

Kirkstall Lodge Limited

Kirkstall Lodge

Inspection report

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Tel: 02086788296

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 31 January 2017. Kirkstall Lodge provides accommodation and personal care to up to six people with a learning disability. On the day of the inspection, four people were using the service.

At our previous inspection of 18 November 2015, we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) 2010. This was in relation to staff who had not always received appropriate support to enable them to carry out their duties effectively. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Kirkstall Lodge' on our website at www.cqc.org.uk.

We undertook a comprehensive inspection on 31 January 2017 to follow up on the breach and to check that the service now met the legal requirements. At this inspection, we found the service had taken sufficient action and addressed the breach.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care and support at the service. Appropriate procedures were in place to protect people from harm and abuse and staff knew how to follow them. Risk assessments were carried out on people's health and contained guidance for staff on how to support them safely. Recruitment processes were robust to ensure people received support from staff suitable for their role. There were sufficient numbers of staff deployed to meet people's needs.

People received the support they required with their medicines. Staff followed the provider's procedures to ensure medicines were administered and managed correctly.

People were supported by staff who received training, supervision and support to help them undertake their role. Staff understood people's needs and provided them with the care and support they needed.

People received sufficient food and drink and the support they required with their eating. People accessed health and social care professionals when required.

Staff understood and supported people in line with the requirements of the Mental Capacity Act 2005. People gave consent to care and treatment. Those who were unable to make decisions about their own care received appropriate support to do so.

People were happy with the care they received. They had good relationships with staff and were treated

with dignity and respect. Staff interactions with people were positive and caring.

People and their relatives knew how to make a complaint if they were unhappy about their care and had access to the complaints procedure. The registered manager regularly sought people's views about the service and acted on their feedback.

The registered manager was approachable. There was an open and transparent culture at the service. Staff were clear about their roles and responsibilities. The provider and registered manager checked and monitored the quality of care and support and made improvements when necessary.

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 identify and report abuse to keep people safe. Risks to people were identified and staff had guidance on how to support them safely.

The provider used appropriate procedures to recruit only staff suitable to provide people's support. There were sufficient numbers of staff to support people and meet their needs.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

People were supported by competent and knowledgeable staff. Staff received appropriate support and training for their role to enable them to care for people effectively.

People received care in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received the support they required to eat and drink. Their dietary needs and preferences were met. People had access to health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had developed positive relationships with the people they supported.

Staff treated people with respect and maintained their privacy and dignity. People were encouraged and supported to be as independent as possible.

People and their relatives were involved in planning and reviewing of their care.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs. Staff regularly reviewed people's needs and ensured their support plans contained up to date information about their health.

The provider sought people's views about their care and support and acted on their feedback.

People had access to information about how to make a complaint when necessary.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager. The culture at the service was open and inclusive.

The registered manager welcomed suggestions from people and staff for improvement and acted on these.

Audit systems in place were used effectively to monitor the quality of the service and to make improvements.

Kirkstall Lodge

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 unannounced inspection took place on the 31 January 2017 and was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During our inspection, we spoke with three people using the service. We also spoke with three care staff, the registered manager, area manager and a maintenance member of staff.

We looked at four people's care and medicines administration records. We reviewed management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We reviewed records relating to staff including training, supervision, appraisal records and duty rotas. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from two healthcare professionals.

Is the service safe?

Our findings

People were safe at the service. One person said, "I feel safe living here. Staff are good and make sure I am safe all the time." Another person said, "I have no concerns at all about my safety in this home." A healthcare professional said, "We work well with the service and have been involved in assessing risks to people."

People were safe from the risk of abuse. Staff were able to tell us how they would recognise potential abuse and understood safeguarding procedures to follow to help keep people safe. Records confirmed staff had received training in safeguarding people from abuse. They had also attended a course in equality and diversity to ensure they knew how to protect people from discrimination. Staff told us they did not discriminate against people because of differences of race, gender, age, religion and sexuality and that they would question those who did. The registered manager discussed safeguarding matters in service meetings to support staff knowledge.

People were safe as staff knew how to blow the whistle to alert authorities of any potential abuse. Staff understood the provider's policy on whistleblowing and expressed confidence that any concerns would be followed up.

