Uttoxeter and District Old People's Housing Society Limited

Kirk 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 17 May 2016. It was an unannounced inspection. At the last inspection, the service was rated overall 'Good', but 'Requires improvement' in Well Led. We asked the provider to make improvements to their quality monitoring systems to ensure they were effective in identifying shortfalls to enable the provider to continuously improve the service people received. At this inspection, we found the required improvements had been made.

Kirk House Care Home is registered to provide accommodation and nursing care for up to 35 people. At the time of our inspection 26 people were using the service, some of whom were living with dementia.

There was a registered manager at the service. 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. The provider of the service is made up of a group of volunteer trustees.

People told us they felt safe living at the home. Staff understood their responsibilities and the actions they should take to keep people safe from abuse. Risks to people's health and safety were identified and staff followed the management plans to minimise the risks. There were sufficient numbers of suitably recruited staff who were supported and trained to meet people's individual needs.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Staff encouraged them to have choice over how they spent their day. Where people needed to be restricted of their liberty in their best interests, the registered manager had made the necessary applications for approval.

Staff were kind and patient with people and ensured they received the support they needed. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet and accessed the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. People knew how to raise complaints and were confident their concerns would be taken seriously. Staff felt supported and valued by the registered

manager and were involved in the development of the service. The registered manager carried out checks and audits to continuously monitor and improve the service.

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 their responsibilities to keep people safe from harm. Risks to people's health and safety were assessed and staff knew the actions they should take to minimise the identified risks. There were enough staff to meet people's needs. The provider carried out checks to assure themselves that staff were suitable to work with people.

Is the service effective?

Good

The service was effective.
Staff were trained and supported to provide people's care effectively. Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Is the service caring?

Good

The service was caring.
People liked living at the home and told us the staff looked after them well. People were able to choose how they spent their day and staff encouraged people to maximise their independence. Staff promoted people's privacy and supported them to maintain their dignity.

Is the service responsive?

Good

The service was responsive.
People received personalised care and support from staff who knew them well. People were offered opportunities to participate in social activities and were encouraged to follow their hobbies and interests. The procedure for making a complaint was visible and people felt able to raise concerns and were confident they would be acted on.

Is the service well-led?

Good

The service was well-led.
People and their relatives were asked for their opinion of the

service and their feedback was used to make improvements where appropriate. The quality and safety of the service was monitored and information from audits was used to make improvements in people's care. Staff felt supported and valued by the registered manager.

Kirk House Care Home

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 was planned to check 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 17 May 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service and the provider including notifications they had sent to us about significant events at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service, two relatives, and six members of the care staff, the cook, the activities co-ordinator, the registered manager and deputy manager and the provider. We did this to gain views about the care and to ensure that the required standards were being met. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to speak with us in any detail about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records to see if they accurately reflected the way people were cared for. We reviewed four staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

Staff we spoke with told us that they received training in safeguarding and understood their responsibilities to protect people from harm. Staff recognised the different types of abuse and knew how to report this. A member of staff told us, "We are vigilant and if we have any concerns, we raise them with the manager or deputy manager". All the staff we spoke with were confident that any concerns they raised were acted on. They told us they had the information they needed to escalate their concerns if necessary. A member of staff told us, "We have the telephone numbers to ring the Local Adult Safeguarding Team, we know what to do". Staff were aware of the whistleblowing policy at the home and told us they wouldn't hesitate to use it. A member of staff said, "I wouldn't hesitate, it's my duty of care. I look after people like I would my own family". Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

People we spoke with told us they liked living at the home and felt safe. One person told us, "Staff look after me, they are always looking in on me". Another person said, "Yes, I feel very safe". Relatives we spoke with told us they had no concerns about their family members. One relative told us, "[Name of person] likes it here; it makes it a bit easier knowing that". Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. For example, where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. Staff knew about people's individual risks and we observed they followed the plans to keep people safe. For example, one person's care plan showed they were at high risk of falls and required a sensor mat to alert staff if they tried to get up without support. We saw staff put the mat in position when the person was sitting in the lounge and ensured they had their buzzer to hand. When the person became anxious and pressed their buzzer, staff responded quickly and chatted with the person to reassure them before leaving them. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency such as a fire. This showed that staff had the information they needed to keep people safe.

People and relatives we spoke with felt there were enough staff to meet their needs. A relative told us, "There are quite a lot of staff and there's always a nurse on duty". Staff told us staffing levels took into account people's needs and a member of staff told us, "We are never short when we are helping people to move using the hoist and always have two staff available". Another member of staff said, "At times it's hectic but we have enough staff". We spent time observing care in the communal areas and saw there were enough staff to respond promptly to people's requests for assistance and call bells were answered within five minutes. We saw staff worked well together and made themselves available when two staff were required to help people to move safely using equipment; staff took the time to sit and talk with people whenever they could. The registered manager told us staffing levels were based on people's individual needs. This was kept under regular review, for example the shift patterns had been reviewed and changed recently to ensure there were sufficient staff to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS).

