

# Leicestershire County Care Limited

# Kirby House

## Inspection report

Kirby Lane  
Kirby Muxloe  
Leicester  
Leicestershire  
LE9 2JG

Tel: 01162394286

Date of inspection visit:  
29 January 2018  
30 January 2018

Date of publication:  
08 March 2018

## 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

Kirby House is a residential care home that provides care and support for up to 40 older people. At the time of our inspection 40 people were using the service and some people were living with dementia.

At the last inspection on 11 December 2015 the service was rated Good. However, we rated the well-led domain as requiring improvements. This was because they did not have a registered manager in post at the time of the inspection. We asked the provider to make the necessary improvements. At this inspection we found that the required improvements had been made and the service was rated Good overall.

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

People felt safe. Staff understood their responsibilities to keep people safe from avoidable harm. There were a suitable number of staff deployed and the provider had followed safe recruitment practices. Where risks were identified for people while they were receiving support these had been assessed and control measures put in place. People received their medicines in line with their prescription.

Staff had access to the support, supervision and training that they required to work effectively in their roles. Where agency staff were used, induction was provided to make sure that they were able to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had enough to eat and drink to maintain good health and nutrition. People were supported to access health professionals when required.

People were treated with kindness and compassion. Dignity and respect for people was promoted.

People had care plans in place that focused on them as individuals. This enabled staff to provide consistent care in line with people's personal preferences.

The service had a positive ethos and an open culture. The providers and registered manager provided positive leadership to all staff.

The provider had sought feedback from people and their relatives about the service they received.

The provider's complaints procedure had been followed when a concern had been raised and people felt able to make a complaint if they needed to.

The provider had quality assurance systems to review the quality of the service to help drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well led.  People and their relatives felt that the service was well led.  Staff felt supported by and were clear about their role and responsibilities.  Systems were in place to monitor the quality of the service being provided and to drive improvement.  The registered manager was aware of their legal responsibilities.	<b>Good</b> ●

# Kirby House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector and two experts by experience on 29 January 2018 and was unannounced. We returned announced on 30 January 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). 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 the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection we spoke with 13 people who used the service and four relatives. During our visit we observed interaction between staff and people who used the service. We also spoke with five members of staff, the registered manager and the compliance and care standards officer.

We looked at records and charts relating to four people and two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People received safe care from a dedicated and caring team of staff. Most people we spoke with agreed that they felt safe while receiving support from staff. One person said, "I have been here about 4 years now and have never had a problem. I'm safer here than anywhere else." Another person told us, "I certainly don't have any problems with living here." A relative told us, "I have complete peace of mind when I leave [person]."

When safeguarding incidents had occurred, the registered manager discussed these with the appropriate local authorities and took action where necessary to keep people safe. For example, during our inspection two people disclosed that a carer had spoken to them brusquely. We shared this with the registered manager who took immediate action and followed the provider's safeguarding procedures to ensure people's safety. The registered manager told us there was a zero tolerance to staff not treating people who used the service with total respect.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood. Staff were confident about how they would report any allegations or actual abuse.

The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. We saw that staff were available when people needed them and that they did not have to wait to receive the support they needed. For example, we saw a member of staff ask a person how they were and they said they were cold. The staff member asked them if they wanted a blanket, they said they did the staff member left and returned shortly with a blanket. The person appeared appreciative of this.

We heard call bells ringing throughout the day but they were always answered promptly. The registered manager told us they audit the call bell system to ensure that staff are responding to people in a reasonable time frame. One person did comment, "On the whole, I don't have to wait long (when they press the call bell) but I don't really like it when they pop in and switch it off (at the wall) but then take ages to come back." We brought this to the registered manager's attention who said they would investigate this further.

