Leicestershire County Care Limited

Kirby House

Inspection report

Kirby Lane
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Tel: 01162394286

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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 14 December 2015.

Kirby House is a residential care home for up to 40 people. It provides services to people with dementia, mental health conditions, physical disabilities and sensory impairments.

It is a condition of registration that Kirby House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection, Kirby House had been without a registered manager for six months. The service was being managed by a manager who intended to apply to be a registered manager within a few weeks of our inspection.

People using the service were protected from abuse and avoidable harm. Staff understood and practised their responsibilities to keep people safe without restricting their independence. People's care plans included risk assessments of routines associated with their personal care and support. The care plans included guidance for staff about how to safely support people without restricting their independence.

The provider had recruitment procedures that aimed to ensure that only staff suitable to work at the service were employed. Enough staff were deployed to meet the needs of the people using the service.

People were supported to receive their medicine at the right times. Only staff trained in medicines management supported people with their medicines. Medicines were securely stored and there were safe arrangements for the disposal of medicines that were no longer required.

People were supported by staff who had the relevant training to understand their needs. Staff were supported through induction, training and supervision.

The manager had a working knowledge of the Mental Capacity Act 2005. Staff had awareness of the Act. They understood that care and support could only be provided if a person gave their consent, unless a person lacked mental capacity in which case decisions were made in a person's best interests.

People were supported with their nutritional needs. They had a choice of nutritious meals. People with special nutritional requirements were appropriately supported. People were supported to access health services when they needed them.

Staff developed caring and understanding relationships with people using the service. People or their relatives were involved in decisions about their care. Staff supported people's privacy and dignity.

People or their relatives contributed to the assessments of their needs. People's needs were regularly

reviewed. People were supported to maintain their hobbies and interests and had access to a range of stimulating and meaningful activities.

People's care and support was based on their individual needs. Their preferences, likes and dislikes were taken into account.

People and their relatives knew how they could raise concerns. They were confident that any concerns they raised would be acted upon.

People using the service, their relatives and staff had opportunities to be involved in developing the service. Their feedback was acted upon. People and their relatives knew who the manager was and they told us the manager was approachable.

The manager regularly monitored the quality of the service. An area manager also carried out monitoring activity and supported the manager at Kirby House. Monitoring activity, which included seeking people's feedback, was used to identify areas where the service could be improved.

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.

Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm without restricting their independence.

The provider had effective recruitment procedures and ensured that staff were effectively deployed.

People were supported to have their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the relevant skills and knowledge.

The manager had working knowledge of the Mental Capacity Act 2005, and staff were aware of their responsibilities under the Act.

People were supported with their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and developed caring relationships with people.

People or their relatives were involved in decisions about their care and support.

Staff respected people's privacy and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People experienced care and support that was centred on their personal needs.

People had opportunities to participate in stimulating and meaningful activities.

People knew how to raise concerns and complaints. Their feedback was acted upon.

Is the service well-led?

Requires Improvement

The service was well led. However, it is a condition of registration that the service has a registered manager. The service had been without a registered for six months at the time of our inspection.

People using the service, their relatives and staff had opportunities to be involved in developing the service.

The provider had effective arrangements for monitoring and assessing the quality of the service.

Kirby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 14 December 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in caring for older people.

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

We looked at information we received from the provider about incidents and accidents that had occurred at the service since our last inspection in July 2013.

We spoke with eight people who used the service and three relatives of people and a friend of a person we did not speak with. We looked at care plans and care records of five of the people using the service; and we made observations of how staff interacted with and supported people.

We spoke with the manager, two care workers and a cook. We also spoke with a health professional who was visiting the service.

We looked at a recruitment folder to see what procedures were used when new staff were recruited. We reviewed the provider's procedures for assessing the quality of the service by looking at records associated with monitoring activity. We looked at staff rota records.

We also contacted the local authority which paid for the care of some of the people using the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe at Kirby House. A person told us, "I feel very safe here." When we asked people why they felt safe a person told us, "I feel safe because of the companionship of people and there are always staff around watching." Another person told us they felt safe because, "Everything here is done properly." A relative told us, "My [person using service] feels safe here we don't have worries about him." A relative of another person told us, "We've no concerns. We feel the home is safe."

