

Anchor Trust

Kirkley 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

We inspected Kirkley Lodge on 19 October 2017. The inspection was unannounced which meant the provider and staff did not know we would be visiting.

Kirkley Lodge is registered to provide care and accommodation to 47 older people and older people who are living with a dementia type illness. At the time of the inspection there were 45 people who used the service.

At the last inspection in July 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

At the time of the inspection the service did not have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a manager who had returned to the service after a period of leave and was in the process of applying to the Care Quality Commission to be the registered manager. Whilst the manager had been on leave there had been another experienced registered manager in post who had previously worked at Kirkley Lodge for many years.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely with an effective system in place. We did note that staff were not signing at the time when they applied creams, they were signing later in the day. We pointed this out to the manager who told us they would take action to address this.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

People and relatives told us there were enough staff on duty to meet the needs of people. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training.

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.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. We looked at records to confirm staff weighed people. Staff at the service had identified some people who used the service had lost weight and needed to be weighed on a weekly basis to keep track of this. However, examination of records identified that staff had not always weighed people at weekly intervals. We pointed this out to the manager who told us they had already identified this and on their return from leave. They told us they had reviewed all people's weights and nutritional assessments and would be regularly monitoring this.

People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were kind and caring. Observation of the staff showed that they knew the people very well and could anticipate their needs.

Care plans detailed people's needs and preferences. Some care plans had not been evaluated since July 2017. We pointed this out to the manager who told us they would take action to review and update these as a matter of importance. People were actively involved in care planning and decision making. People who used the service had access to a range of activities and leisure opportunities.

Systems were in place to monitor and evaluate any concerns or complaints received and to ensure learning outcomes or improvements were identified from these. Staff encouraged people and their relatives to share their concerns and experiences with them.

Staff told us they enjoyed working at the service and felt supported by the manager. Quality assurance processes were in place and audits were regularly carried out to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

This service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Kirkley 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 checked whether the provider was 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 October 2017. The inspection was unannounced which meant the provider and staff did not know we would be visiting.

The inspection was carried out by one adult social care inspector, a specialist advisor 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. We contacted the local authority commissioners of the service and other healthcare professionals to gain their views of the service provided.

The provider had 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. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included five people's care records including care planning documentation and medicines records. We also looked at two staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff, which included the manager, district manager, three team leaders, the administrator, the chef, a kitchen assistant and three care assistants. We spoke with 10 people who used the service and 11

relatives. We spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "Yes I really do feel safe. The staff are kind and caring and always around if you need anything." Another person told us, "Yes I feel safe, there's always someone about, I'm never by myself here."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks were carried out to confirm whether applicants had a criminal record and were barred from working with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, nutrition and personal safety. This enabled staff to have the guidance they needed to help people to keep safe.

There were sufficient staff deployed to meet the needs of people. Staff had time to interact and support people in an unhurried and calm way. The staff rotas showed there were consistent number of staff deployed each day and on occasions where staff had been absent from work through sickness these duties had been supported by other members of staff.

The manager and deputy worked full time and were supernumerary. We asked people and relatives if they thought there were enough staff on duty to meet people's needs. One person said, "Yes, they come whenever I need them." Another person said, "I think there is enough staff, they are always around. There is enough staff at night; they talk to me because I don't sleep." A relative said, "We come at different times and there always seems to be staff around."

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on hoists, fire extinguishers, gas safety and the fire alarm. Tests of the fire alarm were made by staff to make sure it was in safe working order and fire drills took place with staff to ensure they were aware of action to be taken should there were be a fire. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medicines. Medicines were stored safely in accordance with the manufactures guidance. Regular audits of medicines were completed and policies and procedures were up to date. We did note that staff were not signing at the time when the applied creams, they were signing later in the day. We pointed this out to the manager who told us they would take action to address this.

At our last inspection in July 2015 we found that on occasions the room in which medicines were stored was too hot. Since our last inspection the provider had taken action to address this and there was now an air conditioning unit within this room.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I think they are skilled, they all do the training. They are very good." A relative said, "The staff are fantastic and [person] gets so well looked after."

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "This is a really good place to work. We get lots of support and all work really well as a team."

