

Review of compliance

<p>Donnelly Care Homes Limited Kirkella Mansions Residential Home</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>6 Church Lane Kirkella Hull East Riding of Yorkshire HU10 7TG</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>June 2012</p>
<p>Overview of the service:</p>	<p>Kirkella Mansions is a detached property with its own grounds and parking. It accommodates 25 people in single bedrooms, has lounges and dining space and has a passenger lift and other personal equipment. Some bedrooms have en-suite facilities.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Kirkella Mansions Residential Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with people that used the service and they told us they were quite satisfied with the way in which they were included in planning and deciding the care and support they needed.

People told us that they were satisfied with the care and support they received. They told us they were satisfied with everything.

One person said, "You cannot fault the staff. They treat everyone with the same regard."

Another person said, "The girls are wonderful and I keep cheerful. Everyone is very good here really and there is nothing wrong with the home."

People we spoke with told us they felt quite safe living in the home.

A relative we spoke with said, "My wife couldn't ask for more, she is content and I am happy with the care she receives. I know she is looked after."

What we found about the standards we reviewed and how well Kirkella Mansions Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Peoples' privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People that used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had a system to regularly assess and monitor the quality of service that people received. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with people that used the service and they told us they were quite satisfied with the way in which they were included in planning and deciding the care and support they needed.

One person said, "I make all of my own decisions about my care and my healthcare and I also choose what I want to eat and when. No one tells me what to do."

Another person said, "The staff treat everyone alike, our privacy and dignity are upheld, and so we cannot grumble."

Other evidence

We spoke with the two managers for the service and the staff, we looked at staff training records and we looked at case file documentation for people that used the service.

We were informed that both of the managers had completed Mental Capacity Act 2005 (MCA) training, but that care staff had not completed it. We spoke with staff and asked them to explain what they understood in respect of MCA.

They were able to explain their roles and responsibilities when dealing with people that needed support in making decisions, so people had their needs well met.

Staff also understood the principles for holding 'Best Interest' meetings and so people or someone close to and interested in them were consulted about the support they needed and the contents of their care plans. 'Best Interest' meetings involve care professionals, health care professionals, relatives and other interested parties who help make a decision about a person's life when they are unable to make a decision for themselves.

We saw interactions between people that used the service and staff and these were respectful and caring. Staff took time to ask people about their care and they were discreet when offering assistance with personal care. Privacy and dignity was respected.

People expressed their views and were involved in making decisions about their care and support.

Our judgement

Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Peoples' privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with people that used the service about the care and support they received. They told us they were quite satisfied with everything.

One person said, "We are treated well here, the staff are kind and we can ask them to do just about anything."

Another person said, "I am only here for respite following a fall, and hope to go home soon. I don't like being confined by my injury, but the staff help me when I need them to. You cannot fault the staff. They treat everyone with the same regard. I keep myself busy with newspapers and the crossword and the time passes well enough."

A third person said, "My biggest annoyance is that I am chair bound as my mobility is very poor. Also that the atmosphere is very dry. However, the girls are wonderful and I keep cheerful. We sometimes exchange remarks, but we ignore each other, as we all have our quirks that annoy other people. Everyone is very good here really and there is nothing wrong with the home. I am happy with the way my medication is handled and with my family controlling my finances. I just wish I wasn't old and wasn't in need of care."

Other evidence

We spoke with the managers and the staff and we looked at two case files for people that used the service.

We discussed peoples' needs throughout the day and we were told how the staff offered help and support. The staff understood peoples' needs and expressed an empathy with peoples' situations. Staff demonstrated a caring attitude and wanted only the best for people.

We looked at the new computerised care plans and case files that had been implemented in the last six months to see what information about people had been gathered and what details care plans contained.

There were three terminals where staff could access records and care plans, using their individual passwords. The electronic care plan and recording system was suitable for assessing peoples' needs and planning their care. Staff had differing levels of ability to complete the forms as the two case files we looked at had been completed in different ways.

One was well completed and showed the person fully understood what was required of the forms while the other was slightly inaccurately completed where the action plan details were listed. The manager explained that all staff were receiving instruction on using the system and were improving daily.

