

Kirklands Care Limited

# Kirklands

## Inspection report

Sullart Street  
Cockermouth  
Cumbria  
CA13 0EE

Date of inspection visit:  
17 September 2019

Date of publication:  
25 October 2019

### 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

Kirklands is a residential care home for up to 40 older people, some of whom may be living with dementia. There has been a recent change of ownership but the home has the same registered manager, management team and staffing. Amendments to policies and procedures were underway.

The home is divided into four distinct areas, each with access to a small kitchen and a lounge/dining area. People have single bedrooms with ensuite facilities. There are suitable shared facilities and a pleasant garden. The home does not provide nursing care.

People's experience of using this service

People, or their relatives, told us they felt safe and staff had received suitable training about protecting vulnerable adults. Good arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. Accidents and incidents were responded to appropriately and their causes analysed.

Staff were appropriately inducted, trained and developed to give the best support possible. Team members understood people's needs and had suitable training and experience in their roles. Staffing rosters were reviewed if people's needs changed. The service employed enough staff by day and night to meet people's needs.

People saw their GP and health specialists when necessary. Medicines were suitably managed with people having reviews of their medicines on a regular basis. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries. Nutritional planning was in place and special diets catered for appropriately. People told us they really enjoyed the food provided.

Kirklands was a modern building specially designed to provide accommodation for older people and people living with dementia. The house was warm, clean and comfortable on the day we visited. The home had equipment in place to support care delivery.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us the staff were caring. We observed kind and patient support being provided. Staff supported people in a respectful way. They made sure confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service or their relatives, as appropriate, had influenced the content. The registered manager ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

People told us they enjoyed the activities, interests and hobbies on offer. The home encouraged involvement in local activities.

The service had a quality monitoring system and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

The registered manager understood how to manage concerns or complaints appropriately. She was supported in this by the provider and there was a suitable policy in place.

Records were well organised, easy to access and stored securely. Care plans had been moved to a digital recording system.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 24 May 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

# Kirklands

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kirklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had been operating for a number of years but had recently changed ownership. The new provider had not changed the way the home was managed but was reviewing things like policies, procedures and systems as part of their future planning. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We walked around all areas of the home and spoke with 19 people who used the service and seven relatives about their experiences of the care provided. We met with two directors of the company and a representative of the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with ten members of staff including the registered manager, an assistant manager, senior care workers, care workers, an activities' organiser, the chef and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We were sent rosters, staff development data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since this service was registered under a new provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Suitable systems were in place to protect people from harm and abuse. Staff had received training in the protection of vulnerable adults.
- Relatives told us, "I sleep a lot better knowing that [my relative] is in here" and "I see plenty of girls when I come in. I've never seen anything to worry me at all."
- People living with dementia responded positively to the staff and one person told us, "They are lovely and keep me right. I feel safe".

Assessing risk, safety monitoring and management

- Risk was lessened and people were kept as safe as possible because good management systems were in place.
- Detailed risk assessments were in place related to the delivery of care, moving and handling, trips out, fire and food safety. These had been routinely updated.
- Staff followed written risk management plans and we observed this in practice related to moving and handling and to supporting people with eating.

Staffing and recruitment

- Staffing levels were monitored and recruitment done as effectively as possible. All checks were completed before new staff worked with vulnerable adults.
- Staff confirmed they had been suitably vetted and there were enough staff on duty by day and night. The rosters showed suitable staffing levels.
- People told us, "There are girls about, you don't have to wait much". Staff checked on people in all areas throughout the day and call bells were answered promptly.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- People had regular reviews of medicines to make sure they had the right medicines for their needs.
- The team had taken advice from specialist dementia care professionals and the use of sedatives was minimal and only after different approaches had been tried.

Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection and to ensure the home was clean and hygienic.
- The home was clean and fresh. Staff used personal protective equipment and chemicals to lessen the risk

of cross infection. Bathrooms and toilets had washable surfaces that would ensure good hygiene. Staff monitored infection control and ensured suitable processes were followed.

