Anchor Trust

Kirklands

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 unannounced comprehensive inspection of Kirklands took place on 2 May 2017. This was a planned comprehensive inspection to follow up on requirement notices made at the previous inspection in February 2016.

At that inspection we found the service was not meeting all the regulations that we assessed. The requirement notices were in relation to medicine management because people had not received their creams and ointments as their doctor had intended. Also because people's care records were not person centred and did not reflect up to date information about people's care and support needs. At the last inspection, the management of risk and the use of effective monitoring systems were found to be in need of improvement. We issued four requirement notices and asked the registered provider to tell us how they were going to make the improvements required. The registered provider gave us an action plan setting how what they were going to do to improve and the timescales to carry out the improvements. At this inspection 2 May 2017, we found that all the requirement notices had been met and the changes and improvements stated in the action plan had been completed.

Kirklands is owned by Anchor Trust which operates residential and other care services for older adults. Kirklands is registered to provide accommodation and personal care for up to 40 older people, some of whom may be living with dementia. Accommodation in the home is provided on two floors and all bedrooms are for single occupancy and have ensuite toilets. There is a lounge and dining room on each floor. The home is situated in a residential area of Cockermouth and was purpose built twenty years ago. It is within walking distance of all the local amenities. There is a garden for people living there to use and this is secure, private and has accessible outdoor seating. There is parking available at the front of the home for staff and visitors. There were 36 people living at the home at the time of our inspection.

The service had a registered manager in post at the time of this inspection. 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 living in the home told us that they felt safe living there and relatives we spoke with told us they were "very pleased" with the care being provided. We saw that the people who lived there were being well cared for and were relaxed and comfortable in the home and with the staff that were supporting them. People told us the staff were "kind" and "always did their best". The atmosphere within the home was friendly and inclusive. Everyone we spoke with praised the staff that supported them. We saw examples during the inspection of staff giving people their attention, offering reassurance and displaying empathy

We found that all areas of the home used by the people living there were clean and tidy. People told us they had a choice of meals, snacks and drinks. The people who lived there told us that the food was "very good" and "always good" and that they enjoyed their meals.

People who lived at Kirklands told us that care staff were available to help them when they needed assistance and that staff respected their privacy. People were able to see their friends and families as they wanted. There were no restrictions on when friends and relatives could visit people the home. People were supported to follow their own interests, practice their religious beliefs and see their friends and families as they wanted.

Systems were in place for the recruitment of staff and for their induction and on going training and development. We have made a recommendation that the service consider routinely including checks on the previous employment of new staff.

Staff told us they had received training in safeguarding adults and the training records confirmed this. Staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. The staff we spoke with were confident that the registered manager would follow up any concerns about people's safety and take action promptly.

We looked at the risk assessments in place for people and these included risk assessments for skin and pressure area care, falls, moving and handling, mobility, nutrition and the safe use of bedrails. The district nurse had done assessments of peoples' skin integrity and had advised and supported the care staff on this subject. We saw that where appropriate referrals had been made to other professionals such as physiotherapists and occupation therapists.

During this inspection we looked at the way medicines were managed and handled in the home. We found that medicines were being stored and administered safely and records were kept of the medicines kept in the home, their use and disposal.

The registered manager used a range of methods to get feedback from people living, working and visiting home and promoted open communication. People living at Kirklands were involved in deciding what went on in their home and in projects such as their new shop and garden renovations.

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 support this practice. We saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so. We have made a recommendation that the service improved checks on forms about resuscitation and evidence of who had a power of attorney.

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.

There were sufficient numbers of care staff available in the home to meet the assessed needs of people living there. Staff in the home attended to people's care needs promptly.

Systems were in place to safeguard people from abuse and staff understood their responsibilities in this regard.

People received their medicines correctly and on time.

There were recruitment procedures in place

Is the service effective?

Good

The service was effective.

Staff knew the people who they supported well and worked with other agencies and services to help make sure people got the support they needed to maintain their health and care needs.

People were having their individual needs and preferences assessed to promote their best interests in line with legislation.

People had their nutritional needs assessed and were offered a choice of nutritious meals, drinks and snacks.

Training relevant to staff roles had been provided and staff were being supported and supervised in the workplace to promote good practice.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and happy living in the home.

We saw that people were treated with respect by staff and their independence, privacy and dignity were being promoted.

