

Caireach Limited

Kirkside House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 9 May 2016 and was unannounced. At the last inspection in February 2015 we rated the service as requires improvement. We found the provider was breaching one regulation. People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The provider sent us a report which told us what action they were going to take. At this inspection we found the provider had made improvements and addressed concerns raised at the last inspection.

Kirkside House provides care for up to seven people who have a learning disability. The service had a one bed, two bed and four bed unit. A communal room and gardens were shared by all. The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were well cared for. People who used the service told us the staff were caring and they liked the registered manager. During the inspection we observed staff spending time with people and it was clear they knew the people they were supporting. Staff were able to tell us about people's history, likes and preferences.

People who used the service and their family were involved in the care planning process and helped identify how their care should be delivered. Care plans described what staff needed to do to make sure people's needs were met and covered areas that were important to the person. They were clear and easy to understand. A range of other professionals were involved to help make sure people stayed healthy.

There was enough staff deployed to keep people safe. Some people were allocated additional staffing to enable them to participate in agreed activities but it was not clear from the rotas or care records these were being allocated appropriately. The provider had started to improve this system.

Staff were skilled and experienced to meet people's needs because they received appropriate training and support.

The provider had systems in place to protect people from the risk of harm and staff understood how to keep people safe. People who used the service and staff discussed health and safety to help increase awareness and keep everyone safe. There were appropriate arrangements for the safe handling of medicines.

The service had good management and leadership. Staff told us the service was well managed and described the registered manager as 'approachable'. The provider supported the management team at Kirkside House and carried out checks to make sure people were receiving safe and effective care. People who used the service and staff were encouraged to put forward suggestions and ideas. Any concerns or

complaints were responded to and resolved where possible to the satisfaction of the person.

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.

Risk was well managed and staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to keep people safe. The management team were improving the staffing allocation system so they could better evidence the actual staffing arrangements.

The provider had improved systems for managing medicines, sufficient to meet regulations.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

People enjoyed the meals.

A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good ●

The service was caring.

People who used the service told us the staff were caring.

Staff knew the people they were supporting well.

People were given information to help them understand their rights and what they should expect from the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans described what staff needed to do to make sure people's needs were met.

People had individual activity programmes that were based on their needs and preferences; the provider had identified they needed to further develop the structuring and evidencing of activities.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People who used the service told us they liked the registered manager. Staff told us the service was well managed.

Everyone was encouraged to get involved in the running and development of the service.

The provider had effective systems in place to monitor the quality of the service.

Kirkside House

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 9 May 2016 and was unannounced. An adult social care inspector and a specialist advisor in management visited the service.

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. We reviewed the PIR and other information we held about the service. This included statutory notifications that had been sent to us. We contacted 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.

At the time of the inspection there were seven people living at Kirkside House. During the visit we looked around the service, observed care, spoke with three people who used the service, eight members of staff, the registered manager and the clinical services manager. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Is the service safe?

Our findings

At the last inspection we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements to manage medicines. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

We looked at the systems in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines. We saw medicines were stored appropriately and regular checks were carried out to make sure storage met the recommended temperatures. Staff recorded dates when creams were opened and all medicines were in date.

People's care records contained guidance around medicines and medicine administration which helps ensure they received their medicines as prescribed and in the preferred way. We looked at medicine administration records (MAR) and saw these were usually correctly signed with no gaps. However, we noted a thickening powder was prescribed but had not been consistently signed for. Staff said this was always used but accepted the MAR was not always completed. We saw some prescribed creams and the thickening powder were left out, which if ingested could cause harm. As soon as we raised this concern with the team leader they returned the items to the medicine cupboard.

Staff who were responsible for administering medicines had completed training and annual competency assessments. Staff we spoke with knew what to do if an administration error was made. The provider was arranging for all staff to receive medicine training. One person was prescribed emergency medication to treat prolonged or repeated epileptic seizures. They had a protocol and the policy for the use of the emergency medicine was kept in the person's file. The provider sent us evidence which showed staff had completed specific training for administering the medication in an emergency situation.

The provider had safeguarding and whistleblowing procedures and guidelines. These were up to date and accessible. Whistleblowing is when a worker reports suspected wrongdoing at work. The registered manager said there were no open safeguarding cases at the time of the inspection. In the central communal area we saw displayed information explaining 'what is abuse'. All of the staff we spoke with clearly understood safeguarding procedures and told us they would report any concerns to their manager. They were confident the management team would deal with any issues appropriately and promptly. Records showed all staff had received safeguarding training.