People were protected from harm as staff identified and managed risks to their health. The provider had arrangements in place to mitigate any risks in relation to people's care. Staff carried out risk assessments and involved people, their relatives where appropriate and healthcare professionals. Assessments were carried out on risks posed by people's mobility, their mental and physical health and the medicines they took. Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people's needs changed to ensure they were suitable. For example, a person was at risk from behaviours which may challenge the service and others. Their support plan contained sufficient detail about the triggers to their behaviours and how staff should support them safely.

People were protected from the risk of foreseeable emergencies at the service. The provider had a robust procedure in place on how to keep people safe in the event of a fire. Each person had an emergency evacuation plan that provided staff with guidance about how to support them to evacuate the premises safely. The business contingency plan detailed what the service and staff would do in the event of extreme weather, damage to premises and loss of power to ensure people's safety and well-being.

People were safe from the risk of avoidable incidents. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of recurrence. For example, the registered manager audited falls and records showed that appropriate action was taken to protect people.

People had their needs met in a safe way. One person told us, "I like it here. There is someone to come with me for bowling, going to the cinema and on any trips that I plan." The registered manager regularly reviewed staffing levels and took into account people's care and support needs. This ensured sufficient numbers of suitably skilled staff were deployed to meet people's needs. Additional staff were brought in when necessary.

to cover one to one support if a person was unwell, needed to attend a healthcare appointment or wished to take part in activities. We saw there were sufficient numbers of staff on duty to meet people's needs and to spend time interacting with them.

People received support from staff suitable for their role. The provider used appropriate procedures to enable safe recruitment of staff. Staff records contained completed application forms, interview notes, their employment history and information about their experience and skills. Checks on criminal records and references from applicant's previous employers were obtained before staff had started working at the service. This helped to protect people from receiving care from unsuitable staff.

People received the support they required with their medicines. Medicines administration records were completed accurately each time a person received their medicine. The medicines policy was regularly reviewed and updated to reflect current practice. Staff followed the medicines procedure in relation to obtaining, recording and handling and disposal of people's medicines. Medicines were kept securely and safely in a locked cabinet in each person's bedroom. Staff recorded and monitored room and fridge temperatures and ensured medicines were stored within recommended guidelines. Staff carried out regular audits to ensure safe management and disposal of medicines. Records confirmed staff were trained and assessed as competent to support people with their medicines.

Is the service effective?

Our findings

At our inspection of November 2015, we found the registered manager had not appropriately supported staff with their development needs to enable them to care for people effectively. Staff had not received regular supervision and appraisal. At this inspection of 31 January 2017, we found staff had received the support they required to undertake their role effectively.

People received care from staff who were supported appropriately to undertake their role. Staff told us and records confirmed they received regular supervision to support their development. One member of staff told us, "We talk about what's working, how we can develop and the support we need from the manager." Supervision records showed any performance gaps were identified with learning and positive feedback was given to promote good practice. Staff felt confident to approach managers outside of supervision if they required additional support. They received an annual appraisal and records showed they had discussed with the registered manager issues such as how to promote people's dignity, team working and career development.

People were supported by staff who had received an effective induction to carry out their roles. New staff received relevant training, read policies and procedures, familiarised themselves with people's care plans and shadowed more experienced colleagues. The registered manager reviewed staff performance during induction and confirmed them in post after they had demonstrated their competence to work on their own and to support people effectively.

People were supported by staff who had up-to-date knowledge and relevant skills to care for them effectively. One person told us, "Staff know their job and do it well." A relative told us, "Staff are competent and do know what they do." People received effective care and support from well trained staff. One member of staff told us, "The training helps me to understand people's needs and how to work with them the right way." Staff received regular and refresher training which included safeguarding of adults, first aid, managing medicines, infection control, food hygiene, fire safety, moving and handling, health and safety and mental capacity. Staff had received specialist training in working with people living with mental health issues, diabetes and behaviours that challenge. Staff said the training enabled them to support people to maximise their independence and improve their quality of life.

People received the support they required as staff understood their communication needs. Staff had guidelines on how to identify triggers and reduce the potential for behaviours that challenge the service and others. For example, one person preferred to be in the kitchen with one member of staff. Staff supported the person this way which reduced incidents of them showing behaviours that challenge.

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 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 were being met.