Staff demonstrated a good knowledge of the people they were supporting, their backgrounds, likes, dislikes and daily routines.

Is the service responsive?

Good

The service was responsive.

We saw that people made their own choices about their daily lives in the home. There were organised activities for people if they wanted to participate.

Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends and relatives.

Information was displayed on how to make a complaint for people to use. There was a system in place to receive and handle any complaints raised.

Is the service well-led?

Good

The service was well-led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to.

Quality audits were used to monitor care planning, medication management and service provision.

Staff told us they felt supported and listened to by the registered manager

Kirklands

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 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 of Kirklands took place on 2 May 2017 and was unannounced. Two adult social care inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent time speaking with and observing people who lived in the home within the home's communal areas and spoke with people in private. During the inspection we spoke with 13 people who lived in the home, seven relatives, five of the care staff, including a team leader, a visiting health care professional, the registered manager, the deputy manager, the cook, the laundry assistant and the organisation's in house care and dementia advisor.

We looked in detail at care plans for eight people living in the home, their medication records and their care plans relating to the use of their medicines. We looked at medicines storage and records for the receipt and disposal of medicines for people living in the home on both floors. We observed medicines being handled and discussed the management of medicines with the staff involved in this.

We looked at records that related to how the home was being managed and looked at the staff training and supervision records. We looked at the recruitment records for the new staff working in the home. We looked at records relating to the maintenance and management of the service and records of checks or 'audits' being done to assess and monitor the quality of the service provision.

Before our inspection, we reviewed the information we held about the service. We spoke with commissioners of the service. We looked at the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. A statutory notification is information about important events that the provider is required to send to us by law. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the registered

manager had made under Deprivation of Liberty Safeguards (DoLS).

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

Good

Is the service safe?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. People who lived in the home commented positively about how staff cared for them and all those we asked told us they felt safe and well cared for. One person told us "Of course I am safe, this is my home". Another person commented, "It's very nice, not home of course, but spotlessly clean and the girls are very nice, they work so hard".

People we spoke with who lived there told us that the staff were available when they needed them and that they did not have to wait long if they called for assistance. One person told us, "You only have to push the buzzer and they are here or sometimes not even that, they pop their heads round the door and have a craic [chat]". Another person said, "The girls are very good, they come as soon as they can if you buzz".

A relative we spoke with told us "We feel [relative] is safe, we have no worries, we are really happy that [relative] is here" and "There always seems enough staff". Another relative commented, "I think over the past year the residents have got frailer and the girls more stretched but I have no worries about it, I have never seen anything to concern me".

At the inspection of this service in February 2016, we had found that there had two breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the management and mitigation of risk had not been reviewed or updated following falls. At this inspection, we checked a sample of care plans and risk assessments and found that fall risk assessments had been carried out and had been subject to at least monthly review. We found that a system had been introduced as part of the action plan from the previous inspection to help the service manage falls and the associated risks and to monitor and take appropriate action.

The care plans and strategies had been updated reflecting the person's condition and fall risk. We saw that ,where appropriate, referrals had been made to other professionals such as physiotherapists and occupation therapists.

We looked at the risk assessments in place concerning fire safety in the home. We looked at how people would be moved in the event of a fire or emergency. There were contingency plans in place to manage foreseeable emergencies and an overall fire risk assessment for the service. This helped to make sure that people were safe living in the home.

People's care plans included risk assessments for moving and handling, mobility, nutrition and the safe use of bedrails. The district nurse had done assessments of people's skin integrity and had advised and supported the care staff on this subject. We observed staff using hoists, wheelchairs and walking aids. These were used safely and appropriately with quiet encouragement to people and explanations from staff.

There had been a second breach of Regulation 12 because people had not received their medicines as prescribed because the provider did not safely and appropriately manage and administer medicines. At this

inspection, we found that medicines were being safely administered and records were being kept of the quantity of medicines kept in the home and those disposed of. A monthly medication audit was being carried out and checks were done on a daily basis. This was as stated in the action plan the registered provider had sent to CQC.

We saw that some of the people living at Kirklands had skin conditions that required treatment. Skin care plans were in place and body maps used to indicate where to apply the creams. There was sufficient information about the use of skin creams and ointments where these had been prescribed by the doctor. Separate charts for the application of creams were in place and signed by the staff member administering as part of a person's personal care.