Risks associated with people's care had been assessed and reviewed. We saw that some people were at risk of injury to their skin as they could not move position independently. We also saw that some people were identified as being at risk of losing weight. There were assessments in place to guide staff on the type of support each person required which they knew about. One staff member told us, "[Person] is on food and fluid charts, we write down every meal what they have eaten, how much the size of plate they have. If we are worried we report it to the senior and if it continues we would refer them to the GP." We saw that a person's care record documented that their food and fluid intake. We also saw that people had the equipment that was documented in their care plans as being required. This meant that there were measures in place to help people to remain safe and well.

The provider had systems in place to respond to accidents and incidents. We saw that when an incident or accident occurred, staff offered the required support. This included contacting the emergency services

where necessary. One staff member told us, "If we find someone has fallen, we call for help. We would make the person as comfortable as possible. The senior would check them over but if we are in any doubt we would call 999." We saw that staff recorded the details of each accident and incident and these were then passed to the registered manager to check that all of the required action had been taken. The registered manager looked at ways to minimise future risk of it reoccurring. We saw that where people had fallen, the registered manager had considered how to reduce the risk. For example, we saw that some people had sensor mats to alert staff that a person was standing so that staff could offer their assistance.

The provider had systems in place to check the safety of the environment and equipment that people used to minimise risks to people's well-being. For example, we saw that checks occurred on the temperature of the hot water to prevent scald risks, on the fire system and on the safety of utilities such as the gas and the electric. People's equipment to help them move from one position to another was serviced in line with manufacturing guidelines. One person told us, "I have my own wheelchair which the maintenance man sorts out if there is a problem."

The provider had arrangements in place to make sure people continued to receive the care they required should an emergency occur such as a fire or loss of staff through illness. The emergency plans included information to guide staff on the amount and type of support each person would require to stay safe. We also saw that the provider had considered alternative accommodation should it be required. This meant that the provider had considered people's safety should a significant incident occur.

People received their medicines when they required them. One person told us, "I get my medication regularly." We saw that people's medicines were stored correctly and there were safe arrangements in place for ordering and disposing of medicines. Where people had 'as and when required' medicines such as pain relief, there were clear instructions to guide staff. The registered manager told us they currently used an electronic recording system but due to its lack of flexibility they were changing pharmacy and returning to a paper based system as from the 5 February 2018.

Staff understood how people preferred to receive their medicines. One staff member told us, "[Person] likes to take their medicine from a spoon, so that's how we give it. It is recorded in their care plan so we know." Staff knew their responsibilities for handling people's medicines safely as the provider had made available to them a medicine's policy which they followed. We observed a staff member offering people their medicines. We saw that they secured the medicine's trolley every time they left it so that people not authorised to access it couldn't. We also saw that they approached each person and sought their consent to have their medicines. We saw that staff received training and their competency was checked yearly to make sure their practice remained safe.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. There were procedures in place for cleaning schedules and these were monitored for effectiveness. Cleaning staff told us they understood the procedures and were aware of their responsibilities in maintaining the cleanliness of the service. People told us that they thought the service was clean. One person told us, "The whole Home is very clean." Another person said, "One thing I like here is that the staff always wear gloves and aprons so we can't catch any germs."

## Is the service effective?

### Our findings

People received care and support from staff members who had the required knowledge and skills. One person told us, "I certainly don't have any problems with living here. I have to use the stand aid to get from my wheelchair to my easy chair, but the girls (staff members) help me with that. They seem to know what they are doing." Another person said, "Staff are always around and they are trained to handle things properly with the right resources." A relative commented, "The quality of care is phenomenal."

New staff completed an induction before they worked with people on their own. We saw that this covered key areas of care including safeguarding, privacy and diversity. One staff member told us, "I had an induction; it went through things like the building where fire exits were. I was also given time to get to know the residents. I read care plans. It was really useful."

Staff received training relevant to their role. One staff member told us, "We have loads of training. Even when you have done it before, it is useful to have a refresher. It makes you reflect on your practice. We can always learn something." We saw that staff completed training in topic areas such as health and safety, medicines awareness and dementia. We also saw that staff were checked yearly for their competency in delivering care as well as some training being refreshed annually.