We looked at care records which showed appropriate action was taken in response to safeguarding incidents, which included informing other agencies. The management team maintained a safeguarding log where they analysed incidents to ensure they were appropriately dealt with in a timely manner, and to identify any trends and patterns.

The service had an effective system for managing risk, This included requesting urgent assistance from colleagues and management. Everyone carried an alarm so could request assistance and respond. We saw

the provider had taken action by increasing staffing when they identified alarms were not working.

Staff told us regular checks were carried out to make sure people lived in a safe environment and we saw records and certificates that confirmed this. To help increase awareness around health and safety discussions were held at staff and 'resident meetings'. In March 2016 at a resident meeting they had asked if anyone had any safeguarding concerns and discussed 'what is a risk assessment'. At a staff meeting in March 2016 they had discussed infection control, use of PPE (personal protective equipment) and security.

We looked at staffing arrangements and found there was enough staff deployed to keep people safe. Some people were allocated additional staffing to enable them to participate in agreed activities but it was not clear from the rotas or care records these were being allocated appropriately. A recent report showed the provider had already identified that specific staffing arrangements were not being evidenced. The registered manager and clinical services manager told us they were confident the actual hours funded were being provided and had already started taking action to make sure this was evidenced.

One person who used the service told us they did not always receive their one to one staffing even though they were funded for an agreed amount of hours per week. Another person told us they were sometimes bored and didn't go out much. We looked at both people's care records and it was evident they had received additional support but we could not establish they had received all their allocated staffing.

Staff we spoke with said there was enough staff to keep people safe. Some concerns were raised because the provider had recently changed the staffing arrangements and removed an additional 'floater' member of staff. Staff we spoke with said the reason was explained and discussed before the changes were implemented, however, they felt this had added additional pressure on the team. We discussed the changes with the registered manager and clinical services manager. They told us the changes were introduced because the previous staffing levels had exceeded the actual staffing allocation and were not sustainable. They said the changes were being closely monitored.

Staff we spoke with told us they had gone through a robust recruitment process and could not start working for the service until all the checks were completed. Everyone said they attended an interview. We looked at the recruitment records for three staff; these showed that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. We saw one section of a candidates application form did not match other information held on file; the registered manager was fully aware of this and said this was an error which had been picked up and dealt with but acknowledged a record was not made at the time and held on file. They said a record should be available at the provider's head office.

Is the service effective?

Our findings

Staff we spoke with told us they received good support from the management team and colleagues. They said they had received appropriate training that helped them understand how to do their job well. Staff said they received good day to day support and regular supervision where they could discuss topics that were relevant to them such as their performance and development opportunities. One member of staff said, "All my training is up to date. Once every two months I have supervision and sign off what I have achieved." Another member of staff said, "I get good support. I'm happy with training and supervision." Staff told us they received a comprehensive induction when they started working at the service. One member of staff who had worked at the service for five months told us, "I did ten days induction and then shadowing. I explained I needed more experience so they arranged more shadowing opportunities." Another member of staff said, "The initial training was fantastic."

We looked at training records which showed staff had completed a range of training courses including first aid, food safety, safeguarding, care planning, manual handling, epilepsy, autism, health and safety, and infection control. New starters completed the 'Care Certificate' which is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw from a provider report carried out at the beginning of May 2016 the clinical service manager had monitored staff supervision at a recent visit; 95% of staff had received supervision in the last three months which meant their key performance indicator had been achieved.

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. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)).

One person told us they had gone through a best interest process which related to a decision about their health. They said they were happy with the process which had also included their family. People's care records showed people's mental capacity had been assessed when they were unable to make decisions and best interest meetings had been held when it was appropriate. The records we reviewed were informative and clear to understand. We saw DoLS applications had been submitted to the local authority and a copy of any authorised DoLS were kept on file.

We spoke with staff who gave examples of how they involved people in decision making. One member of staff said, "We ask people but we also follow care plans which provide information about best interests." Staff understood how to involve people even when they lacked capacity to make specific decisions. One member of staff said, "We always explain and show them options and look at plans for their favourite things like foods or clothes. We sometimes can use pictures or Makaton." Makaton uses signs and symbols to help people communicate.

Staff had received MCA training. Staff we spoke with had knowledge of the MCA and DoLS process although some only had a basic understanding of the MCA. The registered manager said they had identified staff knowledge around MCA was sometimes basic and were looking at how they could support staff to ensure they had a good working knowledge.

