

Caireach Limited

Kirkside House

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

About the service

Kirkside House is registered to provide accommodation and personal care for up to seven people with a learning disability and or autistic spectrum disorder. At the time of our inspection there were seven people using the service. Kirkside House accommodates people across three separate units, each of which has separate facilities.

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 ensures 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 was appropriate and inclusive for them.

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.

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

People received safe care and the service made sure risks to people's health and safety were managed well. People and their relatives or advocates said the service was safe and people received the support they needed. Staff showed a good understanding of how to protect people from harm or abuse. There were enough staff available to provide a timely response to people and provide safe care. Staff worked flexibly, to meet the diverse and individual needs of people. Staff were recruited safely. Medicines were managed so people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave their consent to care in line with current legislation. The service respected people's human rights. Staff understood the variety of ways people communicated their wishes and preferences. People received a balanced diet and the staff monitored people's nutritional health. Staff received training and support to ensure they had the skills and knowledge to meet people's needs.

People told us they were happy at the service and enjoyed a fulfilled life. Staff were caring and supportive. They knew how people preferred their care and support. Staff respected people's privacy and dignity and promoted equality and diversity. People and their relatives or advocate spoke positively about the staff. Comments included; "It is so good here; the best team ever" and "The staff are all wonderful."

People had up to date support plans, which clearly set out how staff should meet how their care and support needs. People and their relatives had been involved in their development and review. The

registered manager and staff team placed high emphasis on making sure people had meaningful lives, with plenty to do. The provider had a complaints procedure in place and systems in place to deal with complaints effectively.

The service was well led by a management team who led by example and had embedded an open, positive and honest culture. Staff were happy in their work and felt well managed and supported. They were enthusiastic and said they would recommend the service as a good place to work. The management team carried out effective audits and checks to monitor the quality and safety of care delivered and actions were taken to continuously improve the service. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 7 November 2019) where the provider was found to be in breach of regulation 18 of the CQC (Registration) regulation 2009. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

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?

Good ●

The service was 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.

Kirkside House

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

One inspector carried out the inspection.

Service and service type

Kirkside House 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. This included details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with one advocate. We spoke with four members of staff, one unit manager, the deputy manager, the registered manager, a peripatetic manager and the regional manager.

We reviewed four people's care records, two people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records and training records.

After the inspection

We made telephone calls to two people's relatives to gain their feedback on the service. We had e mail contact with a person's advocate. We also continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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.

Using medicines safely

- People received their medicines safely. Medicine storage was secure, and regular audits made sure practice was safe. People had as much independence as possible when taking their medicines.
- One person received their medicines in a crushed format. The records confirming this was safe were not available at the time of the inspection. The registered manager made immediate arrangements to rectify this.
- People received their medicines from staff, trained in line with current good practice. This included an initiative called STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). Psychotropic medicines are medicines that affect how the brain works.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they or their family members were safe and well supported. One person spoke of an incident where they did not feel comfortable. The registered manager acted to address this. A relative told us, "[Name of family member] could not be anywhere better. Very safe, I have nothing but praise for the manager and all the staff."
- Effective systems and procedures were in place to protect people from the risk of abuse. These included robust positive behaviour support plans and incident monitoring.
- Staff understood their responsibility to report concerns and were confident the management team dealt with matters appropriately. Safeguarding was of high importance in the service, and frequently discussed with staff and people who used the service.

Assessing risk, safety monitoring and management

- Highly individualised risk assessments, specific to people's individual complex needs were in place and reviewed regularly. There was a multi-disciplinary team approach; including specialist community nurses and psychologists.
- Staff received training, accredited by the British Institute of Learning Disability, in managing actual and potential aggression (MAPA). Physical intervention was a last resort and fully analysed to ensure safe practice.
- Staff received training to manage any behaviours that challenged using de-escalation techniques. They said they felt confident this approach prevented incidents of behaviour that could challenge others. Records we reviewed confirmed this.
- The building and equipment had checks and services carried out to make sure it remained safe for use. Staff could describe fire procedures in the service and confirmed regular fire drills took place.

Staffing and recruitment

- Appropriate staffing levels were in place to safely support people and meet their needs. Our observations showed staff responded well to emergencies and people's requests for support.
- Staff worked flexibly according to people's needs and activities. People's relatives told us they had no concerns about staffing levels. One relative said they had visited at weekends and found occasional times of staff shortages due to sickness. They said staff 'pulled together' at those times to ensure people had their needs met.
- The provider had safe recruitment procedures in place.