Staff received guidance from the registered manager about their role. One staff member told us, "I have supervision regularly, I feel encouraged to develop as a person. I can become a better carer." This meant that staff received support and guidance on how to support people well.

The home had been purpose built, corridors were wide and doorways were wide enough to allow wheelchair access. Corridors were decorated in different themes enabling people to find their way around the service. The home was well maintained and communal areas were clutter free. There were a variety of sitting areas for people where people could spend their time as they wished. The registered manager told us the provider had plans to improve access to the outside and create a safe area for people to sit out in the summer.

Staff sought people's consent before providing care. One person said, "They always ask me if I need help. I try to be as independent as possible. The girls (staff members) are there though if you need help." Another person told us, "I can make my own decision on day to day tasks." This was important so that people were happy to receive the support offered.

Where staff provided support, such as when they assisted someone using a hoist they explained to people what they were going to do. Where people refused care, this was respected. A staff member told us, "If someone refuses to get up or have a wash, we either go back a bit later or it might be that another member of staff can help them. Sometimes it can be they just prefer a different carer." We saw that one person had made a decision that they did not want to be resuscitated should their health condition deteriorate further. We found that their consent to this had been recorded appropriately and staff were aware of their wishes.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of service users' rights regarding choice. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. One person told us, "I come and go whenever I like. I go up and down in the lift on my own and I could go outside if I wanted to, but I don't." One staff member explained about how people made decisions for themselves where they were able to. They told us, "We support people to make choices as far as they can in everyday things, like their clothes, what they want to eat and where they choose to sit."

People were supported to maintain a healthy balanced diet. Everyone we spoke with told us they thought the food was good. We received a variety of positive comments, including, "The food here is quite good." "I have diabetes and they make sure that I only eat the things I should eat." And "The food here is wonderful. I do miss not being able to cook, but I don't go hungry." One person said, "I love the food they provide here. They always have two choices and a few drinks to choose from. We are always asked to choose what we prefer on the day from the menu. Due to my age sometimes I forget and I have to ask twice but staff don't refuse to give extras if they have enough. Drinks and snacks are available when you need them." A relative told us, "[Person] is well fed, they know their needs and they just get on with it. I couldn't ask for more." Another relative said, "I recall the chef talking to me about my [person] choices and likes/dislikes, which is very important as it allows them to focus on individual care. I also see they provide fresh food here."

People's preferences were recorded in their care plan. We spoke with the cook who was aware of people with particular dietary needs, including where people needed a softened diet due to swallowing difficulties or through specific cultural needs. Staff were also aware of people's individual preferences.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us they saw the nurse for their diabetes when they need to. Another person said they were due to go for a hospital procedure that the service had arranged due to their problems swallowing. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One staff member told us, "We know the residents really well, if someone isn't right we just know. It might be they have a chest infection or a UTI (urinary tract infection). They may be a bit sleepier or more confused. If we are worried we would always ask the GP to come and visit."

## Is the service caring?

### Our findings

Staff were kind and compassionate when offering care to people. One person said, "The carers are very kind and are always polite to me." Another person commented, "A nicer bunch of girls (staff members) you couldn't wish to meet." A relative told us, "Staff here are all very kind, right up to the Manager, it's a happy place." Another relative said, "Staff are brilliant, they go the extra mile."

People's privacy and dignity was respected. A person told us, "The girls (staff members) are respectful and kind to me, so no complaints there." A staff member explained how they supported people with respect and protected their dignity. They said, "I would always knock on the door before going in. If I was helping them have a wash I would ask the how they wanted to be supported. Some people prefer to have their face washed first and we encourage people to do things for themselves. We always cover people up when doing a full body wash so they are not exposed." Staff were also respectful of people's cultural and spiritual needs. A staff member told us, "[Person] is [cultural identity] we make sure they are able to pray in private with their [partner] if they want to."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

Staff told us that they were given time to sit and talk with people. One staff member said, "Yes we have things we must do during a shift but I know if I want to sit and talk with a person I can give that priority and if I tell [registered manager] they will be ok with it." Another staff member commented, "I always try to sit and chat with people when I can. I have my residents I am key worker for so I make sure I talk with them to make sure they are ok." Throughout the day we saw staff taking time to talk with people. People we spoke with confirmed that staff took time to talk with them. One person said, "The staff are very calm and polite, they give sometime to listen to me. Not like being at home, I am looked after well."

