

**HICA**

# Kirkgate House - Care Home

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kirkgate House - Care Home is a residential care home providing accommodation and personal care to people with a learning disability and/or autism. At the time of the inspection 28 people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The provider recognised the service does not meet best practice guidelines in relation to the size of the service. They had adapted the environment to try to overcome this challenge, to enable people to have their own smaller self-contained areas. There were five areas to the property, one which included two bedsits for people. Each area had its own lounge, kitchenette and front door, which people had their own key fobs to access. Downstairs there were communal areas where people could choose to spend time if they wished. This included a lounge, dining area and the registered manager's office. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Staff provided extremely person-centred support which helped people to achieve many positive outcomes. A wide variety of activities were organised based on people's interests and hobbies, as well as encouraging socialisation amongst people, their relatives and the local community.

Staff used an innovative approach to technology which had a highly positive impact and promoted people's independence. Technology was also used in the service to enable people to have experiences they may not otherwise be able to participate in, such as going on a simulated roller coaster and swimming with sharks.

The provider used individually tailored ways to ensure people's communication needs were fully met. The registered manager put great emphasis on all members of the staff team being able to communicate effectively with people, irrelevant of their job role. Aids and adaptations were used to ensure people's privacy was maintained.

The management team demonstrated a commitment to providing very person-centred, high quality care. We received consistently positive feedback from people, their relatives and staff about the registered manager. The staff team were fully supported which motivated them in their role. Health professionals were

consistently positive about the service and their working relationship with staff.

The staff fully supported people to live healthier lives. They had recently started a 'Healthy Initiative' which included healthy eating and exercise. This had a positive impact on people's wellbeing. The staff worked in partnership with healthcare professionals to ensure people's health care needs were met. Staff were knowledgeable; all members of the staff team were empowered by participating in training outside of their specific job roles. People's end of life wishes had been explored with them, and staff provided highly sensitive and emotional support to people regarding death and bereavement.

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.

People were involved in the recruitment of their staff and safe recruitment practices were followed. Staff were competent in ensuring people received their medication as prescribed. The service was clean and tidy, and staff supported people to be fully involved in the upkeep of the service.

Staff were kind and caring. There was a consistent staff team that knew people well. They ensured people's independence was encouraged.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

#### Rating at last inspection

The last rating for this service was good (published 6 July 2017).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kirkgate House - Care 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

This 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.

#### Service and service type

Kirkgate House - Care Home 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 the Care Quality Commission. 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 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 used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care

provided. We spoke with nine members of staff including the registered manager, acting manager, deputy manager, one senior support worker, five care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 spoke with two professionals who regularly visit the service and two relatives.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. They felt safe. One person told us, "Yes I feel safe, I like living here."
- Staff were knowledgeable in identifying different types of abuse and knew how to report any concerns.
- The registered manager followed safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks were well managed. People were empowered and supported to positive risk take, for example accessing the community independently.
- People who displayed behaviours which may challenge others had appropriate support plans in place and were supported by trained staff.
- Staff understood potential risks and how to reduce them.
- Staff undertook regular checks of the premises and equipment to ensure people lived in a safe environment. People were encouraged to participate in these checks if they wished to do so.

Staffing and recruitment

- Safe recruitment practices were followed. People were encouraged to take part in the recruitment process for interviewing new staff to ensure they had the right skills and personalities.
- There were enough staff on duty to meet the needs of people. One relative told us, "There is always someone about if you needed anything and they are always attentive."
- The provider used a tool to work out how many staff were needed based on people's needs. The rota was managed in a personalised way, it was adapted based on people's plans.

Using medicines safely

- People received their medication as prescribed. Systems were in place for the safe storage, administration and recording of medicines.
- The registered manager and staff followed the NHS national project STOMP guidance. STOMP stands for stopping over medication of people (with a learning disability and/or autism). They ensured people received regular medication reviews and looked for alternative ways of supporting people when they were anxious.
- Staff received training and competency assessments to ensure they had the knowledge to administer medication.

Preventing and controlling infection

- The home was clean and tidy. People who lived at the service were fully involved in maintaining the

cleanliness of the service. For example, people cleaned their own rooms and some people worked with the cleaners on a regular basis to clean the building.

- Staff completed training on the prevention of infection and followed good infection control practices.

Learning lessons when things go wrong

- Staff reported accidents and incidents.
- The management team reviewed accidents and these were summarised on a regular basis to monitor for any trends.

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out prior to people receiving a service.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans.