The provider had safeguarding procedures that care workers we spoke with were aware of. They knew about the different kinds of abuse and how to identify and report concerns about abuse to the manager. They described how they identified signs of possible or actual abuse; for example change of mood, eating or sleeping habits and unexplained injuries. Care workers we spoke with told us they were confident that if they raised any safeguarding concerns they would be taken seriously. They were aware of whistleblowing procedures through which they could raise concerns directly with the local authority and the Care Quality Commission.

People using the service told us they felt comfortable about raising any concerns about their safety. A person told us, "I know who the manager is and I know I could talk to them."

People's care plans included risk assessments of activities associated with their care and support, for example personal care routines. Those risk assessments included information about how to support people safely and keep risk of harm or injury to a minimum. Risk assessments covered use of hoists and other equipment when people were supported with their mobility. Care workers were also alert to the possibility of people having accidents, for example falls. We saw evidence that staff used the provider's procedures to report injuries. They reported when people using the service had experienced falls and injures. When we looked at reports of accidents we found that they had been investigated by the manager and that steps were taken to reduce the risk of similar accidents happening again. For example, people had pressure sensor mats supplied in their rooms to reduce the risk of injury from falls and which alerted staff if a person had a fall. People using the service and their relatives could be confident that the provider took reasonable steps to try to ensure people's safety and to protect them from avoidable harm.

Another reason people felt safe was because the home environment was clean and maintained. A person using the service told us, "It's always clean." We saw the home's maintenance person at work. Equipment such as hoists was maintained and kept safe to use. Parts of the home including some bedrooms had been redecorated recently. A person told us, My bedroom is lovely. I like the new decoration." A relative of another person commented that parts of the home "looked tired" but they were not aware of a programme of redecoration.

The manager told us that staffing levels were based on the extent of people's dependencies. A care worker we spoke with told us, "when people's dependencies increased staffing was increased for a while." Another care worker told us they didn't think that staffing was increased, but they did say that there were nearly always five care workers and a senior care worker on duty. Unplanned staff absences, for example due to

sickness, were covered by use of agency staff who had experience of working at the service. The manager was also available to support people with personal care and other routines. This meant that seven staff with experience of care and support usually supported up to 40 people.

People using the service did not tell us they felt there were not enough staff. They commented that staff were busy but also said that staff spent time talking with them, provided them with drinks and supported them with activities. One person commented that when they used a call alarm, "Nine times out of ten when you press your buzzer they would take a while to come to assist you" but they did not say whether this had ever left them in discomfort. A relative thought that "staff were run ragged at times." A person visiting a friend who used the service told us, "There is always staff around, when I visit there seem to be plenty of staff." A relative told us, There is adequate staffing during the week, but it feels like mainly agency staff at weekends." A professional visitor to the service told us, "There is more staff on duty today, more than usual." Our observations were that staff were busy. They attended to people's needs promptly. We concluded that staff were suitably and effectively deployed even though not all staff we spoke with agreed. Rotas we looked at showed that five care workers and a senior care worker were usually on duty.

Records we looked at showed that people were given their medicines at the right times. The provider had safe arrangements for the management of medicines. Medicines were safely stored and medicines that were no longer required were disposed of safely. Only staff who were trained and assessed as competent to support people with their medicines did so. Some people using the service required what are known as `PRN' medicines. These are medicines that are given only when a person requires them, for example for pain relief. Each of those people had a PRN protocol in place to guide medicines trained staff about when to give people PRN medicines.

Good

Is the service effective?

Our findings

People using the service told us they felt staff had the right skills to be able to support them. A person using the service told us, "The staff are pretty good." Another told us, "I feel that the staff know what they are doing." A relative told us, "The staff are well enough trained."

Providers are required by regulation to induct, support and train their staff appropriately. In our guidance for providers we expect them to demonstrate that staff have, or are working towards, the skills set out in the Care Certificate, as the benchmark for staff induction. The Care Certificate was introduced in April 2015. The provider had begun work to introduce the Care Certificate for all new starters.

Staff we spoke with told us their training was helpful and enabled them to provide the support people using the service needed. A care worker told us, "The training is good. Moving and handling training [training on how to support people with transfers] is practical and hands-on." Another care worker told us about training they'd had. This included training about conditions people using the service lived with. They said, "The training has given me confidence."