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, fire safety, safe handling of medicines, safeguarding, dementia awareness, health and safety, food hygiene, infection control, equality and diversity and moving and handling. Staff told us the training was good and that it provided them with the knowledge and skills to support people and meet their needs.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had made applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. We found 14 people's DoLS applications had been authorised by the local authority and eight were pending. In this way the provider was complying with the requirements of the Mental Capacity Act.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured there was a plentiful supply of fruit and vegetables included in this. Each morning a variety of fruit was cut up and put on individual plates for people to enjoy. We asked people if they enjoyed the food that was provided. One person said, "The food is lovely." Another person said, "The foods good, I like it. I always get a choice the day before but I can change my mind." A relative said, "[Person] needs full support with a soft diet. The meals are great, all soft for [person]. [Person] gets plenty; you've only got to look at [person] to see that."

The manager had taken advantage of a training package commissioned by Middlesbrough Council Public Health and delivered by staff from South Tees Hospitals NHS Foundation Trust. This training was designed

to improve nutrition whilst reducing the costs of supplements. As part of this process menus had been reviewed to ensure the menu was nutritious. People had received nutritional screening to identify if they were malnourished or at risk of malnourishment and early intervention was taken to fortify foods (A fortified diet describes meals, snacks and drinks to which additional nutrients have been added through foods such as cream, butter, milk and milk powder to increase calories.) We spoke with the cook who told us, "I learned such a lot when I went on the course. I love working here and love cooking and giving snacks and treats to the residents. We get information on the dietary needs of all the residents. All the food and snacks are homemade and we make lots of milk shakes and smoothies. We all work as a team."

We looked at records to confirm staff weighed people. Staff at the service had identified some people who used the service had lost weight and needed to be weighed on a weekly basis to keep track of this. However, examination of records identified that staff had not always weighed people at weekly intervals. We pointed this out to the manager who told us they had already identified this and on their return from leave. They told us they had reviewed all people's weights and nutritional assessments and would be regularly monitoring this.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. The manager told us they had good links with the doctors and the community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits. A healthcare professional we spoke with during the inspection said, "The staff are very professional and know all about the residents. I have no wound care issues or pressure sores. Communication is excellent."

Is the service caring?

Our findings

People told us they were very happy and that the staff were very caring. One person said, "The staff are really good. They knock before they come in. I'm always in the lounge with the others I'm hardly in my room. I can't see me leaving here, it's great." Another person said, "[Staff] are friendly, they are part of my family to me, management as well."

People were treated with dignity and respect. People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff spoke of respecting people's choice at all times for example, when to get up and go to bed, what activities to participate in and what people would like to eat. We observed that people were relaxed and comfortable in the presence of staff and clearly felt at ease. Staff were able to tell us about each person, for example their likes and dislikes, their past life and family and the activities that they enjoyed. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. We saw people freely approach staff and engage in conversation with them. Staff displayed genuine warmth and caring attitude to the people they were supporting.

We observed staff showed kindness; they were attentive and spoke gently to people. Staff took every opportunity to interact with people. We saw staff smiled and chatted with people in a meaningful and caring way. Staff who were not directly involved in people's care also spent time with people and were interested in their wellbeing. Staff knew people well and demonstrated regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive. We saw people smiling and they looked relaxed. There was a calm and friendly atmosphere.

People's needs were met in a caring way and staff promoted people's independence. For example, we saw a member of staff support a person to walk independently with their walking aid. The staff were patient and provided encouragement and praise. Staff were skilled at diverting the attention of people living with a dementia when they were anxious, confused and irritated.

Since the last inspection of the service one of the care staff at the service was nominated and had won carer of the year in the November 2015 Great British Care Awards for consistent, outstanding commitment to care and dementia care within the home. The manager told us the care staff member went above and beyond for people who used the service. We were told the staff member was heavily involved with the activities and delivered a wonderful person centred approach to everything they did.

Staff were skilled at diverting the attention of people living with a dementia when they were anxious, confused and irritated.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an on-going basis. People's lifestyle, religious and personal choices were respected by the service, people were

supported to continue their preferred way of living.

The service had received many compliments. We saw one which read, 'I am currently sat in Kirkley Lodge with [person who used the service]. I am writing to let you know how incredible your staff are. They have done everything possible to make [person] and us as comfortable as possible, even though they are extremely busy. I do hope you value their dedication to their roles.'

Staff sought the support of health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Staff were passionate of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. A relative of a person who was at the end of their life spoke with us and said, "This is an excellent home. Staff have gone beyond their responsibilities coming in and sitting with [person] even when it was their day off." This relative also said, "If staff are working on a different unit they find a reason to pop in and see [person]."

Is the service responsive?