We found that there were appropriate arrangements in place in relation to the recording of medicines administration and the records had been correctly signed when medicines were given out. Medicines that are controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. We checked a sample of controlled drugs and found that stock balances were correct.

We saw that people were supported to manage their own medication if they wanted to. This was subject to an assessment of the risks involved and the process was agreed by the person living there and the staff responsible for medicine administration. The staff monitored the person's use and understanding of the process. This helped the person to retain their independence with their medicines.

We saw that medicines requiring refrigeration were stored within the recommended temperature ranges. The room where medicines were stored also had the temperature monitored to help prevent any deterioration in the condition of the medication. We saw there were protocols for giving 'as required 'medicines in place. We noted two people did not have a protocol for some of their as required medication. Records indicated they had not required the medication since it had been prescribed. We raised with the registered manager the need to have the protocols in place should the medicine be needed so all staff were aware. The registered manager addressed this immediately.

At the last inspection in February 2016, there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the home was not appropriately staffed and people who used the service had not received the care and support they needed, particularly during the night. At this inspection 2 May 2017, we found that there were sufficient staff on duty to meet the different need of the people living at Kirklands. We found that an additional care assistant was on duty each night to make sure there were sufficient staff available to support and meet the different personal care needs of people living in the home.

We looked at the staffing levels at the home during our inspection and the staff rotas. The registered manager had a system to calculate people's dependency and the staffing needed to meet people's needs. We could see that there were sufficient care staff available to support people during the day. On the night shift, from 8pm until 8am, the home has two staff on the ground floor where there were people living with dementia and two on the first floor unit. The records indicated there was always a team leader on both day and night shifts. Staff we spoke with told us that they felt there was sufficient staff available and we were told they "worked flexibly" to make sure there were enough staff on each floor.

The registered manager provided us with a copy of the policy and procedures for staff deployment on day and night duty. It was the responsibility of the on duty team leader to ensure that staff were deployed appropriately. It made clear that at all times there to be two staff members deployed on the unit where

people were living with dementia. Staff told us about the new "early, early shift" where a team leader came on duty at 06.45am to support the night staff, to give out medication to people who required this early or before breakfast and to take a handover. All the staff we spoke with felt this was working well and allowed night staff to focus on people's personal care in the morning.

We looked at the recruitment procedures and the process used for staff employed since the last inspection. We saw that the recruitment procedures were in place to help make sure staff were suitable for their roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up. However, we noted that the process did not always establish the reasons why a person had left their previous employment. In other respects the process was thorough. We recommend that the service consider introducing this check routinely as part of their recruitment process to further help to make sure the person was suitable to work in a care setting.

Staff told us they had received training in safeguarding adults and the training matrix confirmed this. Staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. The staff we spoke with were confident that the registered manager would follow up any concerns they might raise and take action promptly to make sure people were kept safe.

We found that the home was clean and tidy and had a programme of on going environmental improvements. This included improving the laundry facilities to provide a "flow through" system for handling laundry. This was so dirty laundry could arrive through one door and be quickly decontaminated before drying and removal through a separate exit to a clean storage area. This would help reduce the risk of cross infection for the people living in the home.

The moving and handling equipment we saw in use, such as hoists, were clean and being maintained. Records indicated that the equipment in use in the home had been serviced and maintained under contract agreements and that people had been assessed for its safe use. There were records of safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing. We could see that repairs and faults had been highlighted and attended to by the maintenance person or contractors. These measures helped to make sure people were cared for in a safe and well maintained environment.

Good

Is the service effective?

Our findings

We asked people what they thought about the food served in the home. All the people we asked who lived there made positive comments, including, "The food is good, the only problem is you get too much and I have had to give up puddings and "The lunch was lovely I lapped it up "and also "The food is good, by God it is". Another person commented, "The food is excellent here, we have this meal [lunch] then another lighter meal later, the soup is very good here, and there are sandwiches as well as hot meals if you want them". A relative we asked said, "The food here is excellent".

The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting. People told us the staff that supported them knew how they liked to be supported and always checked with them first how they wanted to be helped.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).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). We looked at people's records and saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so.