We saw good systems were in place to involve people in planning meals. Resident meeting minutes showed people were encouraged to put forward suggestions for meals and these were then included on the menu the following week. One person said, "The food is nice I can choose." They told us they sometimes had a Chinese takeaway which they enjoyed. Another person said, "The meals are alright." Another person told us they often went out for lunch. Menus included breakfast and the evening meal which was when people tended to have the main meal of the day.

When we looked around the service we saw fresh fruit was available. Staff we spoke with told us the quality and variety of meals were satisfactory, and provisions were generally ordered online, which they said generally worked well. Meals were usually prepared and cooked by staff in the four bedded unit. People who used the service within the unit were given opportunities to assist. Meals were then taken to other units. Staff told us this usually worked well.

People's care records contained information about meals, however, these were sometimes not fully completed. The registered manager said staff would be reminded to fill these in properly so they could check people were getting a balanced and varied diet. One person had a pureed diet and thickened fluid, which was assessed and planned with involvement from the speech and language team, and the dietician. There was a clear, consistent record of what the person had to eat and drink, which helped ensure the person's nutrition and hydration needs were being met.

People told us they received good support with their health. One person told us they had attended appointments to the doctors, optician and dentist. People had good information within their care records that showed their health needs were being met. Health files detailed appointments, the reason for the visit and the outcome. People had assessments and care plans which covered how their health needs were being met. Health plans confirmed people had received an annual health check.

People had information about their health and social care needs that was accessible and used for health appointments. These are sometimes known as 'hospital passports' and assist people to provide health professionals with important information about them.

Is the service caring?

Our findings

Three people spoke with us and told us the staff were caring. One person said, "I'm happy here. I like to have staff sit with me." Another person said, "Yes they look after me. I like some of the staff, they are kind."

During the inspection we observed staff spending time with people and it was clear they knew the people they were supporting. Staff were able to tell us about people's history, likes and preferences. They knew about things that were important to the person they were supporting. We observed some very positive interaction, for example, one person was asking lots of questions about what they were doing and why. The member of staff who was supporting them responded with clear explanations and made the person feel comfortable to ask further questions. The person was initially reluctant to engage in their agreed programme but with positive interaction and encouragement they engaged. Although we observed generally positive interaction we noted some staff interaction was less enthusiastic and therefore people were not as motivated. The registered manager said there was a good level of management presence and this was an area they continually monitored.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

Staff we spoke with were confident people received good care and gave us examples of how they did this. Staff talked about following guidance in people's care plans to ensure they were provided with consistent and appropriate care. Staff told us people's rights were respected and they received personalised care. One member of staff said, "Care is person centred and it is their right to choose."

People who used the service talked to us about contact with their relatives, and it was evident from these discussions and reviewing the care records they were supported to maintain family relationships. Care records had information that showed people and their relatives were encouraged to put forward ideas and views about the care and how it should be delivered. People had allocated keyworkers who supported them to make decisions and attended care reviews.

People were given information to help them understand their rights and what they should expect from the service. One person told us they had an advocate who supported them. An advocate helps another person express their views to make sure their voice is heard. Information was displayed about how people could raise concerns.

The provider's 'statement of purpose' was available near the entrance of the service. This is a document that outlines the provider's vision, values, aims and objectives. At the last inspection we found the statement of purpose did not contain accurate information about the range of service users' needs which those services intended to meet. At this inspection we saw this had been updated.

The provider helped promote good practice by holding regular discussions with people who used the service and staff. We saw at the 'resident meeting' in February 2016 they had discussed advocacy. At a

service user forum they had discussed the provider's pictorial privacy and dignity policy to make sure everyone was happy with this. They were then going to be looking at the 'personal care' pictorial policy at the next forum.

Is the service responsive?

Our findings

People who used the service and their family were involved in the care planning process and helped identify how their care should be delivered. We found people's care needs were assessed and plans described what staff needed to do to make sure people's needs were met. We saw assessments were centred around the person and highlighted potential risks; management plans helped keep people safe and supported them to maintain their independence. People's care plans covered important areas, and were clear and easy to understand. They identified likes, dislikes and preferences, and each person had a detailed communication booklet.

In the PIR the provider told us, 'Care plans and risk assessments are reviewed six monthly or anytime there is a change in need'. We saw care plans were evaluated and up to date. Daily notes and handover records were detailed and showed people received care that reflected the care that was outlined in their care plan.

Staff told us people received personalised care. They felt the care plans were person centred and reflected the care people received. One member of staff said, "We get updates at handover but we also have to read the care plans. We get told when there has been any changes made to the plans and have to date and sign when the plans have been read." Another member of staff said, "I make sure I read and understand the policies and procedures as well as the support and health action plans."

