Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kirkella Mansions Residential Home

6 Church Lane, Kirkella, Hull, HU10 7TG

Tel: 01482659403

Date of Inspection: 15 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Donnelly Care Homes Limited
Registered Manager	Mr. Jeffrey Donnelly
Overview of the service	Kirkella Mansions is a detached property with its own grounds and parking in the centre of the village of Kirkella. It accommodates 25 people in single bedrooms, has three lounge areas, dining space and a passenger lift. There is lifting equipment available to staff and some people have their own personal mobility equipment. Some bedrooms have en-suite facilities. There is a pleasant garden for people to access in the warmer weather.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with people that used the service and some relatives about consent and we found that before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

When we spoke with people, observed their interactions with each other and staff and viewed their care plans we found care was planned and delivered in a way that was intended to ensure peoples' safety and welfare. People said, "There are enough people around to ask for help when I need support", "I know the place well...staff are alright with me", "It's alright here, the girls are good" and "This is not really my scene. I am sometimes unhappy with what I see and would much rather be at home".

We found that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People received their medication in a timely manner and were satisfied with the arrangements in place to manage it.

When we assessed the staffing levels in the service we found that there were enough qualified, skilled and experienced staff to meet peoples' needs.

There was an effective quality monitoring system in operation and an effective complaint system available, so people were able to contribute to the service provision and to make changes to how care was provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with six people that used the service, two relatives, the manager and staff about consent to care.

People that used the service told us they gave consent simply by agreeing to allow staff to assist them. They said, "I ask for help and staff provide it" and "Staff offer to help and if I want to be independent or don't want to receive help at that time I can say so".

Staff told us they always asked people if they needed help and for those who could not make decisions easily the staff judged how receptive they were to support by observing their body language or facial expressions. Staff said, "If I were going to offer someone a bath I would let them know they could have one and be helped with it, give them the chance to make a decision and then explain to them why I wanted them to get into their wheelchair. If they said they didn't want a bath I would leave them alone. If they really needed a bath to maintain their personal hygiene I'd come back to them a little later and continue to offer to give them a bath by starting the process again".

We saw and heard staff offering support to people and people either cooperated or they didn't. We saw staff return to people again to offer help with their food or transferring from a wheelchair to an armchair and they usually consented the second time.

We looked at three peoples' care plans which the manager printed off the computer system for us. All documentation at Kirkella Mansions was held in electronic format and because of this we were unable to see if people or their relatives had signed to give consent to their care.

We spoke with a spouse of a person that used the service about receiving information and

a contract of residency from the service. They could not recall having been given a 'statement of purpose', a 'service user guide' or a contract. They thought their spouse had not received these. When we asked the manager about this they checked the person's paper file and saw that a contract had not been signed and other information had not been given to them or their spouse. The provider may find it useful to note that where people that used the service or their relative had not signed documents as consent to receiving the service or particular care, the assumption of consent and cooperation given on a daily basis may be diminished.

One staff member told us that as a drive to improve dementia care, staff would be assisting people with some 'life story work' and producing a personal book of their lives. They said this would require peoples' written consent to gathering information about them and working with them on their life stories.

We found that people physically consented to care because they were in a position which necessitated they received care. However, when people had the choice to refuse support to maintain their independence, they were able to exercise that choice and have it respected. People received care when they had physically consented to it and only under those circumstances, but there were few opportunities where people gave written consent to care.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

Reasons for our judgement

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

We spoke with people that used the service, relatives and staff about care and welfare. We observed people being supported and we viewed their care plans.

People gave us both positive and negative comments about being in care and receiving support, but the negative comments were about the fact that people were in care because they could no longer manage to support themselves at home. People said, "I manage to look after myself whenever possible but there are enough people around to ask for help when I need support", "My spouse lived here for some years before I became a resident, so I know the place well. My spouse was well cared for and staff are alright with me as well", "It's alright here, not as good as being at home, but the girls are good" and "This is not really my scene, I am sometimes unhappy with what I see and would much rather be at home, or living independently".

