



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Kirkgate House

**Kirkgate
Bridlington
East Yorkshire
YO16 7JU**

Lead Inspector
Rob Padwick

Unannounced Inspection
5th April 2007 12:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Kirkgate House
Address	Kirkgate Bridlington East Yorkshire YO16 7JU
Telephone number	01262 671185
Fax number	01262 401735
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	Mrs Julie Elizabeth Wood
Type of registration	Care Home
No. of places registered (if applicable)	28
Category(ies) of registration, with number of places	Learning disability (28), Learning disability over 65 years of age (5)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

3rd November 2005

Brief Description of the Service:

Kirkgate House is a care home that provides personal care and accommodation for up to 28 younger adults who have a learning disability.

The home is situated on the outskirts of the town of Bridlington and people who use this service have easy access to a variety of local shops, pubs and transport

The home is laid out over two floors with access to the second floor by a passenger lift. All the bedrooms are single occupancy and two of them have been developed as a bed-sitting arrangement for those wanting more independence.

Residents have the use of a number of separate seating and dining areas and also a communal lounge.

Outside there is a small enclosed private garden and patio area, which is equipped with a greenhouse. On road parking is readily available.

Kirkgate is owned and operated by Humberside Independent Care Association which is a 'not for profit' organisation.

The standard fees charged by the home range from £447 to £493 with additional charges made for hairdressing, chiropody, toiletries etc.

Kirkgate House provides information to residents about its facilities in its Statement of Purpose and Service User Guide.

SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection visit for this service lasted for 7 hours and during this period, time was spent talking with people living in the home and observing their daily lives. Other time was spent looking at care plans and other records and talking to staff. This inspection visit also included a tour of the building.

A Pre Inspection Questionnaire asking for information about the home was sent to the manager before the visit and information from this was included as part of the inspection process. Other material used included reports from monthly visits carried out by a senior manager from the parent company and notifications received by the Commission for Social Care Inspection about serious incidents that had taken place in the home.

Questionnaires were sent to people living in the home, relatives and Health and Social Services staff associated with it. All of those returned expressed high levels of satisfaction with the service.

What the service does well:

Good quality information was available about the home, so that people thinking about moving in could make a decision about it.

Assessments of those accommodated had been carried out well, so that staff had clear information about these and professional people in the community said that the home's staff worked very well with them. People living at Kirkgate House are helped and supported well to make decisions about their lives and they are treated with dignity and respect. Care plans are well developed and give staff good information about how the needs of those accommodated are to be met and the service maintains good relationships with the families and relatives. Staff are provided with a good variety of training to help them do their jobs and the homes manager provides good leadership and makes sure that the people in the home are kept safe and their views and wishes are listened to.

What has improved since the last inspection?

The recommendations from the previous inspection had been implemented and staff training and development have continued to be provided, so that the needs of the people living in the home can be met.

What they could do better:

No specific recommendations to improve the home are made from this inspection visit.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3 and 4

People who use this service experience **excellent** outcomes in this area. People living in the home had been involved in the assessment process of their needs and provided with good information about the service, in order to help make an active choice about deciding to move into the home. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Information was available about the home in an "easy read" format, so that people thinking of moving in, could make an informed choice about the home.

The case files of three people living in the home were inspected and these contained evidence of a thorough assessment of their needs, which had involved them and their relatives, as well as others, that knew them well. Further ongoing assessments had been carried out in the home, which were wide ranging in nature and of a good quality, so that staff were provided with more information about the needs of those accommodated.

The manager confirmed that people were encouraged to visit the home before moving in, so that they could have a chance to try it out and that some people had chosen to live at the home after staying for there for holiday ("respite") stays.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9

People who use this service experience **excellent** outcomes in this area. Good quality information was available to help staff meet the residents individual needs and choices. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The case files of the people living in the home that were inspected contained support plans which had been developed from their individual assessment of needs. The support plans were person centred and partly developed in pictorial form, to help the residents understand them and those seen covered a variety of aspects about their physical, social and emotional lives. Evidence was seen that support plans had been regularly reviewed and updated, to make sure that they continued to be satisfactory, and a relative comment card that was received, indicated that that the sender had been invited to reviews held in the home.

Professional staff that were contacted confirmed that the needs and wishes of those accommodated were respected by staff and a questionnaire returned

from a Social Services staff member stated that the home was "quick to respond to the service users needs" and that there was "good care planning and risk assessment" in the home.

From observation, it was apparent that the independence of the individuals in the home were being promoted and discussion with the manager indicated that this was done within a framework of assessed risk and consistent with individual choice and part of the residents everyday lives. Information included within the case files confirmed this, with assessments of known areas of risk, together with guidance to staff about what to look out for and do, in relation to these factors.

Case files contained evidence of staff support given in relation to decision making and the minutes of meetings held with residents confirmed that they had been consulted about matters affecting them. The daily recording in some of case files that were inspected was variable in quality, however, evidence was seen that steps had been taken by the homes management to improve this.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16, and 17

People who use this service experience **good** outcomes in this area. The people living in the home were being provided with variety of opportunities to lead a lifestyle of their own choosing and they were being helped by staff to develop their independence. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Professionals working in the community indicated that people living in the home were involved in a good variety of activities and that many of them attended local day centres. A comment received from Social Services stated that the staff "work well with day care provision" and that "they are very good at communicating with families".