Staff support: induction, training, skills and experience

- People were supported by skilled and knowledgeable staff. The registered manager put great emphasis on all staff been trained, irrelevant of their job role. For example, housekeepers had end of life care training and were undertaking British Sign Language training.
- Staff who had specific areas of interest had recently received training to enable them to become champions in a variety of areas, such as end of life care and dignity.
- Staff received regular supervisions and appraisals. They were consistently positive about the support they received from the management team.
- Staff told us Kirkgate House - Care Home was a great place to work, and this was reflected by a stable staff team.

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

- Staff ensured people who required modified food received a good balanced diet.
- People had a choice of meals and menus were in different formats to support people who could not verbally communicate.

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

- People were fully supported to live healthier lives. Staff had started a healthier lives initiative, resulting in people becoming healthier which had a positive impact on their lives. One person told us, "I have lost over two stone, I feel happier now, more healthy."
- The staff team worked together with a variety of health and social care professionals to ensure people had access to the appropriate care and support that they required. Any advice given was recorded and followed. One health professional told us, "The service is extremely good they know what they need from us. They are really organised and they ask us things in advance. The staff are knowledgeable, they appreciate what we do, it's a very positive relationship."
- People had a hospital passport. The aim of this is to assist people with a learning disability and/or autism to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

- The staff supported people to attend health appointments, including annual health checks. Some people had opportunity to take control over their health care using hand held devices.

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

- People's rooms and flats were personalised to their own taste. Adaptations had been made to people's rooms to enable them to have technology in their room without the risk of the equipment being damaged or people sustaining an injury. People had personalised canvas pictures near their bedrooms to help them recognise their rooms.
- Communal areas were nicely decorated, clean and accessible to people.
- People had access to all areas of the home including garden areas, which had seating areas, summer houses and games equipment.

#### 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. 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 consent from people and supported them to make day to day decisions.
- Paperwork in relation to MCA was appropriately completed. Any applications for DoLS authorisations had been submitted to the local authority for assessment and approval. Staff reviewed restrictions to ensure these were lifted when no longer needed.

# 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 were treated with respect by kind and caring staff. Staff spent time with people and recognised when people needed support.
- We received consistently positive feedback from people and their relatives about the staff. Comments included, "The staff are caring, helpful, totally committed and any other complimentary words you can think about. They are excellent, approachable you can have a laugh with them, but the care of the residents is uppermost." And, "The staff are always good. They are always consistent which I think is wonderful."
- There was a low turnover of staff, which meant people received support from consistent staff who knew them well. It was apparent people felt comfortable with the staff and had developed positive relationships.
- Staff were trained in equality and diversity and they treated people as individuals. For example, people were supported to follow their chosen religion.

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

- People were supported to express their views. They made day to day decisions and were involved in monthly reviews of their care and support plans.
- Advocacy information was available to people should they want support when making bigger decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Feedback from people and their relatives included, "I feel comfortable with the staff and yes they knock on the door before coming in" and, "Absolutely 100 percent the staff are respectful, without a doubt. They are very dignified. [Name] is treated really well by the staff."
- People were supported to be as independent as possible. Staff supported people to keep their skills, they supported people to take charge in their household duties, such as taking control of the cleanliness of their rooms and making meals.
- The staff supported people to positively take risks in order to maintain their independence. For example, when people's health declined the service supported people to enable them to continue accessing the community independently.

# 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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received extremely person-centred care. Staff treated people as individuals and were consistently coming up with ideas of how to support people positively. For example, where people struggled to express themselves, staff had implemented 'thinking boxes'. This encouraged people to write their thoughts down and then discuss them in meetings with their key workers. Over time, people become more confident and were able to express themselves without the use of these tools.
- We received consistently positive feedback about the support provided. People were fully empowered to make their own decisions and choices.
- Technology was used in an innovative way to enhance people's lives, by giving people new opportunities and experiences. People used virtual reality equipment to simulate experiences such as driving a car, going on a roller coaster and swimming with sharks. This equipment was also used positively to support people at times when they become anxious.
- People had their own technology equipment, which supported people with dexterity issues to be able to independently change the music, find out the weather and other tasks. The implementation of this technology had also encouraged some people to start developing their speech.
- Technology was used for people who were hard of hearing to encourage their independence and safety. For example, vibrating pillows to alert them when smoke alarms were activated and flashing door bells to alert that someone was at their bedroom door.