- A relative said, "It's always clean and tidy and I can always find [ a domestic] if I need one".

#### Learning lessons when things go wrong

- The provider and the registered manager ensured they had a focus on improving systems if things went wrong.
- We met with the provider and the nominated individual who told us they were happy with the way the home was managed but that they were reviewing all aspects of the home to prevent things going wrong.
- The registered manager said she consulted people, their relatives and the staff and would make changes if anyone was unhappy or had constructive suggestions. One relative who had lasting power of attorney had wanted a way to access the new digital records and this was being dealt with to allow this to happen.



# 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.

This is the first inspection since this service was registered under a new provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were suitably assessed and their choices respected. This was done in line with standards, guidance and the law.
- Detailed assessments were completed prior to admission and this was ongoing, ensuring people's changing needs were understood.
- Relatives and professionals confirmed that they had been consulted both before admission and on an ongoing basis. One person said, "They ask me what I want - all the time".

Staff support: induction, training, skills and experience

- Staff were supported through good induction, support and ongoing training.
- Staff said, "We get plenty of training and support. I have had training in dementia care and I really benefitted from this. It helped me understand people's needs."
- Staff were suitably experienced. One team member told us they had been in post for many years, "...but I can still learn more. I am open to change."

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

- People were given a varied and nutritious diet and encouraged to maintain their hydration.
- Close attention was paid to any person who had problems swallowing or maintaining their weight. Good nutritional plans were in place and the cook and the care staff had detailed knowledge of needs and preferences. Soft diets, vegetarian diets and individual preferences were catered for.
- People said, "The puddings are wonderful just wonderful" and "The food is good... there is plenty of it and they give you a choice".

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

- People were supported because the staff team worked well with health and social care agencies.
- Social workers and health professionals were positive about the care given. A dementia care specialist said, "Staff were positive during the training [given by the specialist NHS team] and were visibly implementing it and feeding back on its impact with specific residents".
- People told us, "I go out to appointments. I am going to the podiatrist later and the nurse and doctor come here."

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

- The home was suitably designed and tastefully decorated to meet the needs of older people and people

living with dementia.

- Kirklands was designed to support people in small group living settings. This means people live in smaller groups and have access to small dining rooms, lounges and kitchenettes near to their bedrooms.
- The home had suitable signage in place to help people orientate themselves around the building.

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

- People were helped to access medical services to both prevent and treat illnesses. Staff encouraged people to make healthy lifestyle choices.
- Relatives told us, "[My relative] is eating really well and her health has improved. The staff encourage her but also make sure she sees the doctor if needed." People said, "I am much better now I am in here. They help me stay well".
- Health care visits and appointments were recorded in care files and showed that people saw opticians, chiropodists, dentists, occupational therapists, dieticians, psychiatrists and specialist nurses to meet their varied and complex needs.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were asked for consent, where appropriate, and if necessary their capacity had been assessed. Detailed records relating to 'best interest' meetings and DoLS authorisations were in place.
- Deprivations of liberty (DoLS) were managed in the least restrictive way possible. The staff took advice from mental health professionals to ensure they kept within the boundaries of these authorities.
- Where people lacked capacity, meetings called 'best interest' reviews had been held. This meant that a group of professionals and relatives helped with decision making.

# 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.

This is the first inspection since this service was registered under a new provider. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were suitably supported and treated in an equitable way with due consideration given to their cultural needs.
- Staff confirmed they were trained in matters of equality, diversity and human rights. People told us they were treated as individuals.
- People told us, "The girls are nice". A relative told us how the staff had supported someone whose needs had changed. They said, "The staff have been good...despite the difficulties. I understand that they can't give the support needed but are helping with a move."

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

- People were helped to express their views and were involved as much as possible with decision making.
- The registered manager ensured there were regular residents' meetings. We were told by one person, "There was a meeting yesterday, I go to them if I feel like it" and their relative said "My mother does all the liaising. They let us know about things and she does attend the meetings and such."