Staff we spoke with told us they felt supported through supervision and training. A care worker told us, "I have supervision meetings regularly. I can air my views and any concerns. I've made suggestions which have been listened to." Another told us, "I have monthly supervisions. I can say what I think and I can talk about training I'd like to have." They explained they had received training they'd requested.

We observed that care workers communicated effectively with people using the service. When care workers asked people questions or offered choices of food, people responded in ways that showed they'd understood what they'd been asked. A care worker told us, "I'm confident communicating with residents. We've been taught to understand people's facial expressions; I can tell whether people are sad or happy."

Staff and relatives told us that some agency care workers were not as knowledgeable about people using the service as they should be. The manager and a senior care worker told us that every effort was made to ensure that only agency workers who had worked at the service before were used. However, this hadn't prevented agency staff making elementary errors when they offered a person with diabetes sugar with a cup of tea and another agency worker offering a person who was at risk of choking a biscuit. Adverse consequences were only prevented by the intervention of experienced care workers. We spoke about this with the manager who told us that the use of agency staff was reducing as more permanent staff were recruited. They added that agency staff were provided with information about people's needs when they arrived to work a shift. They told us that in future agency staff would be reminded about what not to do in relation to people with particular needs and risks.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

The manager had a working knowledge of the MCA and the most guidance about how it applied in a care home setting. Where restrictions were in place these were the least restrictive option and had been approved under the Deprivation of Liberty Safeguards (DoLS) which are a supplement to the MCA. At the time of our inspection 38 DoLS applications had been made and were awaiting a decision by the approving body. Care workers we spoke with had an awareness of MCA and DoLS. They knew that the MCA protected people who lacked mental capacity to make decisions about their care and how decisions were made in the best interests of those people.

People using the service told us that staff sought their consent before providing personal care. A person told us, "Carers tell me what they need to do and ask if I want them to." A care worker told us, "I always ask for a person's consent before I provide personal care." We saw that to be the case when we saw care workers ask people if they wanted to be supported, for example helped to a bathroom.

People using the service told us they enjoyed the meals they had at Kirby House. Comments from different people included, "The food is nice, there are choices" and "The food is lovely; we have a choice every day." One person told us, "The food is not very good." People's choice of food included food they liked because of their heritage and cultural needs. A person told us, "I was asked if I want Caribbean food. I am happy with the food they provide."

People were offered choices of meal during the morning. People were told what the choice was or shown a photograph of the meal. We saw from records that the service operated a four week cycle of menus offering a choice of meals. A person told us, "If you don't want what is on the menu, you won't go without." People were able to change their minds about what they wanted to eat.

The cook at Kirby House had information about people's dietary needs. People who were vegetarian were able to choose a vegetarian meal. People with diabetes were served food appropriate to their needs, for example tinned fruit contained juice rather than syrup. We observed that at lunch-time people who required food supplements or food in soft or pureed form were served that food. People were offered freshly cooked vegetables with their meals.

People who required support with eating and drinking received that support. We saw care workers offering people a choice of drinks throughout the day. A person told us, "They come in now and then to offer me drinks."

People were supported with their health needs. People's care plans included a section about their medical history and how care workers should support people with their health needs. Where required, care workers maintained records of people's weight and food and fluid intake. Care plans included risk assessments related to people's health and conditions they lived with. Risk assessments included details of the action to be taken if those assessments recorded that people were at medium to high risk because of their health.

We spoke with a health professional who visited Kirby House most days. They told us that care workers "support people well and act on the advice I give them." People were supported to access health services when they needed, for example GPs, opticians and dentists. A relative told us "They make sure [person using service] has his [required] injection every 12 months and will ring if there are any concerns." Another relative told us that the communication from the manager, senior care workers and care workers "is very good and we are kept informed"

People using the service could be confident that the provider had effective arrangements in place to ensure as far as possible that people's health needs were met.

Good

Is the service caring?

Our findings

People using the service told us staff were caring. A person told us, "The staff are always nice and friendly." We saw that to be the case. Staff used people's preferred names or terms of affection when they spoke with people. A relative told us, "I think that the staff are good and caring, they speak to [person using the service] in a friendly and respectful way."

Staff did things that helped people feel they mattered. A person told us, "There are always flowers around and my bedroom is kept lovely." A person who liked a particular type of music told us, "The staff put the music on for me." Staff offered people choices about where they wanted to have their meals. People who chose to have their meals in `quiet' lounges were brought their meals in those areas. We saw people respond positively to that when they thanked staff for respecting their choice. Staff helped people choose what they wanted to wear and paid attention to help people choose colour coordinated clothes. A person told us, "The staff help me to choose my clothes."