People gave consent to care and treatment. Staff were knowledgeable about mental capacity, best interest's decisions and how to obtain consent from people. Where there were concerns that a person may not have the capacity to consent to their care, records showed that a mental capacity assessment was completed. For example, in regards to a person having personal care. Records showed people and where appropriate, their relatives had been involved and best interest decisions made. People enjoyed their freedom as the registered manager ensured staff understood and worked within the requirements of the DoLS. The registered manager and records confirmed authorisations had been received from the local authority in regards to DoLS applications made. People subject to DoLS received the support they required in line with the authorisations. For example, a care plan in place for a person subject to a DoLS authorisation had guidelines for staff to encourage them to take part in group activities and to go out with a member of staff.

People were supported to maintain good health and have access to healthcare services when needed. A person told us, "Staff help me to see the GP when I am unwell." Each person was registered with the local GP and staff told us they had a good relationship with the practice and that the GP came out when needed. Records showed staff worked in partnership with district nurses, GP's and local authorities to support people's wellbeing.

Is the service caring?

Our findings

People were positive about their care and support. One person told us, "They [staff] treat me like I am family." Another person told us, "Staff are kind and polite." A relative told us, "Staff are caring towards people."

People had established positive relationships between themselves and staff. One person told us, "All the staff are good. They care for me as best as they can and understand my [health condition]." Staff were able to tell us the importance of developing a good relationship with the people they supported. A member of staff said, "It's all about respecting people and their diverse needs, valuing them as individuals and respecting their rights to make decisions about their care." Another said, "Most of us [staff] have supported four of the people here over a period of time and this has helped us develop good relationships with them." We observed staff interacting with people in a warm and caring manner and heard them speak respectfully about them.

People received the care they required. Staff had information about people's likes, dislikes and preferences about how their care was to be provided. Support plans were developed and maintained about every aspect of people's care and were individualised around their needs and preferences. Records showed people received their care as planned. For example, a person's care plan stated that they liked staff to support them to have a bath first before having a cup of tea.

People had access to advocacy services when required to support them in areas such as care reviews or significant meetings about their health and well-being. Records showed one person had support from an advocate to communicate with their commissioning authority about their care. Another person had received support from an independent mental capacity advocate in relation to a Deprivation of Liberty Safeguard application.

People were supported by staff who respected their confidentiality. Staff had an understanding of confidentiality and how to apply it when providing support to people. We observed they did not discuss people's issues in front of others or within their earshot. All records relating to people were stored securely in a lockable office in order to maintain their dignity and confidentiality.

Staff respected people's dignity and privacy. One person told us, "They [staff] always knock on the door." Another said, "Staff support me the way I like." Staff were able to explain how they promoted people's dignity and privacy. One member of staff said, "When doing personal care I stay in the room only when necessary and make sure the door and curtains are closed." People told us staff called them by their preferred names and that if they needed any support, staff dealt with their request politely and as soon as possible. There were procedures and training in place which gave staff guidance about treating people with respect and respecting their privacy and dignity. We observed staff were courteous towards people throughout our inspection.

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. A healthcare professional commented that the staff were welcoming and friendly.

People were encouraged to do as much as possible for themselves to help them to retain their independence. One person told us, "The help is there if you need it but they [staff] respect your independence." People were involved in developing their care plans and identified what support they required from staff and how this was to be carried out. Care plans showed where they were able to complete tasks independently such as being able to prepare simple meals, laying and cleaning the table and washing and dressing themselves. People's records showed they completed personal care tasks where they were able to do.

Is the service responsive?

Our findings

People received care and support which was personalised to their needs and wishes. Staff assessed each person's needs before they moved in to the care home to ensure the service and staff were able to meet them. They sought input from other professionals involved in each person's care to ensure their care plans reflected the support they required. Care plans reflected how people liked to receive their care and support and took into account their history and individual preferences.

People and their relatives contributed to the assessment and planning of their care where they were able to. One person told us, "I know about my support plan. Staff do talk to me about how I want my care delivered." A relative told us, "I have taken part in the care plan reviews. My suggestions are considered." People's support plans contained information about their health conditions, such as diabetes, dietary needs, mobility and communication needs. Care plans were detailed and staff had guidance on how to understand people's conditions and how to provide their support. People's care plans and risk assessments were reviewed regularly or when their needs changed to help ensure staff responded appropriately to their needs. For example, records showed that when a person had experienced falls, their mobility care plan and risk assessments were reviewed and updated to ensure staff took appropriate action to minimise the risk of a recurrence.

