

# Donnelly Care Homes Ltd

## Kirkella Mansions

### Residential Home

#### Inspection report

6 Church Lane  
Kirkella  
Hull  
Humberside  
HU10 7TG

Tel: 01482659403

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27 August 2019  
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#### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Kirkella Mansion is a residential care home providing personal and nursing care to people aged 65 and over and people living with dementia. The service can support up to 40 people. At the time of inspection 24 people were using the service.

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

At the last inspection we found concerns regarding medication management, risk management, infection control, fire safety and good governance. Although some improvements were seen at this inspection we had continued concerns with regards to medication, risk management and good governance.

Medication was not managed safely, we could not be assured people received their medication as prescribed and risks to people were not always mitigated. Accident and incidents were not recorded correctly or monitored effectively so lessons could not be learnt.

Governance systems in place had failed to make the required improvements. Quality monitoring and governance systems had been implemented but were not robust. They had not identified some of the shortfalls identified at this inspection.

People told us they felt safe. There was adequate staff to meet people's needs. The service was clean, and staff had knowledge of how to prevent the risk of spread of infection.

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. Staff supported people with their health care needs and we received positive feedback from health professionals.

Staff were kind and caring and treated people with respect.

We observed limited activities on offer during the inspection. We made a recommendation regarding the provision of activities. People were happy with the care they received and told us care was delivered in line with their preferences.

People and staff were positive about the management team and the support they received.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 September 2018) and there were

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 not enough improvement had been made/sustained and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to medication management, risk management and governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kirkella Mansions Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The first day of inspection was carried out by one inspector and one 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. The second day of inspection was carried out by two inspectors.

#### Service and service type

Kirkella mansions is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including two senior carers, one care worker and the activities coordinator. We also spoke with the provider, registered manager and assistant manager. We spoke to two visiting health professionals. 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 three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection.

At our last inspection the provider had failed to robustly assess the risks relating to infection prevention and control, safe management of medicines, fire safety and health and safety of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in relation to infection control and fire safety. Not enough improvements had been made in relation to the safe management of medicines and risk management. At this inspection we found a continued breach.

- People did not always get their medication as prescribed and people were at risk of overdose as timed medication contained no details of when it was administered.
- Medicine management was not safe and left people at risk of harm. For example, controlled drugs had not always been signed by two staff members. Medicine records were not accurate or contemporaneous and there were no staff competency assessments around medicine administration.
- When people were taking medication with associated risks, staff did not know what they were and there were no risk assessments in place.
- Risk assessments were not always in place or effective. For example, we saw one person's risk assessment was scored as low risk, but they had numerous falls. Their risk assessment stated a sensor mat was in place, but on at least one occasion staff were not alerted to their fall as the mat was not plugged in.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to infection prevention and control practices. The service was clean and tidy throughout and skirting boards had been replaced. Domestic staff were employed to maintain cleanliness.
- Concerns relating to the fire doors had been rectified and monitoring checks implemented.

Learning lessons when things go wrong

- Accident and incidents were monitored; however, records were not always completed so they could not be effectively monitored for lessons learnt.

#### Staffing and recruitment

- Recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.
- The provider used their own dependency tool to assess and monitor staffing levels.
- People told us there was sufficient staff to meet their needs.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- People told us they felt safe. One person told us, "Yes I feel safe, the staff are very helpful."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and supervision.
- Staff were satisfied with the training they received and told us if they required additional training this would be organised.
- People and their relatives and health professionals told us staff were knowledgeable in their role. One relative told us, "The staff are well trained and know what they're doing, we couldn't wish for any better." One health professional told us, "The staff are brilliant, they are helpful and knowledgeable."

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

- People were satisfied with the food and confirmed they received a choice. Comments included, "There is a choice. They will do me something else if I didn't want the options" and "The food is fine, I have no complaints, I get a good fry up on a Sunday."
- People were supported to eat and drink enough. We observed staff providing people with refreshments throughout the day, including ice lollies during the hot weather.
- Where people required support with their nutritional intake we saw this was provided. People who were underweight were supported and had gained weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported access to health and social care professionals. We received positive feedback from health professionals regarding the service. One health professional told us, "The staff are very efficient, they always organise appointments quickly when needed and follow any advice given."
- Staff sought specialist advice where required, such as from district nurses, GP.
- Assessments were conducted prior to people moving to the service.

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

- The property was homely, and people told us they were comfortable. People's rooms were personalised with personal photos and accessories.
- There was signage around the home to help people living with dementia orientate independently around the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gained people's consent prior to supporting them with tasks.
- Best interest decisions had been recorded, however there was no recorded capacity assessments. The provider assured us this would be addressed.
- Where restrictions were in place appropriate applications had been submitted. The provider was in the process of completing applications for a further three people. These were completed during the inspection.