Our findings

People told us they felt the service provided personalised care. One person said, "The staff here are very good. Anything you need they are there to help you out." A relative said, "This is a fantastic place. [Person] goes out all over. [Person] has been to garden centres and joins in the bingo, exercises and bingo classes."

People had been assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they had were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

Care plans in place were personalised and gave clear information for staff on how to meet people's needs. We did note that some care plans had not been reviewed and updated since July 2017. We pointed this out to the manager who told us they had already identified this and care plans would be reviewed and evaluated as a matter of importance. Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them to make decisions. People were supported to maintain close relationships with families and friends. Relatives and visitors told us they were warmly welcomed in the home and encouraged to participate in any events in the home.

People and relatives told us there was a plentiful supply of activities and entertainment. One person said, "Staff knew I liked painting. I hadn't done it for years but I've painted that [person pointed to a painting on the wall]." The person was clearly proud of their achievement. Another person said, "I do keep fit and go out on trips to Salburn, a few places I can't remember them all."

We looked at records, which informed us of activities that people had taken part in. This included exercise classes and a knitting group held every Tuesday. The service held regular afternoon teas which relatives and friends were encouraged to join in with. In addition people enjoyed cards, dominoes, bingo and scrabble.

A scrapbook was on display in the main reception area which informed of previous activities that had taken place. Activities included flower arranging, food and drink sampling (whiskey and haggis), poem recitals, arm chair exercises, entertainers such as the Male Voice Choir and others.

The provider has an unused day service adjoining the service which had a separate entrance. In recent months this had been rented out as a meeting room and as such had generated additional income for the service and activities. The service had partnered with Oomph who were wellbeing specialists who provided monthly outings to enrich the providers own activity programme. In addition money had been spent on art classes which people had really enjoyed. Art work people had done was proudly on display in the service.

Staff had also researched meaningful activities for people living with a dementia. This included 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured

fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands and like something to keep them occupied. Activities also included jigsaws, adult colouring books, memory cards and sensory games using sponge and prickly ball games.

People living with a dementia also joined in 'smell therapy', which was jars of different smells to trigger memories and initiate conversations. The service had war time smells, relaxation smells and baking smells. People also enjoyed singing and music therapy. At the time of the inspection staff and families were working together to create memory boxes for people. These will be personalised with specific items to trigger memories and initiate conversations.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. The manager told us any form of dissatisfaction was taken seriously. Since the last inspection there had been minor complaints which had been immediately acted upon. We spoke with people and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. One person said, "Management come and talk to me. If I'm un-happy I'd soon tell them, but I'm happy here."

The service had received many compliments. One read, 'Thank you all so very much indeed for the love, friendship, support and attention you gave [person] whilst [they] were in your care. We would like to extend our sincere gratitude to those of you who helped ease [their] pain and fear in [their] final days. We [family] were also cared for, supported and comforted by many of you. We know the fact that many of you went above and beyond in your duty of care in looking after [person] and us.'

Is the service well-led?

Our findings

The manager had just returned to the service after a period of leave (the week prior to our inspection) and was in the process of applying to the Care Quality Commission to be the registered manager. Whilst the manager had been on leave there had been another experienced registered manager in post who had previously worked at Kirkley Lodge.

People and relatives thought the service was well led and spoke highly of the previous registered manager who had been in post up until the manager returned from leave. People and relatives also spoke highly of the new manager who had worked at the service for many years. One person told us, "This is a very good home which is well managed." And relative told us, "[Name of manager] is lovely and very approachable."

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, "I love my job. [Name of manager] is very good and very supportive."

The manager and previous registered manager promoted an open and honest culture for working which was fair and supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home. A member of staff told us, "We just want to be the best. Our customers [people] always come first."

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Management carried out regular audits of medicines, finances, records and health and safety. Following these checks an action plan was developed if there were any areas for improvement.

Records confirmed that staff meetings had taken place on a regular basis. There were regular meetings with care staff, night staff, housekeeping staff and kitchen staff. In addition health and safety meetings took place. Staff told us that the meetings provided staff with an opportunity to share their views.

There were regular meetings for people and relatives. People and relatives were encouraged to speak up at meetings and share their views. We noted at a January 2017 meeting, some people who used the service had requested red salmon to be put on the menu. We noted how action had been taken to put salmon on the menu and at the meeting in August 2017 it was remarked on that red salmon would stay on the menu as people were enjoying this new addition.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The manager understood their role and responsibilities, and was able to describe the notifications they were

required to make to the Commission and these had been received where needed.