Different areas of a person's needs could be isolated and viewed and could be reviewed and changed as necessary. There were also risk assessments in place, as well as monitoring charts and records. The electronic care plans were satisfactory.

Peoples' needs were assessed and care and support was planned and delivered in line with their individual care plan.

Our judgement

People experienced care and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us they felt quite safe living in the home.

One person said, "I'm very happy here. We are treated well and if we have any concerns we can go to the manager."

A relative we spoke with said, "My wife couldn't ask for more, she is content and I am happy with the care she receives. I know she is looked after."

Other evidence

We spoke with the managers and the staff about safeguarding people from abuse and we looked at the staff training records and the safeguarding referral records held in the home.

We were informed that people had their concerns listened to and any suspicion of abusive behaviour by anyone was properly dealt with and passed to the East Riding of Yorkshire Council (ERYC) Safeguarding Adult's Team. We saw the records of two incidents last year that the managers had referred to ERYC, which had been passed back to them to investigate. They had been dealt with properly and so people were confident they had been protected by the home's systems.

Staff told us they had completed training in safeguarding adults from abuse and their training records confirmed this. Staff demonstrated understanding of their responsibilities in respect of safeguarding issues and referrals.

We spoke with the staff about handling peoples' finances and we looked at the accounting system in use for recording the handling of peoples' money that was held in safekeeping. The checks we carried out were accurate according to the accounts held, so people had their financial affairs protected and well managed.

Our judgement

People that used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with people that used the service but their feedback did not relate to this outcome.

We asked the staff about their training opportunities and we looked at training records to make a decision about compliance.

Other evidence

We spoke with the manager and staff about training opportunities and we looked at staff training records to make a decision about compliance.

We were informed that all staff had completed mandatory training throughout their employment, but that some training had been identified as requiring updating.

We asked the staff what training they had completed in the last year and they said they had completed training in dementia care, challenging behaviour, safeguarding adults, medication administration, first aid, catheter care, stroke care and Parkinson's disease.

However, staff could not recall when any of their courses had been completed and stated that a small number had been completed while at college or in other posts. When we looked at the staff training record we saw that only infection control and dementia care had been recently completed, in early 2012.

Other training had been completed between 2008 and 2010. The provider may find it useful to note that some staff training was out of date, so people that used the service

may have been at risk of not being cared for by suitably skilled staff.

The provider had already identified the training update shortfalls and had planned for more dementia care and infection control training to be completed in May and June 2012. Other topics were to be covered but this had not yet been decided.

Staff received appropriate professional development.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people that used the service but their feedback did not relate to this outcome.

We looked at the systems for monitoring the quality of the service to make a decision about compliance.

Other evidence

We spoke with the managers about quality monitoring the service and we looked at some samples of monitoring documentation.

We were informed that staff meetings were held for both day and night care workers to discuss issues relating to all aspects of the service. These included laundry, some staff leaving shift early, attending to and recording people's night time continence needs, use of profiling beds, the staff roster and staff training. We saw minutes of the last staff meetings which had been held 16 and 19 January 2012.

We were also informed there had been an infection control audit carried out in January 2012. We saw that it covered checks on personal protective equipment, disinfectant use, laundry cleanliness, the environment, food hygiene standards, management of outbreak of infections, dispensing of sharps and waste, handwashing and available equipment.

We were also informed about and we saw confirmation of staff audits that had been

carried out in February 2012 on a personal care. The provider may find it useful to note that the date of all audits could not be identified.

We were told that people and their relatives completed quality surveys each year on various topics. We saw a sample of these which were positive.

We were told that accident and complaint records were also used as a method of identifying the quality of care given to people, particularly care given at the time of an accident. The provider had a complaint procedure and handled complaints well.

The provider may find it useful to note that after we had looked at some sample documentation of the quality monitoring system, we saw that there was no collation of the information to demonstrate the past performances of the service and to highlight the shortfalls and areas for future development.

All of the quality monitoring activity within the home meant that people had their care and support quality assessed so that it could be improved upon.

People that used the service, their representatives and staff were asked for their views about their care and treatment and their views were acted on.

Our judgement

The provider had a system to regularly assess and monitor the quality of service that people received. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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