People talked to us about their activity programme and we saw everyone had an activity planner. One person said they went to discos, swimming, shopping and the gym. Another person said they often went into Leeds and spent time playing their game console, which they kept in their room. One person told us they liked computers and sometimes went to the pub on a night. They said they were bored and would like to do more activity. They had an activity board on their bedroom wall but this was not up to date. We also checked their activity planner which was not the same as the activity board. The person's care plan stated they had low motivation and would often refuse activities, however, it was not clear from reading the daily notes what was done to motivate the person or plan activities ahead. The registered manager said the person did not always follow their plan but was often supported on day trips; they said they would make sure the person's activity programme was clearly planned. A recent report showed the provider had already identified they needed to further develop structuring and evidencing activities including refusal.

In the PIR the provider told us, 'Where possible people who use the service and their families/friends are supported to maintain regular contact and engage in positive experiences together'. They also told us they had a formal complaints procedure which ensured all complaints received were responded to in an appropriate manner and timescale.

We looked at the provider's complaint record and saw three complaints were logged in the last 12 months. The record showed these were investigated and responded to in a way which resolved the issue where possible to the person's satisfaction, and minimised the risk of the same issue arising in the future.

We saw the service had received some written compliments which included feedback from a health

professional where staff were 'helpful throughout during a hospital visit', a relative who was 'grateful' for all the effort staff had put in, a relative who said staff had worked hard, and another service provider who complimented the team on working positively during a period when a person who used the service was unsettled.

Is the service well-led?

Our findings

The service had a registered manager who was registered with CQC in February 2016. We received positive feedback from people who used the service and staff about the registered manager. People who used the service told us they liked the registered manager. A deputy manager and team leaders also provided day to day management support at Kirkside House. Staff told us the management team were available to provide support and advice. One member of staff said, "Management are approachable. It's managed as well as it can be." Another member of staff told us they enjoyed working at the home and felt confident in raising concerns with "team leaders or the manager who was supportive".

In the PIR the provider told us they had an 'open door policy to ensure effective transparent communication'. Staff discussions confirmed this.

Kirkside House management team accessed senior managers when they wanted advice and guidance. The registered manager told us this worked well. A clinical service manager provided direct line management support and regularly visited the service. A recent visit report showed they had spent time with people who used the service and talked to staff. They had reviewed care plans, health action plans, safeguarding, service user reviews, staff training, supervision, shift management and medication. In the visit report they concluded there had been a 'definite improvement in completion of tasks and paperwork'. Other senior managers also visited and monitored the service.

We looked at other records that showed regular audits and checks were being carried out. The provider used a traffic light scoring system and had completed quarterly environmental, health and safety and infection control audits. We saw they had consistently scored totals which indicated a green status. Health and safety audits covered areas such as first aid, accidents, fire and alarms.

Information was sent to the provider by the management team such as details of accidents and incidents. A monthly summary of accidents was sent which enabled the provider to identify patterns and trends.

The provider had systems which gave people an opportunity to get involved in the running and development of the service. Regular 'resident', staff, team leader and management meetings were held. Two people who used the service told us they attended the meetings. We saw from the meeting minutes that people were encouraged to share their views. For example, people who used the service had been involved in developing a pictorial policy and procedure file. Discussions around consistency in staff approaches and changes in policies were discussed at staff meetings. Although the minutes evidenced attendees were enabled to drive improvement, we noted the minutes from April 2016 were handwritten and difficult to read. Therefore anyone not attending would struggle to find out about discussion points. The meeting minutes from February 2016 did not include attendees and were brief, for example, in one section they only stated 'new health and safety checks'. Those who did not attend would be unable to determine from the meetings what had been discussed. We saw from a visit report the clinical services manager had identified this during a visit to Kirkside House at the beginning of May 2016.

The provider had asked people to complete questionnaires based on their experience of the service. We looked at responses from November 2015 to January 2016. People who used the service said they felt safe and were happy where they were living. One person said they were not happy but told us this was because they wanted to move to alternative accommodation. Family members and other professionals had also completed surveys. We saw everyone would recommend the service to others and felt staff were professional and positive in their approach. Six had responded to say they strongly agreed the person's quality of life had improved since moving to Kirkside House; one neither agreed nor disagreed.

The local authority contract team told us they 'work closely with the provider as part of the contract management process to look at continuously improving performance and quality. The provider is very much engaged in this process'.