

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

About the service:

Kirkstall Lodge is registered to provide accommodation and personal care for up to five people with a learning disability. At the time of our visit five people were living in the home.

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 that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

People received safe support with their medicines by staff who had received training and who had been assessed as competent. There were systems in place to respond to any medicine errors and regular checks were carried out to ensure that people were receiving the right medicine at the right time.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. People were promptly referred to additional healthcare services when required.

Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.

The provider followed safe recruitment practices when employing new staff members. 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 were supported to maintain a healthy diet and had choice regarding the food and drinks they consumed.

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 supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received help and support from a kind and compassionate staff team with whom they had

developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender and disability. People had choice and control over their lives and staff supported them in the least restrictive way possible. Policies and systems supported this practice.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home. There was a positive culture where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. There was regular involvement by families and relatives and external services such as community nursing and social work services were consulted with regard to the support and care of people.

The provider understood the requirements of their registration with the Care Quality Commission and was meeting the legal requirements. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider had good links with the local community which people benefited from.

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

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

Rating at last inspection:

The last rating for this service was good (published 9 March 2017.)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kirkstall Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type.

Kirkstall Lodge 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 site visit took place on 31 May 2019 and was unannounced.

What we did:

Before our inspection visit, 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We spoke with four people living at Kirkstall Lodge. We also spent time in the communal areas observing the care and support people received to understand the experiences of people. In addition, we spoke with the

registered manager and three care staff. Following the inspection site visit we spoke with three relatives by telephone and with two external health and social service providers.

We reviewed a range of records. This included care records, staff files, recruitment records and policies and procedures relating to the care of people living in the home.

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 now remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send us.
- People told us they felt safe. One person told us, "I feel very relaxed here. Very comfortable."

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These plans included details about people's individual medical conditions and how they were safely supported by staff.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to ensure the firefighting equipment was maintained and in working order.
- There were good arrangements in place to support people who might be at risk, for example, while outside or in using public transport. Where required, people would receive individual support on those occasions.
- Relatives told us they felt confident that people were safe in the home. One relative told us, "I see [my relative] a lot, and I would be able to tell if they were feeling unhappy or scared. The manager is very good at keeping us informed of anything or letting us know if [my relative] wants to see us." Another relative said, "[my relative] comes to stay with us often and I can tell they are happy to be going back to their home. I would be able to notice if they were showing signs of not being happy to go back."

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- One person told us, "I think the staff are good."

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including

the maximum dosage within a 24-hour period to keep people safe.

- Medicines were safely stored in accordance with the recommended storage instructions.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses and which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. The registered manager had oversight of any incidents, accidents or dangerous occurrences like trips or falls. They analysed such incidents to see if any additional actions were required. For example, referrals for additional healthcare assessment.

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 now remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- People had a comprehensive assessment of their needs carried out. This included assessments of their healthcare and social support needs, and considered individual preferences based on culture, faith and other characteristics protected under the Equalities Act 2010.
- People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against. For example, where someone required two members of staff to be present whilst outside of the home this was provided.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.
- A relative told us, "I am very closely involved in all aspects of [my relative's] care and the [registered] manager has kept us involved and informed about any reviews or changes."

Staff support: induction, training, skills and experience.

- People were supported by staff who had completed relevant training and qualifications to carry out their roles. Staff completed an induction and received supervision and an annual check of their performance.
- Staff confirmed the training they completed in conversations with us and we saw records to back up training and supervision was monitored, reviewed and documented.
- Staff we spoke with told us they felt very satisfied with the training and support they received. One staff member told us, "The [registered] manager is really good. She is always there to support you. She makes sure that we are reminded of any training refreshers." Another staff member said, "I really enjoyed the training in epilepsy and person-centred care."

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

- People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. People were supported to make independent decisions and choices about what to eat and when. People and staff made use of pictorial images and feedback from relatives in order to understand people's individual choices.
- People's food and fluid intake was monitored as part of their overall health and well-being.
- One person told us, "The meals are very good. Very varied." Another person said, "I help with choosing what we will eat."
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as diabetes, or diets based on religious observance.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication systems in place to share appropriate and relevant

information with those involved in the continued care and support of people living at Kirkstall Lodge. For example, people had separate health records and "hospital passports" – a short summary of the person's support needs and medicines whilst in other services.

- The registered manager ensured that appropriate professionals were consulted as necessary, such as community nurses, dieticians and social services teams, when reviewing the care of people.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included access to nurses, podiatrists, GP and dentists. People were referred for healthcare assessments promptly if required.
- Staff knew how to support people in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People confirmed that they had personalised their own rooms and we were invited to have a look at people's rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found people were only restricted with their liberty to make sure they were safe, following appropriate authorisations and 'best interest' 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 now 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; equality and diversity.

- People received the care and support they needed from caring staff. A relative told us, "I am very happy. I know [my relative] is well cared for and staff do their best to get them involved in things." Another relative said, "[My relative] has improved with regard to weight and health because staff have helped them eat sensibly and attend the gym with them."
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to improve their abilities and lifestyles.
- Each person had an individual support plan which contained details of their preferred activities and a keyworker. A keyworker is a care worker who monitors and oversees the care of an individual and ensures the care plan is adhered to.

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

- We observed people leading the way in how they wanted their care and support delivered. They made choices about what they wanted to eat and when, or how long they wished to spend on a chosen activity.
- People could express their likes or dislikes for foods, conversation and occupation and staff respected these. For example, short sentences were used, or people expressed this through body language. Pictorial images were also used.
- One person told us, "I like it here. They understand me."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. Independence was fully encouraged. For example, each person had an individual programme based on their preferences.
- People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. One relative said, "[My relative] is helped to be as independent as possible, and staff are working to see if there is scope for more independent living. But we're not there yet."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People and those close to them were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One relative said, "We are in a lot of contact with the home and the [registered] manager makes us feel as involved as we want to."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them. This included people's individual preferences, health and welfare issues and the things they found important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, easy to read with picture prompts. Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards..
- People told us they enjoyed the activities that they did which they also found interesting and stimulating. One person told us, "I enjoy going out and I enjoy creating my art. I hope the staff will help me put on a presentation once I've finished." Another person said, "I go shopping. Staff go with me and help me get the things I want."

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and respond to any complaints raised with them.
- There had been no formal complaints about the service since the last inspection.

End of life care and support.

- At the time of this inspection Kirkstall Lodge was not supporting anyone who was receiving end of life care.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Everyone was aware of who the registered manager was. We saw the registered manager supporting people and staff members throughout this inspection.
- Staff members found the registered manager supportive and approachable. There were systems in place for staff members to make their views and opinions known and staff felt their input was valued.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout this inspection. The registered manager understood the requirements of registration with the Care Quality Commission.
- Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the home while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. This was dedicated, friendly, open and transparent. Staff demonstrated the values through the support they gave to people and how they worked as a team. One staff member told us, "This is a really nice home to work in. We work as a team and see the home as a family." Another staff member said, "The [registered] manager is very hands on and we can talk about anything."
- People and their relatives were involved in discussions about their care. Relatives told us that the communication between the home and family was regular and frequent. One relative told us, "I never have any trouble being able to discuss things with the staff if I need to."

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they

provided. These included, but were not limited to, checks on the environment the care and support people received.

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at in-service meetings, local forums as well as receiving regular updates regarding developments in health and social care practice.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from. Social workers and community health teams told us they were happy with the service provided.