People told us they appreciated that care workers spent time talking with them. A relative told us they saw care workers do that. They told us, "It's nice that staff take time to talk with people even though they are very busy." People also told us that care workers took time to engage with them in activities they enjoyed. A person told us, "They sometimes read my [greetings] cards to me." Another person told us that their faith was important to them but that they were unable to attend faith services. They told us about how manager had made arrangements for them to practice their faith which pleased them. We heard care workers engage in conversation with people and say things to help people feel they mattered. For example, a care worker said to a person who had been to a hairdresser, "You look beautiful today."

The manager told us that most of the people using the service were not able to be involved in decisions about their care because they lacked mental capacity to understand their care plans. However, decisions about people's care took into account people's known likes and dislikes and people's relatives were involved. People who were able to be involved recalled the experience. A person told us, "I remember my care plan being discussed when I first came and It is re- visited often." The manager had tried to involve relatives at a `consultation' event on 5 December 2015, but only relatives of eight people attended. Relatives we spoke with felt involved. A relative told us, "I was involved in [person's] care plan, it is updated and I do check what's in it."

Although few people were involved in decisions about care, they were involved in decisions about more general matters at Kirby House. Four people told us they were involved in decisions about how they spent their time. They told us about residents meetings at which they could make suggestions, usually about activities and the decoration of Kirby House.

Information about the service was available in information packs which included information about independent advocacy services. We discussed with the manager how information, including care plans, could be made available to people in easy to read formats that could promote more involvement from people. They told us that was something they had considered themselves and they were looking into

designs for easier to read formats for information.

Staff respected people's privacy and dignity. We saw care workers offer support discretely so they could not be overheard by other people using the service. Care workers did not intrude on people when they spent time in quiet areas, though they made discreet observations to see if people required support. People told us they could spend their time where and how they wanted at Kirby House. We saw people using one of three lounges and other areas with seating, whilst others were in their rooms. This showed that people had choices and options about which part of Kirby House they wanted to spend time in. Every communal area was different. We saw signs that people participated in a variety of different activities in those areas.

People's relatives were able to visit them without undue restriction. We saw from the visitor's signing-in book that relatives visited at a variety of times. A relative told us, "There are no restrictions; family can visit at any time."

People's care plans and records were securely kept in the manager's room. This meant that only staff authorised to see the plans and records had access to them. People we spoke with knew that the service had records about them but they told us they didn't feel a need to look at the records.

Good

Is the service responsive?

Our findings

We saw from care plans we looked at that people using the service or their representatives contributed to discussions and decisions about their care. Care plans included information about people's specific individual needs. When we asked people what they thought about the care they received they responded positively. Comments from two people included, "My care is very good" and "I can't look after myself they look after me very well." A relative we spoke with described how staff had helped a person overcome the effects of an injury they had before they came to Kirby House. They told us, "The staff worked great and [person] is doing very well."

Staff we spoke with told us each person using the service was treated as an individual. They developed their knowledge of people's needs, likes and preferences through reading their care records and speaking with people. Staff told us about what people liked and were interested in them. They knew that from reading people's care plans or from speaking with people or their relatives. Staff, including the activities coordinator, used this information when they spoke with people about themselves and things that mattered to them. We observed that people were supported in ways that met their needs and preferences. For example, at lunch time people were not gathered into the dining room. Instead staff asked where they wanted to have their lunch. We saw people enjoying their lunch in places they wanted to be.

Staff knew about people's hobbies and recreational interests. We saw people playing dominoes, reading books or newspapers. We saw evidence that people had participated in arts and crafts activities. People chose whether to participate in activities. A person told us, I know about the activities, but I decide whether to participate." A relative told us, "The service goes overboard with activities. There is lots for people to do." We saw evidence that in the lead up to Christmas 2015, many people had participated in a programme of social activities.

The provider responded to relative's suggestions about a room being used as an activities room. The provider listened and a room was equipped with games, puzzles, books and music facilities that people could use to enjoy recreational time. A part of the room was furnished with 1950's style furniture to create a quiet area people could use. The manager told us they would be looking into how to further develop and extend that area to create a quiet lounge that was distinct from other areas in the home. The manager was aware of good practice suggestions about how to make environments easier for people who are living with dementia to use.