Relatives told us they were able to visit Kirby House without undue restrictions. During the day relatives and friends visited people and staff always welcomed them. One relative told us, "They [staff] are lovely I am always made to feel welcome." Another relative said, "Another good thing about this home is there is no restriction to visit your loved ones."

## Is the service responsive?

### Our findings

People received care that met their individual needs based on their preferences and requirements. People told us they could spend their time as they wished and staff knew their likes and dislikes. One person told us, "They know I don't eat salads in the winter, so cook made me a veggie burger alternative which I enjoyed."

Before people moved into the home, the provider carried out a pre-admission assessment. When people moved in, a comprehensive care plan was written with them or their representative wherever possible. People we spoke with could not recall seeing their care plans but felt confident their family members would have seen them. One relative told us, "I attended one of the meetings with the manager to review [person] care-plan assessment." Relatives also told us they had been involved in the creation of their loved ones care plans. One relative said, "They asked a lot of questions about [person] when they first came in and if they are unsure about something even now, they just ask me. They know how to contact me when I am away and it all runs smoothly." Another relative confirmed that when their loved one moved into the service they had been involved in the development of the person's care plan and life history.

Staff told us when someone new arrived at the service a care plan was created. This would be added to over the following four weeks as they got to know the person and their individual ways. Care plans contained the level of support each person required as well as routines that were important to them. These were used by staff to guide them on how people's care should be delivered. People's care plans were detailed and contained information in areas such as people's preferences for night time routines and their likes and dislikes. A 'getting to know you' document was also completed which included information for staff on people's hobbies, festivals they celebrated and their work history. People's care plans were reviewed regularly. This meant staff had up to date information about people's needs.

We also saw that the provider had adapted the environment to meet the needs of people with memory difficulties. For example, there were signs on doors to indicate what was behind them.

People's views, beliefs and values were respected. For example, people were supported to follow their faith. Staff told us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care. A person told us, "If I wanted to go to the local Church I could, but it's all a bit of an effort for me. I might occasionally go downstairs (to the service provided monthly by a visiting vicar) if I feel like it."

People were supported by staff to maintain their personal relationships. This was because staff understood people's life history, their cultural background and their sexual orientation.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was able to show us that menus had already been provided in larger print.

People had access to a wide variety of activities. One person told us, "I like the activities that involve others to sing along and participate in quizzes etc. Every Tuesday the hair-dresser comes and people can use her service if they want to." Another person said, "The carers know I love to knit, even though I can now feel far more than I can see. They knew I wanted to knit a shawl to have over my shoulders if it got chilly and they took me out shopping to get some wool I liked. They have now got me helping to teach others to knit and some are taking to it well."

The provider employed two activity people. They offered both group and one to one activities depending on what people expressed interest in. There were photographs around the service showing what activities had taken place in the last 12 months. A rabbit and budgerigars had also been bought for people living in the service. People had been given the opportunity to name them. The rabbit was brought into the service and people clearly found pleasure in petting it. The registered manager told us that they tried a variety of things to encourage people to interact and bring families in to the service. They were planning a Valentine's dance. In the past they had arranged trips to Skegness. For people who had been unable to go, they organised Kirby House by the sea. They arranged for an ice cream van to come to the home and had a paddling pool and other outside activities. Photographs showed people enjoying themselves during different activities. The registered manager told us they had tried having the activities person working on a Sunday but had stopped this when families and people using the service said they preferred not to have organised activities then as that was when families often visited.

