their dinner. There is always enough and my [relative] gets a choice and gets what they want. Another relative said, "The food's OK, and there are snacks and cakes during the day."

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. The chef was found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were too distracted to be able to sit and eat their meal they were offered finger food that they could eat on the move. This helped to ensure that people got the food they needed to stay well.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the

Good

Is the service effective?

support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight.

People who chose not to eat their meals in the dining rooms where supported to eat in the lounges. However, we saw that they were given their meals on small side tables that were not tall enough for them to reach their meal easily. People had to lean over the tale, sideways often, to eat which was clumsy. When this was discussed this with the manager they told us that they agreed that they were not suitable and undertook to put forward the case to replace them with specialist tables that were designed to support people to be able to reach their food easily and comfortably. They were confident that the organisation would support this request.

Good

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, "You can tell they [the staff] are kind by the way they talk to you."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "They [the staff] have made my [relative] so much happier, they chat and laugh with them. It's so good to see."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. We saw genial banter and laughs between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, if a person became anxious staff understood what to do to reduce their anxiety. We saw a person become distressed. We observed one person who needed extra support to be able to manage their anxiety, the staff member who supported them was skilled at communicating with them and was able to keep them calm and occupied. We saw that the person and staff had built up a good relationship and at times they were laughing and joking together.

One relative told us, "I can visit my [relative] often, I live locally, I am made welcome, we chat with the staff and I'm always made welcome." Another relative told us that, "We are involved with my [relatives] care reviews and I get on well with their key worker." The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member's care.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, "I'm not embarrassed when they [staff] help me, they take care not to." Any personal care was provided promptly and in private to maintain the person's dignity. We observed that one staff member called a person 'love' while offering support. This may not have been the person's preferred choice and appeared over familiar.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "I am so happy, my [relative] has done really well, they have been through a difficult time health wise, but is picking up now."

Relatives told us that they had provided information during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. They were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could.

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans, which were kept electronically were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Entertainers came to the service regularly, and one person told us, "I'm kept as busy as I want to be and left alone if I want that too." We saw staff interacting with people during quiet times, there was an easy congenial atmosphere in the service.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us, "Things can't go right 100% of the time, but problems get sorted and I haven't much to worry about." Another relative told us that if they had a problem they would speak with the staff or one of the managers. One person said, "I often chat with the manager, they get things done."

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the main reception. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. They also said, "Everyone knows where to find me."

Good

Is the service well-led?

Our findings

Relatives told us that the manager and the deputy manager were approachable and made themselves available if they wanted to speak to them. One relative told us, “We come to the meetings, it’s a good opportunity to ask questions and raise any issues.”

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. There were regular staff meetings, which enabled staff to exchange ideas and be offered direction by the manager.

The service was well led. The manager and deputy manager were knowledgeable about the people living in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care.

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks on the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. The regional director was at the home during our inspection and was available to answer any questions we had about the organisational running of the service and to support the manager. Records showed that the regional area manager visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

We saw records of these audits and the action plan that was in place to record action needed and when it was met. For example, the audit of training records noted that some staff were due refresher training and asked for it to be put in place, the date that this was done was on the record. Similarly with the need to keep up to date with staff supervisions.

However, there was one area that was not identified during the quality assurance audits. While specking with people in their bedrooms we saw that bedding, although clean, was thin, torn and threadbare. The pillows were lumpy and hard and would not be comfortable. When we looked in the linen room we saw that the majority of the bedding and pillows were of the same quality.

When it was bought to the attention of the senior care staff they asked for permission to get it replaced and the regional area manager agreed the funding and asked for it to be replaced immediately. Some new linen was obtained that day and we were assured that it would all be replaced in due course.