People participated in activities which promoted their health and mental well-being. One person told us, "I like going out. I also enjoy watching DVD's in my room." Another said, "There are quite a lot of activities and you can join in if you want to. There is enough going on." Staff provided one-to-one support to people with specific needs and had included them in activity opportunities for stimulation. Staff told us and records confirmed they read newspapers, had quizzes, gentle exercises, engaged in cooking sessions and offered hand massage and manicures. They recognised the importance of being with people and described how they spent time with one person talking to them. This helped to reduce the risk of social isolation for those who did not wish to go out or interact with other people.

People were supported to make decisions and choices about their life and the support and care they received. Staff knew people's preferred routines, likes and dislikes and backgrounds and used this to deliver personalised care and support that met their individual needs.

Staff responded to people's changing needs and provided them with the care they required. Care records were well documented and where people had specific needs, staff had recorded the impact that this had on their other care needs. For example, one person had diabetes and the care plan contained guidelines on how staff were to support the person to manage this effectively in relation to their diet and medicines management.

People were encouraged to express their views about their care and action was taken to address issues. One person told us, "I can talk to the staff or manager about anything. I am sure I will be listened to." Records showed that staff and the registered manager held meetings with people where they discussed activities and meals offered and any proposed changes to the service. Changes were made in response to the feedback

which included the refurbishment of the service.

People and relatives knew how and who to raise a concern or complaint with. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. People had access to the complaints procedure which gave them timescales for action and who in the organisation to contact. The registered manager told us that there had been no formal complaints raised at the service since our previous inspection.

Is the service well-led?

Our findings

People, their relatives and staff knew the registered manager by name and felt that they were approachable and open to discuss any concerns. A person told us, "The manager is available to talk to us. She gives us time and will sit down for a chat."

There was an open and honest culture that was based on care and support received by people at the service. Staff felt confident to raise concerns with their colleagues or the registered manager. Staff spoke positively about management and the culture within the service. Staff told us that they could talk to the management team at any time and they were open to suggestions. One staff member told us, "We have regular staff meetings and they are good." Records showed regular team meetings were held to address any issues arising at the service and to communicate any changes. The registered manager ensured that staff received ongoing supervision, observation of their practice and appraisal. For example, the registered manager had discussed and encouraged staff to maintain high standards of cleanliness of the service. Staff attended daily handovers at the start of each shift to facilitate good communication of information about people's needs and the support they required.

People benefitted from a service that was managed well and where staff felt valued and respected by the management team. One member of staff told us, "The manager is fair. She gives praise when due and doesn't hesitate to point out mistakes and what needs to be done to improve our way of working." Staff were involved in making contributions about the service and their feedback was regularly sought. For example, staff had made suggestions about the redecoration of people's room. They were clear of the management structure at the service and their areas of responsibility and accountability. The registered manager completed a walk around the service daily to observe staff practice and talk to people to enable them to raise any concerns. Records confirmed this and contained observations made and discussions held with staff to improve their practice.

The registered manager understood their responsibilities in line with their registration to the Care Quality Commission (CQC). They had made notifications to the CQC and safeguarding referrals where appropriate in a timely way.

The registered manager regularly carried out checks and conducted audits to identify areas of improvement to help improve the standards of care provided. They had completed audits of the management of medicines, risk assessments, care planning, infection control, mental capacity assessments and health and safety. The registered manager evaluated these audits and had an action plan to develop the service which was regularly updated and reviewed with senior management. The provider's senior management had an oversight on the audits and checks carried out at the service and put an action plan in place when improvements were required. For example, the registered manager and provider had identified the building was inaccessible to wheelchair users. The service had installed a wheelchair and access ramp which people found effective in aiding their mobility in and out of the service. This ensured the management team effectively monitored and reviewed the service provided to people.

Records relating to the management of the service were well maintained. Care records were accurate and up to date. Staff maintained daily records for each person and provided information about the care they received and the medicines given. A member of staff told us the daily notes they kept were useful as they could see the care and support that was delivered and any support people might need. The registered manager checked and reviewed care records to ensure that the quality of recording keeping was appropriate and that people received good standards of care.

The service worked in partnership with other healthcare professionals to improve the quality of care people received. One healthcare professional said, "There is a good partnership with the service. The management and staff do a good job. They involve us as and when necessary." Another told us the registered manager and staff were committed to providing a good standard of care at the service and were quick to ask for advice or help if they needed it.