

HC-One Beamish Limited

Kirkwood Court

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

About the service

Kirkwood Court is a residential care home which accommodates up to 72 older people, in one purpose built building. Care is provided over three floors, including one floor, known as the Grace unit, for people living with dementia related conditions. Nursing care is not provided at the home. At the time of our inspection there were 66 people living at the home.

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

People and relatives were very positive about Kirkwood Court. They spoke highly of the staff team and how well they were cared for. The management team had worked hard since our last inspection to deliver the improvements required. They had strengthened the checks they carried out to monitor the quality of the service.

There were now enough staff to support people. Staffing levels had increased since our last inspection. Safe recruitment procedures were followed. Staff regularly checked the building and equipment to make sure it was safe. Medicines processes had improved.

Staff had the skills and experience to meet people's needs. People told us they were well supported. They had access to a range of health professionals, when required. People told us there was lots of food on offer, and that it was usually good quality. People's nutritional needs were known and met.

Care was provided in a person-centred way. Staff knew people well. People and relatives told us staff were kind and treated them well. Families were welcomed into the home. Staff supported people to be as independent as they could be.

Staff knew people's needs and their preferences for how they would like to receive their care. These were usually well documented although at times records had not been updated where needs had changed. There were a range of activities and events on offer for people to take part in.

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.

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 requires improvement (published 31 July 2018). At that inspection we found two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Kirkwood Court

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kirkwood Court 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.

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 sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, the provider's regional manager, and nine care staff. 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 reviewed a range of records. This included six people's care records and medicines records. We looked at records relating to the management of the service, including staffing rotas, recruitment records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found there were not always sufficient numbers of staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs. People and relatives told us they could always find staff and they attended to them quickly when they were needed. Some commented that staff were, at times, very busy but told us their needs were met.
- Staffing levels were more consistent. Staffing levels were determined based on an assessment of people's needs. The home met these staffing levels. Unplanned staff absence was covered by staff overtime or the use of agency staff.
- Staff feedback was varied. Some staff told us the home still felt understaffed whilst others told us this area had improved. The provider's regional manager told us they were still working on skill mix between staff teams. Senior staff were to receive training in delegating tasks and managing staff time to maximise the efficiency of the staff team.

Using medicines safely

- Processes were in place to manage medicines safely. Staff now had more information about people's prescribed medicines. Medicines were received, stored and disposed of safely.
- Medicines were administered by trained staff, however there had been an increase in medicines errors since our last inspection. None of these errors had resulted in significant harm to people. Most had occurred when agency staff, who were unfamiliar with the electronic system in use, administered medicines. Additional checks had been put in place to reduce the likelihood of these continuing.

Assessing risk, safety monitoring and management

- Risks were well managed. Staff understood the risks people faced and had clear information about how to mitigate them.
- Staff had better information about how to support people who, at times, displayed behaviours which challenged staff. Staff diffused situations calmly when people displayed anxiety or agitation.
- Safety checks were carried out regularly on the building and equipment used, to make sure they were in good working order.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems were in place to minimise the risk of abuse. Staff understood, how to spot abuse and what they should do if they had any concerns.
- Accidents and incidents were reviewed and investigated. Where possible action was taken to reduce the likelihood of accidents or incidents happening again.

Preventing and controlling infection

- The home was clean.
- Staff followed processes to minimise the risk of infection

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 good. 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 were assessed before they began using the service. Staff used recognised guidance and tools to determine what level of support they required.
- Staff had information about how to meet people's needs. Care plans were easy to understand.

Staff support: induction, training, skills and experience

- Staff received a programme of training, to provide them with the skills they needed to support people.
- New staff completed an induction programme of face to face training, knowledge checks and reflecting on what they had learned.
- Staff regularly met with their supervisor to discuss their performance and the care they delivered.

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

- People told the food provided was generally very nice and there was a good choice on offer. Snacks were available throughout the day. People could help themselves to drinks whenever they wished.
- Staff understood people's nutritional needs. They supported them to eat and drink when needed. Records to monitor people's intake of food and drinks were well completed.

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

- People saw healthcare professionals when they needed to. People told us they had good access to GPs and district nurses.
- Advice from healthcare professionals had been followed and incorporated into people's care records.
- Staff shared information effectively with other agencies when people moved in or out of the service.

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

- Steps had been taken to adapt the environment to meet people's needs, including those living with dementia. Corridors were wide with places for people to sit and rest. Signs using pictures helped people to find their way around the home. Handrails were painted in contrasting colours, so they were easy to see.

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.