We saw people interacting with each other and staff and we found that 'residential care living' did not suit everyone. However, there were several lounge/dining areas where people could go sit for a change of company or activity, as well as stay in their bedrooms.

People told us their needs were satisfactorily met. They said, "Not a lot happens here, it's a bit boring", "I read the newspaper every day, take a half hour walk when I can round the village as I know the area, and I can say the food is reasonable", "This is the best of the options available to me as I can no longer cook or clean for myself. It's alright really" and "I am as happy as I can be living in a care home".

We found that staff met peoples' needs as well as they could. We saw staff assisting people with mobility; one of the commonest needs of people at Kirkella Mansions. Staff used lifting hoists or encouraged people to stand independently when transferring. However, we saw that one person was unable to stand and bear their weight and staff went to consult their care plan to check if they had been assessed for the use of a hoist. The provider may find it useful to note that this person was transferred from wheelchair to

an armchair after we had left the room, but we did not see if a hoist was used. This could have meant they were inappropriately lifted.

We observed people at lunch time and saw staff supported people when they needed it. One person was encouraged to be independent with their meal, which was slightly different to everyone else but was suitable for them to feed themselves. Three or four people ate in lounge areas, but others chose to come to table in the dining room and so for them lunch time was a social occasion.

We looked at three peoples' care plans and saw they contained 12 areas of care need that were assessed, planned for and reported on: for example, mobility, emotions, personal care and nutrition. We were informed by the manager that full assessments of need, risk assessments (on falls, skin integrity, mobility and nutrition) were completed directly on the service's electronic computer systems and so not all of these documents were viewed. However, we saw that people were cared for by staff that considered risk each time they offered support. Staff ensured the immediate environment was safe and free from obstacles and that they followed peoples' care plans and risk assessments.

We found that these documents were pertinent to peoples' individual needs, but the provider may find it useful to note that sometimes statements made in them were incomplete or indicated that staff were put in the position to make decisions for people. For example, one file did not contain a list of the person's medication and another mentioned that a person only had a problem with their bowel as a health condition. This second file also stated 'the care staff are to anticipate my needs with my health'. We considered this was not a sufficient or efficient way to meet peoples' needs, as staff might not observe their demeanour or understand any indicators the person displayed.

While people that used the service said care was good, and we observed care being satisfactorily provided, there were some inadequacies in documentation and recording peoples' needs and taking the action necessary to support people with meeting them. Another area we discussed with the manager was the computer programme used for recording information, which did not have a spelling and grammar check facility, so errors were not corrected.

We found that peoples' care plans were appropriately reviewed and were relevant to their needs, so that people received the care they needed.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining and recording medicines. Medicines were handled appropriately and given to people appropriately. Medicines were kept and administered safely and they were disposed of appropriately.

We spoke with people that used the service and staff about respectively receiving and handling medicines. We looked at systems used for managing and recording medication and we saw the service's policy on handling medication.

People told us they were happy for the service to manage medication for them. They said, "The staff give us our medication when it is time to have it", "I don't mind the staff looking after my medication" and "I self-medicate some of my prescription and staff look after the rest".

We found the service used a monitored dosage system (MDS), which was well managed. MDS is a weekly or monthly measured supply of medication dispensed by the pharmacist in individual doses to be taken on specific days at particular times. We saw there was a designated medication store room with an extra locked facility for controlled drugs, a medication fridge and a hand wash basin for staff. We saw that medicines were received and receipted into the service and unused medicines were disposed of appropriately using a system of bagging and labelling supplied by the pharmacist.

We observed staff giving out medication to three people and we saw that this was administered according to the service's policy and procedure. Staff told us they had completed medication administration training and this was confirmed by looking at a sample of their training certificates.

We looked at a sample of medication administration record (MAR) charts and found they had been accurately completed using omission codes or staff signatures when necessary. There were satisfactory medication management systems in place and staff practice was safe. People received their medication when they required it and in a safe way so their health was appropriately maintained.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet peoples' needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet peoples' needs.