The design and layout of Kirby House provided people with a variety of communal areas they could use. We saw people spending time in different areas with other people. This was conducive to people maintaining friendships with other people and spending time in smaller groups as opposed to all people being seated in one large room.

A person told us, "My care plan is reviewed on a regular basis." The manager told us that us that care plans were reviewed monthly. We saw from records that was the case. Staff knew when care plans were changed because they were advised of that in handover meetings. This meant that staff were kept up to date with

people's needs. The manager had begun a comprehensive redesign of care plans. We looked at a care plan that had been redesigned and found it was much easier to read and find information in it than in older versions.

People using the service and relatives were able to raise concerns using the provider's complaints procedure. They were able to raise more general concerns or suggestions, for example about food and activities, at residents meetings that took place most months. The manager had acted on feedback, for example about further development of an activities room. People and relatives we spoke with knew about the complaints procedure. They told us they had no cause to complain about anything but they were comfortable and confident about raising concerns if they wanted to. A person told us, "I feel fine raising any concerns, I go to the top of the shop." A relative told us, "I feel comfortable raising any concerns I have with the manager I find her approachable." Another relative told us,"I have had cause to complain a couple of times. My complaints were dealt with in a timely manner so I don't really want to discuss them."

People using the service and relatives could be confident that the provider was receptive to feedback and acted on it.

Requires Improvement

Is the service well-led?

Our findings

People using the service and their relatives had opportunities to be involved in developing the service. Their ideas and suggestions were acted on. One suggestion, about the development of an activities room, was acted upon and alternative plans the provider had for the room were set aside. This showed that the provider was prepared to involve people and relatives in decision making and review their plans.

Staff we spoke with told us they felt involved in developing the service. One told us, "I've made suggestions that have been listened to." Another told us they made a suggestion that people's bedroom doors had a discrete sign to show whether they had a `do not attempt resuscitation' order in place that was adopted throughout Kirby House. We saw from records of staff meetings that discussions took place about the development of the service and its aims and objectives.

The manager monitored that staff practised the provider's values by supporting people with dignity and respect. They did this through daily observation of staff. A senior, area manager, also did this when they visited Kirby Grange. They used staff meetings and supervision meetings to feed back their findings to staff.

People using the service and relatives we spoke with knew who the manager was. They told us they were confident they could raise any concerns with the manager. A person told us, "I find the management approachable and friendly." A relative told us, "The manager and senior care workers are very approachable." Another relative we spoke with told us they understood the `management structure' – a manager and a team of senior care workers supported by an area manager who regularly visited Kirby House. They told us, "We are confident in the new structure."

It is a condition of registration that the service has a registered manager. Kirby House was without a registered manager since May 2015. A manager was in place who was being supported to apply to be a registered manager. They were supported by a person who was a registered manager of another location run by the provider. The manager ensured that all notifiable incidents occurring at Kirby House were notified to the Care Quality Commission. They had an understanding of the performance of the service, the challenges it faced and what the provider wanted the service to achieve. These were set out in the provider information return the manager completed before our inspection.

Staff knew what was expected of them because they had job descriptions, support through training and supervision and staff meetings. We saw records of staff meetings which showed that staff were told about the aims of the service and areas that required improvement. A care worker we spoke with told us, "I know what I'm doing." Another told us that attendance at staff meetings were useful because staff received feedback and were encouraged to make suggestions about how the service could improve.

The provider had introduced area managers who, as well as managing a service, visited other services run by the provider. They visited services to monitor whether a service was meeting its objectives – called `key performance indicators' - and reported findings to the provider's senior managers. This meant that the most senior managers were aware of what was happening at all locations.

The manager at Kirby House carried out a series of scheduled checks, for example audits of care plans, medications management and health and safety. They monitored that staff were attending training. They also sought feedback from people using the service and their relatives through surveys, residents meetings and speaking with people and their relatives. The monitoring activity that was taking place enabled the provider to make an informed view about the quality of care and support people experienced. Feedback was used to identify areas of the service that could be improved. For example, the provider had begun to renovate parts of the building and the range of activities for people had been expanded.

People using the service and their relatives could be confident that the provider's arrangements for monitoring and assessing the service existed to continually evaluate and improve the service.