Preventing and controlling infection

- Overall, the environment was clean. However, several pieces of furniture looked unclean or worn. The registered manager arranged replacement of these.
- Effective systems were in place to reduce the risk and spread of infection. For example, anti-bacterial gel dispensers were located throughout the service and staff had access to and wore personal protective equipment when required.

Learning lessons when things go wrong

- The provider had effective and robust systems in place to record and monitor any incidents. The staff and management team managed safety incidents well.
- When accidents or incidents occurred, any learning was identified and shared with staff to prevent re-occurrence.
- The registered manager told us they had plans in place to improve records to show learning from incidents within the service and wider organisation.

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

- People's needs were assessed and reviewed to ensure they could be met effectively and in response to any changes in needs. The service managed this on a very individual basis to ensure a person-centred approach for everyone.
- Care was managed and delivered within lawful guidance and standards. For example, assessments considered people's human rights and any additional provision needed to ensure respect of people's protected characteristics under the Equality Act 2010.
- When people were not able to use verbal communication effectively, staff accurately interpreted body language.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to effectively carry out their role. Training was a combination of e-learning and face to face training. Staff were positive and enthusiastic about their training. One member of staff said, "All my training is up to date and all of it is good training where you feel you are learning."
- New staff completed induction training and the Care Certificate. The Care Certificate is a set of standards for social care and health workers to adhere to.
- Staff received good support from the management team. They had regular supervision and appraisal of their role. One member of staff said, "There is always someone to talk to; ask questions of. We get very good support."

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

- People accessed and received a range of healthcare services. These included services from GPs, community nurses, psychologists and psychiatrists. A relative spoke highly of the support people received to manage their health needs. They told us, "[Name of person] has really matured under the guidance of the staff team at Kirkside. Their upset and anxiety is so much better."
- Staff and the management team had regular communication with health professionals when assessing and reviewing people's health needs. This meant any changes were prompt and timely, such as reductions in medicines or different approaches to distressed behaviours.
- People visited the dentist regularly and had support plans in place to manage any oral healthcare needs. People had health action plans to ensure their health was closely monitored and annual health checks completed.

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

- People had personalised rooms to suit their individual preferences and personalities. One person spoke with pride about their room and how they liked to manage their own cleaning.
- People had access to an attractive courtyard area. This was spacious and safe for people.
- Some people had low stimulus environments to meet their specific needs regarding autism and anxiety. The reasons for this had not been fully recorded. The registered manager agreed to review and ensure more detail in these records.

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

- People had a balanced, healthy and varied diet of their choice. With staff encouragement and support, people followed healthy eating and weight loss initiatives if needed. One person told us they had been attending a slimming club with staff support. Another person told us they had lost a significant amount of weight by going to a slimming club and were now working on maintaining this.
- Staff knew about people's individual dietary needs and preferences. Snacks and drinks were available at any time for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider and registered manager were committed to further reducing restrictive practices in the service. The registered manager had signed the provider's pledge to keep any restrictive practice under review and consider how they could reduce this to increase people's freedom while still maintaining safety.
- Staff understood the principles of the MCA and Deprivation of Liberty Safeguards. Staff asked people for their consent to any care and support interventions. They gave full explanations to assist people to make choices and respected people's decisions.

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

- Staff treated people with kindness and respect. One person said, "I am happy here most of the time and with most of the staff." People's relatives spoke highly of the staff team. One relative said, "They are very caring and supportive, always there for us." An advocate we spoke with said, "This is a good service, very person-centred. All the staff are amazing."
- People appeared relaxed and comfortable in staff's company. It was clear they had developed supportive and valued relationships with staff. Staff spoke kindly and warmly about people. They frequently spoke of people making progress such as how they coped with anxiety and distress.
- The staff and management team respected people's diversity. They protected people from discrimination and made sure people received the support they needed in any cultural support they required. For example, to access groups for support regarding sexuality.
- Staff helped people to stay in touch with their family and friends.