Respecting and promoting people's privacy, dignity and independence

- The staff treated people with dignity and ensured that privacy was maintained and independence encouraged.
- We observed staff treating people in a respectful way and any intervention was done discreetly, maintaining people's dignity even when they needed re-orientation or complex care.
- Care plans guided staff to support independence and we heard staff encouraging people to do as much as they could. A relative told us, "We helped with the care plan... but she can do things for herself... she can still have her own say".

# Is the service responsive?

## Our findings

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

This is the first inspection since this service was registered under a new provider. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessment and care planning were detailed and ensured that people had their needs met in the way they preferred.
- All of the care plans were detailed and had been rewritten and transferred to a new electronic system in a three month period. Staff continued to develop the new system.
- People or their relatives told us they had been involved in the process, "We were asked about his needs. No review yet as its early days but there is one planned."

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.

- Suitable arrangements were in place to meet people's communication needs in the way they needed and preferred.
- The home had signage that helped people living with dementia and individual communication preferences were written into care plans.
- The registered manager confirmed that specialist communication needs would be assessed before a person came into the home and that training could be found locally for things like sign language.

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

- People were encouraged to maintain and develop relationships and join in activities and entertainments.
- The home had activities organisers and a wide range of activities were on offer. These included trips out, reminiscence, entertainments, tai-chi and music therapy.
- Individual needs and preferences were considered. One person told us, "The activities ladies come in and ask me what I want. I would like more discussions [but a lot of people are living with dementia] so they arrange for a lady to come in once a week to talk to me about [current affairs and politics]...which is wonderful!"

Improving care quality in response to complaints or concerns

- The provider had an easily understood and accessible complaints policy and procedure. The provider dealt with any complaints in a timely manner.

- People told us, "No complaints, everything is fine". Relatives said they had no complaints or concerns. One person said, "I can go to the manager or her deputy at any time. They are excellent."
- We discussed complaints with the new providers and the nominated individual who told us, "We would always investigate any complaints because even if they are unfounded there is always an opportunity to learn".

#### End of life care and support

- End of life care was managed well in the home and people could spend their last days in familiar surroundings.
- The team worked with the local health care providers to ensure people were comfortable and free of pain.
- A community health care professional told us, "The staff go over and above at all times and are very good when a person is dying".

# 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.

This is the first inspection since this service was registered under a new provider. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- This registered manager ensured the home was run on the principle of the house being people's home. Inclusivity and empowerment were evident in all aspects of the service.
- The home had been established for a number of years but had been sold to new owners. The management team remained the same and they had ensured that the positive culture had continued during the change of ownership.
- People and their families confirmed that outcomes for people were good and that people living with dementia were included in the life of the home. Visitors told us their relatives were, "much improved", "settled" and "understood by the staff".

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

- The duty of candour was followed in this service with the provider and the management team fully aware of their responsibilities.
- People and their relatives told us, "They let us know if there is anything wrong" and "The managers are open with us".

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

- The staff team were clear about their roles. Quality assurance was in place.
- The provider sent out surveys to people, their relatives and other key stakeholders. Regular audits completed internally and externally by the new provider.
- The home had a registered manager who had been in post with the previous company. She was suitably trained and experienced in the role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Good systems were in place to engage with people, the public and staff both formally and informally. People and their families were consulted and their wishes acted upon, where possible.
- Staff told us they had been trained in matters of equality and diversity. Staff told us that equality characteristics would be, "Written into the care plan and guidance given on any different needs".
- Community groups visited the home and people went out. A relative said, "We're off down the town for a

cup of tea and a cake. It's nice to get out and about."

Continuous learning and improving care; Working in partnership with others

- The provider aimed to improve and develop the service through quality monitoring, team development and taking guidance on good practice.
- The registered manager kept up to date with good practice and was supported in this by the nominated individual who visited regularly to support and guide the team.
- Staff told us they took advice from the local specialist dementia care team and other professionals, kept up to date with training and wanted to, "Get it right for people. We try to do our best and I want to learn as much as I can."