We looked at care plans to see how decisions had been made and recorded around 'do not attempt cardio pulmonary resuscitation' (DNACPR). We saw that GPs had made clinical decisions as to whether or not attempts at resuscitation might be successful. We noted that some of these documents had not been filled in with all the required information where people lacked the capacity to make complex decisions. The service had not checked to make sure the documents they had accepted on behalf of people living in the home regarding DNACPR were always accurate. For example, One of the sample of the DNACPRs we looked at had not been reviewed at least annually to ensure they were still relevant and an accurate reflection of the current situation. Another form stated that the person involved had capacity to make decisions regarding DNACPR when a previous assessment made by the home under best interest processes indicated they did not have capacity for such decisions. We discussed this with the registered manager who began to address this immediately with relevant GPs and to audit all the DNACPR forms they had for people living in the home to make sure the information was accurate.

We noted that the information around who held Powers of Attorney (PoA) for people had not always being verified by the service and then recorded in the care plans for staff to know who living in the home had this

in place. We saw an example where a family member, who did not hold an appropriate PoA, had given consent on a relative's behalf. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs. We discussed this with the manager because we could not be sure from the care plans we looked at that if this was in place for a person or not. The registered manager was aware of who held them but this was not communicated in the records for all staff to know. In regards to care and treatment options staff need to know if someone they were supporting has a PoA with the legal authority to take health and welfare decisions for people living in the home.

We received evidence from the registered manager the following day that the matters in relation to checking DNACPR forms for accuracy and giving consent had been addressed to make sure people's rights were promoted. We recommend that the service incorporate these two areas into their current audit and monitoring programme to help promote people's rights and prevent the risk of this happening in future.

Staff that worked at the home told us about the training and support they had received to help them carry out their different roles safely and as people living there wanted. There were also regular visits from of the organisation's 'Care and Dementia' advisor to support staff and management with the home's dementia strategy and with practice issues. We looked at staff training records and the training programme in place for all staff. There was a programme of staff training in place that was being kept under review. We checked the staff training records and observed staff supporting people who used this service to help verify what staff told us.

Training records indicated that the training programme was well planned all staff were being given the opportunity to do a range of training in addition to that required by legislation. We could see that dementia awareness training had been provided for staff to help with understanding the condition and how they could best support people in the home who were living with dementia. Staff confirmed they were having regular supervision and appraisal and that they could speak with senior staff at any time about practice issues.

We saw that people's care plans had a nutritional assessment in place and that people had their weight monitored for changes so action could be taken if needed. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT) and the information received was incorporated in to the care plan. There was also information on people's dietary needs such as diabetic diets and soft meals.

We saw that lunch was a relaxed occasion and people who required support with eating received this in a respectful way with staff prompting people with their meals. We saw that where appropriate people had adapted cutlery and cups offered to help them maintain independence at their meal. People told us that they enjoyed their meals and always had a choice at every meal. We saw throughout the inspection that people were offered a selection of hot and cold drinks. They had hot beverages and biscuits in the morning and homemade buns and tray bake cakes in the afternoon. There was fruit in the dining room for residents to help themselves. Menus were displayed and staff used 'sample' plates [two small portion versions of the meal to be served] so people could see the food and make their choice.

We could see in people's care plans that there was effective working with health care professionals and support agencies involved in people's care such as local GPs, community nursing teams and social services. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We spoke with a health care professional who was visiting the home who confirmed that the service communicated well and made appropriate referrals to

relevant services. They felt that the staff were open to learning and provided "good care".

Good

Is the service caring?

Our findings

All the people we spoke with who lived in the home were consistently positive about the caring attitude of the staff. We were told, "It's very nice here, so kind, the girls are beauties". Another person commented to us "This place is wonderful, I couldn't fault it". They pointed to a picture of their key worker on the wall and said,"[staff member's name] is wonderful, well they all are, they are all great, all the lads and girls". Another person told us, "It's excellent, I can't fault it, it is a great place and the girls are really good, marvellous in fact. They always do their best". One lady living there told us about their male key worker. They told us "He [male carer] was bothered and asked me, 'Do you mind me looking after you' and I said not at all. He is every bit as good as the girls, this is a grand place, it is my home".

Relatives of people who used the service were also consistently positive about the care in the home and told us they were involved in the life of the home and the support given to their loved one through regular contact with the staff. A relative told us, "This is a brilliant place, I highly recommend it". Other visiting relatives told us "I come in when I like really" and "What I like about the place is the freedom of it. You can go and get a cup of tea and go outside. [relative] was in another home and wouldn't settle but since they have been here we have had no problems".