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

- The staff team supported people to be fully integrated into the community and to avoid social isolation. Activities were based on people's individual hobbies and interests. For example, one person who liked wrestling was supported to attend wrestling shows. The staff team fully supported and empowered people to participate in activities they had not done before, such as horse riding.
- The registered manager and staff had developed extremely positive relationships within the wider local community, to enhance people's opportunities and enable them to lead fulfilling lives. Staff and people worked with a local charity whose aim was to reduce social isolation. People from the service attended coffee mornings where they socialised and made friends. This developed into people hosting their own events at Kirkgate House for other members of the community. This reduced the risk of social isolation for not only people who used the service but also the local community.
- People participated in community events, such as the 'open gardens' where all the local houses opened up their gardens. Members of the local community were also regularly welcomed to the home at 'open

events' hosted by people who used the service. This community involvement and engagement promoted people being respected as valued members of their local community.

- Activities had positive outcomes for people. A recent health initiative had been highly beneficial and included people and staff joining a community walking group, attending the local sports hall and holding exercises classes at home. People not only enjoyed the activities and developed friendships, but some people also lost weight, ultimately feeling better in themselves.
- There was a great deal of emphasis placed on people achieving their goals. We saw numerous positive examples of where people had been supported to develop their skills and confidence. For instance, with support of staff one person had overcome their anxieties and had participated in a drama performance to members of the public.
- The staff team went above and beyond to support people to develop and maintain their relationships. Relationships were fully encouraged, and appropriate measures put in place to support progression in relationships, such as couples moving in together in one of the flats. The provider had a 'pen pal' scheme where people had developed friendships and were now looking to start meeting up with their 'pen pals'.
- The provider fully supported people to maintain relationships with relatives who lived long distances away. They organised for staff to take people on long distance trips to see their relatives and used video technology.

#### 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.

- People's communication needs were fully met. There was effective communication between staff and people, this allowed for positive relationships to be formed with all staff irrelevant of their job role.
- The management team put great emphasis on all staff being able to communicate with people effectively. For example, staff had recently been put on British Sign Language training. This included the house keeper.
- People's communication needs had been fully assessed and detailed communication passports were in place. These guided staff on the best communication techniques to use.
- A variety of information booklets in easy read formats were available to support people. For example, they had easy read booklets for blood tests, this explained the step by step process for people and reduce their anxieties when having this procedure.

#### End of life care and support

- People's end of life wishes had been explored with them.
- The staff fully supported people who lived at the service to understand death and bereavement. The staff provided emotional support to people and empowered them to be involved when their loved ones were at end of life.
- The registered manager was working with a self-advocacy group looking at ways of stopping people with a learning disability dying young. The registered manager was analysing deaths within the provider's services to identify any measures they could take.
- All staff received end of life care training, to ensure there was a consistent, holistic approach to people's care. The registered manager had also recently promoted an end of life champion, to promote best practice.

#### Improving care quality in response to complaints or concerns

- People were proactively encouraged to raise any concerns or complaints. The complaints procedure was accessible to people and available in an easy read format. The service received minimal complaints, but any concerns raised were investigated and used as a learning experience to improve care.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefitted from a management team that demonstrated a strong commitment to providing person-centred, high quality care. Staff were committed to putting the people they support at the heart of everything they did.
- We received consistently positive feedback about staff and the management team from people and their relatives. Comments included, "The staff are wonderful, they are an absolute credit to Kirkgate. It's down to the managers, they have good managers." Another person told us, "The management are absolutely superb."
- Staff were highly motivated and spoke very positively about the registered manager. They confirmed they felt well supported which in turn motivated them to do a good job.
- People were fully empowered by the registered manager and staff team which resulted in positive outcomes for them.
- One health professional told us, "We have a good working relationship, the paper work is always spot on, there is good communication, they act on things. It's a very person-centred service."

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

- There were numerous ways the registered manager engaged with people to gather feedback on the service. This included surveys, regular meetings and coffee mornings. Surveys and feedback from events received consistently high scores and positive feedback.
- Work had been done to develop links with the local community. Positive relationships had been developed and people were fully integrated into the local community.
- The staff worked well with professionals and organisations to ensure people got the support they needed.
- The registered manager was an active member of disability groups and used these to look for ways of improving care for people with a learning disability.

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

- The registered manager monitored quality and compliance with regular audits, meetings and surveys. These systems were continuously used to look at ways to improve care.
- The registered manager and staff were clear about their roles and responsibilities. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.

- The senior management team met regularly with senior staff to offer support and reflect on learning and good practice.

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 understood their responsibilities under the duty of candour. There was a very open and transparent culture within the service.