- The provider was following the principles of the MCA. People were supported to make their own choices whenever they could.
- Decisions were only made on people's behalf following an assessment of their capacity and inline with legal processes.
- DoLS authorisation had been granted for people deprived of their liberty. Conditions on authorisations were 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 good. 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 were treated with kindness. People and relatives were very positive when telling us about how staff treated people. Staff were described as dedicated and caring. One person told us staff always checked on them and made them feel valued. They said, "I like a cuddle. It shows people care." We saw staff were friendly. They knew people well and chatted to them throughout our visit.
- Staff supported people to maintain relationships with their friends and family. Relatives told us they were warmly greeted and often offered cups of tea when they visited. Each person could invite their relatives to a high tea once a month. Staff supported people to keep in touch with relatives over video calls.
- Staff respected people's equality and diversity. Staff supported people to maintain their religious beliefs. A regular church service was held at the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Two people particularly enjoyed helping around the home. The regional manager told us, "The sense of satisfaction and value they enjoy when they are dusting, helping the housekeepers and helping with serving high tea is beyond measure."
- People's privacy and dignity was promoted. Staff told us how they were considerate of people's privacy when providing care, such as covering people up as much as possible when helping them to get dressed. Some staff were 'dignity champions'. They kept up to date with best practice and shared this with the staff team, and set monthly challenges to promote people's dignity.

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

- People's views were taken into account. They were included when staff were planning their care. Care records included information from people and their relatives.
- Relatives told us they were kept up to date with their family member's care and invited to meetings to review the care they received.

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 good. 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

- Care was planned to give staff the information they needed to care for people in the way they wanted. Care records included details about people's personality, preferences and previous experiences.
- People's needs were kept under review, however care records were not always up to date. Staff had a good understanding about the care people needed. However we saw people's care plans were not always updated with changes. The registered manager told us they would review records to make sure they were up to date.

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

- Activities were planned each day for people to take part in. People told us there was lots of things to do. Activities included chair exercises, games and a therapy dog visited the home weekly. People could use virtual reality equipment to see places they were no longer able to access. People spoke highly of the entertainers who performed in the home regularly.
- People were supported by staff to go on trips and access the local community. People told us they enjoyed bus trips to the coast and other areas of interest. People regularly went to local shops and garden centres with staff.

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.

- Information about the service was presented in ways people could understand. Easy read (which used pictures to aid people's understanding) and larger print information was available.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported and wherever possible these preferences were met. Staff worked with district nurses and specialist nursing teams so people could stay in the home rather than be admitted to a hospital if that was their wish.
- The provider sought to improve people's end of life care experiences through investing in innovative products. Staff used a product which was added to a variety of drinks to create a foam. This created a flavoured alternative to oral care swabs which were used when people were receiving end of life care.

Improving care quality in response to complaints or concerns

- People knew about to make a complaint. Information about how to make a complaint was given to people when they started using the service and was displayed around the home.
- Complaints had been responded to in line with the provider's policy. Complaints had been reviewed and used to drive improvement.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems and processes for the effective operation of the home were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management team and provider monitored the quality of care that people received. They had improved the way they checked on the service. Audits were filled in with more detail. They reviewed key indicators about people's health and monitored these at least monthly.
- Systems were in place to drive improvement. The provider and management team identified where improvements were required. They created action plans to address these areas and monitored them to make sure improvements were delivered.
- The registered manager was clear about their legal duty to notify CQC of certain incidents and events in line with CQC registration regulations.

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

- Standards at the home had improved. The management team had introduced lots of changes since our last inspection to make sure people received a good standard of care.
- Leadership at the home was not stable. People and relatives at the home were satisfied with the service they received but told us they were not always clear on who was running the home. The new registered manager shared their time between Kirkwood Court and another home they managed. A deputy manager was based at the home and people spoke highly of them. The provider's regional manager acknowledged the service needed a full-time registered manager and told us they were in the process of recruiting to this post.
- We received mixed feedback from staff about the culture at the service. Staff described lots of changes, and some told us these had been positive. Other staff told us they did not always feel their work was valued. We shared this feedback with the provider's regional manager who told us they would explore this further with staff in supervisions and meetings.

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; Continuous learning and improving care

- The registered manager and management team was aware of duty of candour responsibilities. They were open and honest in response to any complaints.
- The registered manager learned from incidents. They reflected on accidents and incidents with staff to consider actions taken and whether any changes should be made to improve upon practice.

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

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and sent annual surveys. Their feedback was used to make changes and improvements to the service.

Working in partnership with others

- The service worked with the local community. There were regular church services and communion in the home. Local schools visited the home for events throughout the year.