One relative we spoke with said "It's wonderful, we looked at lots of homes before we came here and we knew when we walked in this was the right one[relative] is looked after so well and is so settled, [relative] can shut the door and do as she pleases".

Staff told us about the projects going on in the home that everyone was involved in, such as the new shop that had been set up and gardening project and fund raising by staff and people in the home for their projects. People living at the home were involved in the different projects and supported their independence and well-being. People living there told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services inside and outside the home if they wanted to and that they could see their own priests and ministers as often as they wanted to. We noted that advocacy services could be made available to people who required this support. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were friendly and respectful. We observed many pleasant meaningful conversations between staff and people living there throughout the day. During lunch, we found there was good interaction between staff and people living there and a lot of good humour and laughter. We saw that all the staff took the time to chat with people in the lounges and took up opportunities to interact and include everyone in activities and conversations. The domestic on duty had long conversations with service users as she worked and people greeted her with real pleasure as she knocked on doors to clean rooms. We saw that people who could not easily speak with us were comfortable and relaxed with the staff that were helping them.

We observed and people living in the home confirmed to us that their privacy and dignity were respected

and said they were always asked how they wanted to be looked after. We noted that staff gave clear explanations to people when they were using equipment or being assisted with mobility and in such a way that protected their dignity. All bedrooms at the home were being used for single occupancy. This meant that people were able to spend time in private if they wished to. We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things.

Care staff we spoke with had an understanding of how important it was to support people and families properly at the end of life. Records showed staff had been provided with training on caring for people at the end of life. We looked at cards and letters sent to the service by the families of people who had passed away whilst living at the home. These had many complimentary comments from relatives thanking staff for their "compassion", "kindness" and "friendliness" whilst caring for their family members and in supporting them

Good

Is the service responsive?

Our findings

During our inspection we received only positive comments from the people living there about their daily life in the home. People we spoke with told us that their daily routines in the home were flexible depending on what they wanted to do and they chose how they spent their time. One person told us, "I like a little dram, there is a lady who comes along and we have a tot together before bedtime".

Other comments made to us included, "I can join in with things if I want to" and "There are things to do but I am not a great one for communal things, I like my own company, my family are in and out all the time, I really can't fault it". Another person told us, "My family are always in, there is plenty to do if you want to, I have communion every week and the priest comes in".

A relative told us, "They ring us about everything and we have fully discussed [relatives] care plan together, if there is any little thing they are straight on it". Another relative told us, "We are very pleased with how they [service] keep an eye on [relative]) health, they don't miss much, it's very reassuring".

At the previous inspection in February 2016, there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used this service were placed at risk of receiving care and treatment that did not meet their individual needs and personal preferences.

At this inspection we looked at samples of records relating to people's individual assessments, care planning and support plans. As stated in the action plan the provider had given us after the last inspection personal plans now had specific risk assessments in place for falls prevention. A scoring method was in use that triggered an alert so a falls prevention plan could be completed with the recommended actions to help reduce further falls. This was also monitored monthly by the registered providers own quality team.

Assessments of individual need and risks had been undertaken to identify people's care and support needs. Care plans had been developed detailing how people's individual needs and preferences should be met. We saw that care plans were reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required as their needs changed. We saw in people's care plans that their health and support needs and preferences were clear and personal information was included. We noted that care plans for people were focused upon the needs of the individual.

Records indicated that people had access to health care professionals to meet their individual health care needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to help meet their particular needs. We saw records in the care plans of the involvement of the district nursing team and mental health team, the GP, optician, chiropodist and social services.

Information on people's preferred social, recreational and religious preferences were recorded in their individual care plans along with life stories and background information. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware

of things that might cause people to worry or upset them.

There was an activities board on display with a list of activities available to people. This included a discussion session on trains, a coffee afternoon, a singing workshop, a speaker on Alzheimer's disease that was for families to attend as well, Holy communion, and a Summer Fair. We saw many photographs of people taking part in various interests and activities around the home. One person we spoke with who lived there told us "I enjoy a good sing song. We had a workshop on singing and we put on a concert for everyone. It was good fun". They also told us they were going outside to sit as they "Must make the most of the good weather".