People and their relatives knew how to make a complaint or to raise a concern should they have needed to. People told us they knew who to complain to if it was needed. One person told us, "If there is anything to complain about I am confident here and I can easily talk with the manager." However one person did say, "I suppose I could complain, but then again it might come back on me and get worse." We spoke with the registered manager who told us they tried to speak with people daily to ensure any concerns were identified and dealt with promptly. Relatives felt confident they could raise concerns and felt confident the registered manager would deal with it promptly. Staff also understood the importance of supporting people to make a complaint. The provider's complaints procedure was available and on display throughout the service.

We were also told that staff provided excellent support for people at towards the end of their life and relatives after a person had died. A relative told us, "They (the service) came up trumps when [person] died last year. Even though they were in hospital, they organised the funeral for us and let us use the Garden Room for the get together afterwards and even provided the food for us. They couldn't have been kinder. It's something we will never forget."

## Is the service well-led?

### Our findings

At our last inspection on 14 December 2015 we rated Well-led as requires improvement as they did not have a registered manager. It is a condition of registration that the service has a registered manager. The service now has a registered manager.

People and their relatives told us that the service was well-led and we found this to be the case. "They are a good team here and everyone seems to get along with each other. I often see the manager and she stops to speak to me. There is no "hoity toityness." Another person said, "The manager is always visible and easy to approach." One relative commented, "This home is very open and transparent which makes you feel more comfortable." Another relative said, "They are a great team providing a great service. [Person] is in good hands. I especially like the themed corridors and the amount of investment they are currently putting into the place. It really does make a difference to residents."

The service had a positive ethos and an open culture. Staff spoke very positively about the registered manager. One staff member said, "[Registered manager] is very supportive, we know we can talk about anything, if we have concerns or worries, their door is always open." Another staff member told us, "[Registered manager] encourages us to share and talk about anything. We know we can always go to them. We have the seniors but if we are still worried we can go to the manager." Staff were encouraged to share their views through appraisals and regular team meetings.

Staff knew about the provider's aims and objectives that people could expect when they used the service. These included offering care that was flexible and sensitive. One staff member told us, "We are here to make it a home from home." Another staff member said, "We are here to promote independence and treat everyone as an individual."

People and their relatives had been asked for their feedback on the service that they received. Relatives we spoke with confirmed they had received surveys asking for their opinion. The registered manager showed us the recent survey they had sent out but said they were disappointed with the response. We discussed how to encourage families to return surveys. They told us they were hoping to use a planned social event to encourage feedback. However they did show us that many relatives of people who used the service had completed an independent website survey. Comments on this website included 'all the staff are caring.' 'The staff are very friendly and helpful'. And 'The staff at the care home make this a gem of a care home.'

The compliance and care standards officer told us they had recently introduced a meeting for the services within the provider group they had responsibility for. They had used this meeting to ensure all the registered manager's knew how CQC was now inspecting. It also gave them opportunity to share good practice as well as learning from any accidents or incidents that may have happened within the group. The registered manager gave us an example and details of where a recent incident had occurred and the coroner was involved. They explained how they had liaised closely with healthcare professionals to ensure the person received the care they needed and ended up being referred back to hospital.

The registered manager was aware of their responsibilities. This included them informing us of significant incidents that they are required to send us by law. We saw that they had also notified the local authority of accidents that had occurred so that they could determine that the appropriate action had been taken. This showed us that the registered manager worked openly with other agencies.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The provider had monitoring systems in place to check the quality and safety of the service being provided. The maintenance person carried out routine checks on the safety of the premise and the equipment. Other audits included areas such as medicines, incidents and accidents and the environment. We saw where the registered manager had identified issues action plans were put in place to address these. The registered manager then reviewed them to ensure the necessary action had taken place. All audits and any actions identified with timescales for completion were also reviewed by the area manager as part of their quality overview of the service.