We spoke with people that used the service, relatives and staff about staffing levels and we looked at the staffing rosters to confirm the number of staff on duty throughout the week.

People told us they were well supported by staff who knew what their needs were. They said, "There is always someone close at hand to offer us help" and "Staff know us very well. They are always available when we need them".

We saw there were four care staff on duty in the morning of our visit and they were supported by the manager, three housekeepers and a handyman. There was also a cook on duty. We saw there were three care staff on duty in the afternoon who were also supported by the manager. We also saw the activity coordinator who was asked by the manager to call in, though it was their day off, to speak with us about the activities that had taken place and were planned. The roster for the week corresponded with the staff that were actually on duty. The service was adequately staffed to ensure peoples' needs were met.

Staff were sufficiently skilled to care for people. They told us they had completed the diploma in care at level two as a minimum requirement. Staff files contained certificates to verify their qualifications. Staff told us they had also completed mandatory training in safeguarding, infection control, medication administration and moving and handling for example.

All of this meant that people were cared for and supported by staff in sufficient numbers and with appropriate skills and so their needs were well met.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

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

We spoke with people that used the service, relatives and staff about quality assuring the service and we looked at documentation to support the work that was carried out.

People told us they were asked if they were happy with their care fairly regularly, but they could not recall having completed a satisfaction survey. They said, "I am asked if everything is alright, but I have never been surveyed, as far as I can recall" and "I haven't completed any surveys, but it's an excellent place, there are some good people here".

We saw the service's quality assurance file which contained a yearly programme for quality assuring different areas of care and the service. These included audits on the environment, staff, resident and relative meetings, entertainment, staff supervision and appraisal, care plans and reviews. It also showed when surveys were planned to go out to people and their relatives.

We saw that people had completed two different satisfaction surveys in May 2013. At the first survey 6 had been completed and at the second 11 surveys had been completed. These asked for peoples' views on food, activities, communication and staff attitude. Questions were mostly answered positively and additional comments included: 'I would like more cooked breakfasts', 'Meals are all okay', 'I would like more days out', 'Maybe we could have a newsletter', 'Staff are polite' and 'Staff meet my needs'. This meant that people were asked for their views and were able to contribute to the service performance and so benefit from the changes made to improve performance.

The manager told us that an independent survey was also given out to people that visited the service, for example district nurses, physiotherapists, dentists, chiropodists and GPs. However, these professionals rarely gave their comments on the care provided and there were no completed surveys to see.

We saw there had been a summary of audit information collated in April 2013 following the previous year's quality assurance programme. The provider may find it useful to note that the quality assurance system had developed since our last visit to the service, but it had still not been collated in its entirety in order to feed information about the service performance back to people that used the service and their relatives. The suggestion of a newsletter, if implemented, would be a way of announcing to people and relatives that quality assurance information, once fully collated, was available for reading.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. People were given support by the provider to make a comment or complaint where they needed assistance. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Peoples' complaints were fully investigated and resolved, where possible, to their satisfaction.

We spoke with people that used the service, relatives and staff about making and handling complaints. We looked at the complaint and compliment records held by the service.

People and relatives told us they knew how to complain: they would simply tell the manager that they were not satisfied. People said, "I would tell X, the manager, if I had a complaint", "I have never needed to complain, but if I did I would tell the manager" and "There is information on the notice board about making a complaint".

When we looked at the complaint record we saw there had been eight complaints or 'niggles' made in the last six months. These related to peoples' personal care and comfort, their medical conditions and the availability and quality of certain foods. There was one comment that stated people had been asked about the quality of food after a change of supplier and that everyone was satisfied with the change. There was another comment that stated one person had asked for assistance with a particular request and this had been accommodated. All of the complaints had been quickly resolved and people were fully satisfied.

All of this meant that people had made complaints or comments and they had been addressed to their satisfaction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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