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

- People told us they felt involved in their care and support. One person said, "We always discuss everything about me and make decisions." However, they said there were times when they didn't always feel believed when raising issues. We discussed this with the registered manager who planned for further discussion with the person to ensure their concerns were listened to.
- People accessed advocacy services as needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. An advocate we spoke with said, "I really enjoy coming here to support people. Staff know people well and are very aware of the need for everything to be in people's best interests."
- People's support plans showed evidence of their or their family member's participation in care planning.
- Staff had a good understanding of people's needs and preferences. It was clear they knew people well.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. People told us staff respected their privacy. One person said, "Staff are good like that; don't come in to my room unless I say it is OK."
- Staff told us that they promoted people's independence in everything they did. This included cooking, doing laundry, cleaning and organising their own activities.
- Staff spoke with people in a considerate and respectful way. They listened to people and showed respect for people's choices. They gave people time to express themselves.
- Staff respected confidentiality. They were discreet in their conversations with people. The registered

manager ensured storage of people's records was secure and personal information about people was protected.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's support plans were very detailed, personalised and understood well by the staff team. Care interventions were referenced to current guidance and good practice, such as intensive interaction and positive behaviour support planning. (Intensive interaction is an approach for encouraging social interaction and communication for people with profound learning disabilities or autism).
- Support plans covered all aspects of people's daily living and support needs. These included personal care and activities. The management team ensured support plans were current by regular review and update of any changes.
- Staff knew people's needs well. Descriptions of people's needs given to us by staff were very well matched to that described in support plans.
- People and their relatives had the opportunity to discuss their end of life care if they wished.

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.

- Support plans contained information about how people communicated their needs and preferences, this included anything that would make them anxious or distressed. For example, staff used different methods to communicate with people such as pictures and known individual words.
- Some information was available to people in easy read formats. This included information on complaints, safeguarding and advocacy.

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

- People participated in a range of social and leisure activities to meet their individual needs and interests. This included friendship groups, cafes, pubs, restaurants and shops. One person said, "I like to keep busy, I have plenty to do."
- In line with 'registering the right support' people were part of their community, they used local facilities and accessed community leisure facilities. One person received support to access a lesbian, gay, bisexual, transgender (LGBT) group. They told us how important this was to them.
- People also enjoyed activities in the service. There was plenty of communal space for people to enjoy time on computers or music activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People and their relatives knew how to raise concerns and complaints and told us they felt comfortable doing so.
- Records showed only a small number of concerns had been received by the service since our last inspection. The registered manager actioned any concerns raised.
- A compliments log was also in place and showed several positive comments. These included, 'I am writing to express my sincere appreciation to you and all your staff for the care, support and patience that you have given to [name of person].'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not sent some notifications related to safeguarding to the CQC in line with legal requirements. This was a breach of regulation 18 of the CQC (Registration) regulation 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- Staff and the management team were proud of the work they did to support people to live fulfilled lives. They spoke of people who had settled in to the service after many failed placements within other services and people who had been in hospital settings for many years. One member of staff said, "We try to make things good for people, work on what works, be positive."
- The management team and staff spoke warmly and knowledgeably about people. It was clear they knew people well and had developed positive and valued relationships with people.
- People and their relatives or advocate said the service was well managed and they were listened to. One person said, "[Name of registered manager] is a good manager; keeps the place running to a good standard." An advocate said "[Names of the management team] are 100% amazing."
- Staff spoke highly of the registered manager and the culture in the service. The registered manager had won an internal award for three consecutive years for the support given to staff and their development.

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

- The provider had robust quality assurance systems in place to monitor the quality of the service. These were effective and embedded in to the service to ensure on-going improvement. They included regular checks on the service from the management and senior management team.
- The provider and registered manager understood the responsibilities of their registration. Notifications had been sent to us appropriately and timely.
- The management team kept up to date with best practice and developments. One of the management team had undertaken recognised training in intensive interaction and there were plans in place to develop this further in the service.
- Overall, well completed and organised records were in place. Some people's daily notes had gaps. They did not record in full, how people had spent their day or whether they had been engaged in activity as recommended in their positive behaviour support plan. The management team had already identified this and were working with staff to improve them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with people. A relative told us; "[Name of registered manager] keeps us informed and always apologises if anything is not right or has gone wrong." Another relative said they had trust and confidence in the management team. They said, "They are just right for the job; a solid team."

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

- The provider had systems in place to gather the views of people, their relatives and staff. These included surveys, meetings and reviews of people's care and support needs. Feedback was positive which demonstrated people's satisfaction with the service. In a survey, a relative had said, 'I am extremely happy with all at Kirkside. [Name of registered manager] and his staff run a very tight ship. All good. I feel very supported by all staff.'
- Staff told us they could share their ideas and felt listened to. Regular staff meetings gave staff the opportunity to raise issues and make suggestions. One member of staff said, "We can bring things up at any time, always one of the management team available for us."
- Staff and the management team spoke of the importance of treating people fairly, without any discrimination. One member of staff said, "Diversity is respected here."
- The registered manager and staff worked in partnership with people, relatives, advocates, health and social care professionals to seek good outcomes for people. For example, they shared analysis of incidents with professionals so progress for people could be reviewed.