The DBS is a national agency that keeps records of criminal convictions. The registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

We observed a medicines administration round and saw that people received their medicines as prescribed. Staff spent time with people and checked the person had taken the medicine before moving on. Some people were receiving their medicines covertly. This means without their knowledge and is permitted when people do not have the capacity to understand that refusing their essential medicine would present a risk to their health. We saw that the necessary permissions, risk assessments and guidance for staff were in place to ensure people taking medicine without their knowledge were supported appropriately. Staff recorded, stored and disposed of medicines correctly and there were management processes in place to ensure staff were competent to administer people's prescribed treatments.

Good

Is the service effective?

Our findings

People we spoke with told us the staff understood their care needs and looked after them well. One person said, "I couldn't be better looked after". A relative told us, "The staff are great, they are on the ball". Staff we spoke with told us they had received an induction and had access to the training and support they needed to care for people effectively. This included completing nationally recognised qualifications such as the Care Certificate, which supports staff to achieve the skills needed to work in health and social care. Staff told us they were observed to check they were competent in skills such as safe moving and handling. A member of staff told us, "An external assessor observes us and if we fail, we wouldn't be allowed to work alone and would have to redo the training". Staff received regular supervision sessions which gave them the opportunity to discuss their performance and identify any training needs. One member of staff told us, "I've asked to go on a team building course so that I can improve my skills as a senior ". Another member of staff told us, "Reviewing my performance during supervision helps build my confidence". These arrangements ensured staff received the information and support they needed to care for people effectively.

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 saw that the registered manager and staff were acting in accordance with the MCA. Staff explained what they were doing and waited for people's consent before supporting them, for example when helping people to move using equipment. We saw staff asking people if they wanted their faces wiped after eating lunch and if people refused, their wishes were respected. Staff told us that some people required support to make some decisions; we saw that the information in people's assessments and care plans reflected people's capacity when they needed support to make decisions.

The registered manager understood their responsibilities to obtain authorisation where people needed to be deprived of their liberty in their best interest and had made referrals to the local supervisory authority. Assessments were awaited and the registered manager notified the local authority of any changes as required.

People told us they enjoyed the food. One person told us, "The food is excellent". A relative we spoke with told us, "They make sure [Name of person] gets their favourite food. We saw that people were offered a choice and during the morning we heard staff discussing the choices for lunch with people and asking them what they would prefer to eat. A relative told us the kitchen staff were flexible and offered alternatives if needed, "They whip up scrambled eggs or whatever [Name of person] wants". We saw people enjoyed a relaxed mealtime experience and staff encouraged them to eat and drink at their own pace.

People's nutritional needs had been assessed and where risks were identified, people had been referred to specialists, such as the dietician and speech and language therapists. We saw that staff followed the advice given, for example some people had their food mashed to reduce the risk of choking. Staff recorded what people ate and drank where needed. People's weights were closely monitored and advice was sought from health professionals where needed. People told us they had plenty to drink and we saw staff encouraging people to finish their drinks. One member of staff said, "It's really warm today, you need to have plenty to drink". This showed people were supported to eat and drink sufficient to maintain good health.

People told us they were able to access the support of other health professionals to maintain their day to day health needs. Staff sought advice from professionals when people's needs changed. For example, we saw staff supported a person to attend a GP appointment. The person told us the member of staff had sat with them during the consultation at their request, which had been very helpful. They said, "It's always easy to see the doctor, the staff call and someone takes me". We saw that people's care plans included records of referrals to and visits from health professionals including the GP, district nurse and occupational therapist. This showed people were supported to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home and were happy with the care they received. Comments included, "I'm quite comfortable", and "It's really good here". People and their relatives were complimentary about the staff. One person said, "Staff are so kind and patient". Another said, "Staff are very friendly, very good to us". We observed positive interactions between staff. People and their relatives looked relaxed in the company of staff and we heard friendly, light hearted banter between them. Staff knew people well and chatted with them about things they had been doing. For example, a member of staff said to a person, "Your hair is looking lovely; you had it done last Saturday didn't you?" Staff treated people with kindness and compassion and reassured them when they were anxious or upset. For example, one person was concerned about a change in their medicines. A member of staff spoke with them about it and reassured them they would contact the GP to check it for them and we heard staff discussing the outcome of this during the shift handover.

People told us they were able to move freely about the home and could decide how they spent their day. We saw some people chose to spend time in the communal areas and others preferred to stay in their bedrooms. We heard staff discussing decisions that affected people's daily routine with them, for example asking what they wanted to have for their lunch and where they wanted to sit. One member of staff told us, "We offer choice, for example what people want to wear, what they want to eat and drink". We saw staff encouraged people to do things for themselves as much as possible to maintain their independence. For example, staff asked people if they wanted help with eating and drinking and waited for an answer before giving support. Staff encouraged people to do things at their own pace, for example, we heard a member of staff helping a person to transfer from their armchair to a wheelchair, "Can you lift your foot just a bit higher to get you comfortable, that's it, that's great".