# Is the service caring?

## Our findings

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

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

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

- People and relatives provided positive feedback about staff. Comments included, "The staff are fantastic here" and "The staff are very caring."
- Staff demonstrated good knowledge of people and their preferences.
- People were treated with respect. Staff knew people well and recognised when they required support.
- People were supported to follow their faith; there was information in people's care files about any needs in relation to protected characteristics of the Equality Act.

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

- People could access independent support with decision making and expressing their views; the registered manager was aware how to support people to access local advocacy services.
- Staff offered people choices throughout the inspection.
- People and their relatives were involved in their care plans. One relative told us, "Yes I am involved in their care plan, they include me in everything."
- Annual reviews took place with people and their relatives to ensure they were happy with the care they received and any changes to their care that was required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and people could spend time in their own rooms or in a separate lounge if they wanted. We saw on one occasion staff entered someone's room without knocking. However, people and their relatives confirmed staff respected their privacy. One person told us, "They certainly always knock before going in, and give privacy when needed."
- Staff supported people to maintain their independence and skills where possible. For instance, by encouraging them do as much as possible for themselves when dressing, mobilising and eating.

# 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 required improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People told us there was activities available to people. One relative told us, "There is stuff going on if [Name] wants to participate."
- The service organised entertainers to come to the service such as singers and a day trip out was organised for people should they wish to attend.
- There was no structured activity programme in place. The activity coordinator had recently reduced their working hours meaning people were receiving limited activities. The registered manager assured us they would be recruiting someone to address this.

We recommended the provider seeks advice from a reputable source about appropriate activities to meet the needs of people who use their service.

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

- People and their relatives told us they received person centred care and had full choice. One relative told us, "They support [Name] how she wants, and they always offer guidance and encouragement."
- Most care plans contained person-centred information, however we saw some care plans required further detail. Staff knew people well and knew their preferences.
- Health professionals told us staff knew people well and knew their preferences. One health professional told us, "Yes staff know people extremely well, they know how to support them in line with the person's wishes."
- The provider had purchased technology to give people more control. For example, they had purchased an 'Alexa' this enabled people to start music, get the weather forecast, without the need for staff support. We saw one person used this for help with their crosswords.

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 people's communication needs was recorded in their care file.
- The service had picture formats available to help people make choices with meals.
- The service had accessible formats for surveys to enable people to participate and give their feedback.

Improving care quality in response to complaints or concerns

- A complaints procedure was on display in the service.
- No complaints had been received since we last inspected the service.
- People told us that they felt confident to complain and that any complaints would be addressed.

End of life care and support

- People received compassionate end of life care. However, we saw one person had recently started receiving end of life care and there was no detailed care plan in place. The registered manager was in the process of completing this with a relative at the time of inspection.
- The provider worked alongside other health professionals to ensure people's needs were met and any required medicines were available.
- Staff had received palliative care training.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have effective and established systems and processes to assess and monitor for quality and safety within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Despite improvements since the last inspection, further work was still needed to ensure a full range of effective systems were in place and fully embedded to demonstrate safety and quality were effectively managed. At this inspection we found a continued breach.

- Following the last inspection, the provider had completed an action plan. Although some improvements had made, the provider failed to make sufficient improvements to the existing breaches of regulation.
- Systems had failed to effectively identify and mitigate risks to people. Medication was not managed safely and risks to the health and safety of people had not been mitigated.
- Governance systems had been implemented since the last inspection, however they had failed to identify some of the areas we identified at this inspection. Records were not accurate and contemporaneous. For example, accident reports had not always been completed, care plans requiring further detail and capacity assessments not always been recorded.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were happy with the care they received, and relatives confirmed they received person centred care. One relative told us, "I couldn't wish for [Name] to be in a better place, they support them how they want and offer guidance and encouragement."
- People gave positive feedback on the management team. One relative told us, "Nothing is to much trouble for the management team, we can ring the registered manager at any time. They would deal with anything immediately."
- We observed the registered manager and provider were visible and approachable throughout the home.

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

- The registered manager was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Resident, relative and staff meetings were carried out by the registered manager, giving people opportunity to be involved in the running of the service.

- Surveys had been carried out to gain feedback from staff, people and their relatives and visiting professionals. The results of these had been summarised.

- The registered manager attended provider forums to develop relationships for partnership working.

- The service worked in partnership with health and social care professionals. Health professionals gave positive feedback on partnership working of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks relating to people's health and safety had not always been mitigated. Medication was not managed safely to ensure people received their medication as prescribed and risks around medication was not always mitigated. 12 (1)(2) (a-b) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems had failed to ensure risks to people were mitigated. Systems in place were not robust and failed to make the required improvements. Records were not always accurate and contemporaneous. 17(1) and 17(2)(b)