We noted there were televisions in all the communal rooms but these not on except when a person living there put one on to see the news after lunch. The environment was homely and there were shelves of books, games, magazines, DVDs and CDs around the home for people to use. There was a home cat and one person had a budgie they had inherited from a friend in the home who had passed away. One person who lived at Kirklands told us, "I've been here a long time, there are things to do, we have exercise to music this afternoon and we have singing workshops and do concerts, so I do like it here".

We observed activities going on during the day. There was a well attended movement to music class taking place in the main sitting room. The session seemed quite lively. On the unit where there were people who lived with dementia, there was a range of carry items and tactile items. There was good dementia friendly signage to help people who lived on the unit to orientate themselves around their home.

We reviewed how the service responded to complaints. We looked at the procedures in use to see that they were being followed. We saw the complaints log and records of complaints received and details of investigations and outcomes and the correspondence with those raising a complaint. We noted that many compliments about the service had also been received from families of people who had lived there.

People we asked who lived in the home knew how to make a complaint and who they could speak to if they were not happy with something. The procedure was on display in the entrance foyer to the home. We asked people what they would do if they had any worries or complaints and the people we spoke with confirmed they knew how to make a complaint. We were told by one person who lived there, "If I have any little complaints or niggles, I just say and it gets sorted". Other people we asked also expressed confidence in the registered manager and the staff to take the right action and support them. Relatives we spoke to told us they knew whom to complain to in the home if they were dissatisfied.

Good

Is the service well-led?

Our findings

People told us they felt comfortable talking with the staff who supported them and with telling them how they wanted to be supported. Everyone we spoke with told us that they felt that they were being involved how in how they wanted things done in their home. We saw during the inspection that the registered manager and senior staff were accessible and spent time with the people who lived in the home engaging in a positive and informal way with them.

We asked relatives about how they had found communication within the home and received positive feedback from relatives including, "They [staff] are very good at ringing us if there is anything wrong". A relative who was visiting the home told us, "We can talk to the manager any time".

People living in the home and relatives told us about the regular meeting held for them in the home. Relatives were all invited and a range of topics had been discussed. At the last meeting in February 2017 activities were discussed and the results of the quarterly satisfaction surveys. We saw that there was a feedback report on the survey results on the display board at the entrance. The results had been collated and stated what people had asked for and what the service had done to implement what had been requested. This included upgrades being made to the enclosed patio area and a 'garden committee had been formed with people living there to decide on the developments they wanted.

The home had a registered manager in post as required by their registration with the Care Quality Commission (CQC). People we spoke with told us they thought the home was well being managed and staff said that they enjoyed working in the home and felt supported by the registered manager. Staff we spoke with told us they felt the registered manager listened to them and confirmed that they had regular staff meetings and individual supervision to promote communication and their own development.

At the previous inspection in February 2016 we found there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because complete and accurate records in respect of each person using this service had not been maintained and monitoring systems were not effective.

At this inspection on 2 May 2017, we looked at a sample of records relating to people's care and support and the running of the service. We found that the improvement's outlined in the action plans sent to us had been made in the quality monitoring and auditing systems and were being applied consistently. We saw the quality monitoring systems were being effective in identifying areas of the service that needed to continue to improve. Shortfalls identified at the previous inspection had been systematically addressed by the registered provider and registered manager and monitored to help make sure they could be sustained.

We looked at the checks or 'audits of care plans that had been done over the last year, to help make sure they were up to date and an accurate reflection of people's needs. We saw that a minimum sample of 10% of care plans had been checked each month. We could see that the system was being effective from the identification of omissions during the audits. The areas highlighted were followed up and signed off by

senior staff when completed correctly.

We could see that the medication checks had being done and were identifying issues that were addressed. We looked at the medication audits that were being done regularly and observed the team leader doing the daily checks on medications when they had completed a medication round.

We looked at the recruitment records and environmental checks being done. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. We looked at a sample of the maintenance records kept at the home and found maintenance checks were being done regularly by staff and records kept. There were cleaning records to help make sure the premises and equipment were being kept clean and safe to use

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.

Following the inspection the registered manager provided us with information and evidence of the action they had taken straight away from the verbal feedback given at the end of the inspection. This demonstrated they were open to constructive feedback, showed what they had done straight away and how they had immediately addressed the areas we had discussed during the inspection.