Staff promoted people's privacy and dignity and spoke quietly and discreetly when asking people if they needed assistance with personal care. We saw staff knocked on people's doors and waited to be asked in. People were encouraged to wipe their hands and faces after meals to maintain their appearance.

People were encouraged to maintain their important relationships. Relatives we spoke with told us they could visit at any time and staff always made them welcome. A relative told us they had been able to stay with their family member when they had been unwell. They told us, "The manager arranged for me to stay in one of the vacant rooms. The staff were great, they brought tea and coffee and offered to bring in any meals we wanted".

Good

Is the service responsive?

Our findings

People's individual preferences were taken into account to ensure they received personalised care and support. For example, a relative told us, "We've been able to personalise [Name of person's] room with pictures of the family and have brought bedding in from home so everything is co-ordinated. [Name of person] recognises everything around them and treats this as their home". Staff knew about peoples likes and dislikes and their important relationships and this information was recorded in their care plans. A member of staff told us about a person with memory problems who had a notebook to remind them of things and we saw them carrying it around with them.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it remained relevant. Staff told us a keyworker system was in place which involved a member of staff acting as the main point of contact for people and their families. A member of staff told us, "We get to know the person really well and liaise with their relatives to make sure the person has everything they need, such as toiletries and clothing. We also arrange review meetings and invite families to attend to support their relative". A relative told us they had been involved in reviewing their relation's care. They said, "[Name of person] has a care plan, we are involved with reviews and staff call if anything changes".

Staff told us and records confirmed they had information about the care people received and any concerns were shared during the shift handover. We observed a handover and saw that staff discussed how people were and shared information about any changes to their care, for example, changes to people's medicines. This ensured staff coming onto shift had the relevant information they needed to support people.

People told us they were offered opportunities to join in social activities both inside and outside of the home and were encouraged to follow their hobbies and interests. One person told us they enjoyed gardening and helped with some planting at the home. Another person told us their passion was classical music and we saw staff supporting them to listen to music through their headphones. Some people told us they liked to read and we saw some had a daily newspaper. Where people had impaired vision, the activities co-ordinator at the home supported them by reading to them and had enlisted the help of a volunteer who came into the home from time to time. We saw a member of staff helping a person with a jigsaw and observed that there were games and craft items available for people. A 'café' had been set up in the old activity room to enable residents and their families to meet for coffee and to socialise. The deputy manager told us they were fundraising for a new minibus to support people to maintain links with the local community and a number of donations had already been received. People who liked to go to church regularly told us the home hosted a monthly interdenominational service and one person told us they were went out to a local church. This showed people were supported to follow their religious and spiritual beliefs.

People and their relatives told us they would speak to a member of staff or the registered manager if they had any concerns or complaints. One person told us, "I've had no problems". A relative told us, "I'd be happy to raise a complaint if I needed to". There was a complaints policy in place and complaints forms were available in the main reception area. We saw that complaints were investigated and responded to in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

At the last inspection, we found the provider needed to make improvements to audits of medicines and care plans to ensure they were effective in identifying shortfalls and driving continuous improvement. At this inspection we found the required improvements had been made. The registered manager reviewed and monitored the quality and safety of the service regularly. We saw they had carried out audits in a range of areas, for example to ensure medicines were recorded correctly and care plans were accurate and up to date. Action plans were put in place where needed and staff told us the registered manager discussed their concerns with them to ensure the necessary improvements were made. For example, we saw that a medicine error had been discussed with a member of staff and additional training provided. Accidents and incidents were monitored for any trends, for example repeated falls, and action was taken to reduce the risk of reoccurrence. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service appropriately.

The registered manager had an open door policy and people and their relatives were provided with opportunities to express their views about the service through satisfaction surveys and residents and relatives meetings. We saw that feedback from the 2015 satisfaction survey had been acted on and improvements made. For example jugs of water and glasses were being provided in each person's room and in the communal lounges and we saw staff refilling them throughout the day. Minutes of the last relatives meeting showed that a range of issues had been discussed, and the registered manager had provided further information for people where required. Informal feedback was recorded by the registered manager and we saw this was positive. Comments included, "Brilliant care" and "[Name of person] was looked after so well".

There was a warm and friendly atmosphere at the home. We observed positive interactions between people and staff. Staff acknowledged people when they came into the room and made sure they had everything they needed. Staff told us they enjoyed working at the home. One member of staff said, "I love it here, I get on with everybody". Another said, "I'm passionate about caring for people. People and their relatives told us the registered manager was available to speak to them if needed. A relative said, "The manager is accessible all the time, we can speak to them here or we have a number to call them". Staff told us they felt supported by the registered manager and that the home had improved since they had started working at the service. One member of staff told us, "The home has changed for the better". Another said, "The manager is dead nice, supports you no matter what". Staff were aware of the challenges facing the home and were kept informed about planned improvements. For example the cook told us approval had been secured for replacement flooring in the kitchen and café area. Staff told us they were involved in developing the future plans for the home, for example one member of staff told us about a project to develop a sensory garden at the home, which would provide stimulation for people living with dementia.