At the start of this visit, most of the people living in the home were out and those who were not, were observed contentedly occupied in activities of their choice, including puzzles, drawing and tidying up in the garden.

The service has its own mini bus and discussion with staff indicated this was used for trips out and visits to leisure centres and places of interest. The minutes from a recent resident meeting confirmed that they had been consulted about a series of visits that were due to take place over the following Easter week. A group of people had been out swimming and bowling earlier that day and discussion with others indicated that they were involved in a production about "Pirates" at a local theatre.

Social Services staff stated that people at the home were treated with "dignity and respect" and staff were observed to have positive relationships with them. Routines were flexibly developed, so that people could participate in activities of their own choice and recording in the case files inspected confirmed that appropriate staff support was given in matters concerning personal relationships. A comment card returned from a relative confirmed that she visited regularly and that she was kept involved of matters concerning the care of her daughter. People in the home said that they enjoyed their meals and evidence was seen that they could influence what was to be served and that they could make choices about this. The home has been given a "Healthy eating" award from the Local Authority for the provision of its food and case files inspected contained evidence that the nutritional needs of those accommodated were being appropriately monitored. Staff confirmed that they had been given training in matters relating to this.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 and 20

Quality in this outcome area is **excellent** outcomes in this area. The health and personal care needs of the people in the home were being well met by staff who had been properly trained and who were sensitive to the needs of those accommodated. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Staff were enthusiastic about their work and knowledgeable about the individual health and personal care needs of all those accommodated. Information about how these were to be met was documented in health action support plans that had been developed, together with evidence of staff monitoring in these matters.

Staff were observed to be sensitive and respectful of the individual wishes and needs of those accommodated and those spoken with confirmed that they were happy with the way that their care was given to them.

A Speech and Language Therapist indicated that staff worked well with the professional health care teams and a comment received from a District Nurse stated that staff were proactive in seeking advice and that they were

“absolutely fabulous”. In addition to that provided by the parent company, the management of the home had obtained further specialist training concerning the individual needs of those accommodated and evidence was seen that this had recently included sessions on eating and swallowing difficulties, dental hygiene and diabetes awareness.

Medication policies and procedures were available to guide staff about this aspect of practice and those responsible for this had received relevant training on the safe handling and use of medication. A random check of the medication records confirmed that these were being accurately kept.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 and 23

People who use this service experience **good** outcomes in this area. The concerns of people living in the home were being taken seriously and staff training had been given to ensure that they were safeguarded from abuse. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

From observation and discussion with them, it was clear that those living in the home were happy with the service they received. Policies and procedures were available to ensure that they were safeguarded from abuse and that their concerns or complaints were taken seriously.

An “easy read” version of the home’s complaints policy had been developed in a format with pictures and words so that it was easier to understand and those spoken with said that they would “talk to staff” if their was anything that bothered them. A comment card returned from a relative indicated she was aware of how to use the complaints process and was satisfied with the home. The complaints book contained evidence of 4 complaints that had been received since the last inspection, together with actions that had been taken and how these had been remedied. Staff demonstrated good levels of awareness concerning the potential for abuse and training on the protection of vulnerable adults had been included as part of the Provider organisation’s staff induction process to the home. Staff were aware of the homes policies about these and those spoken to indicated that they would take appropriate action if this were needed.

The manager indicated that all of the residents had individual bank accounts and inspection of the associated records for these, confirmed that robust systems were in place, in order to ensure that their financial interests were satisfactorily safeguarded.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24 and 30

People who use this service experience **good** outcomes in this area. The environment of the home was comfortable and suitable to meet the needs of the people living there. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home was clean, tidy and generally well maintained, with a relaxed atmosphere throughout. The communal areas were comfortably furnished and items of specialist equipment had been obtained to assist with the promotion of independence. Bedrooms were personalised to reflect the tastes of those accommodated, with items of their personal belongings and achievements on show.

The home has a part time handyman and inspection of the maintenance book confirmed that prompt action was being taken in respect of repairs that were needed. A lounge carpet was showing some signs of wear and tear and a bathroom hoist needed attention, however, discussion with the deputy manager, confirmed that action plans were in place for these matters.

Domestic staff were observed busily cleaning and discussion with them indicated that they took a pride in their work and had a good understanding of the needs of the people living in the home. The home's laundry area was neat and hygienic.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34 and 35

People who use this service experience **excellent** outcomes in this area. Staff had been properly recruited, to make sure that were safe to work with the people living in the home and they had been equipped with a good variety of training to help them do their jobs. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home has a largely stable staff team who were observed to be committed to their work and confident in their skills.

The provider organisation has a comprehensive training programme to ensure that staff are properly equipped with the skills needed to do their jobs and those spoken with were enthusiastic about their role. One staff member, who had only been employed 6 months, indicated that she had obtained her Learning Disability Award Framework (LDAF) training in this time and others spoke of the courses they were hoping to do to pursue their careers further.

A recommendation was made at the last inspection that 50% of the staff obtain an NVQ 2 in Care and information supplied as part of the inspection process indicated that this figure had been reached, and that over 80% of the staff team now possessed this level of qualification. This achievement on the

part of the home is to be commended and demonstrates good management practices relating to the staff development in the interests of those living in Kirkgate House.

The home had a recruitment policy and procedure in place to ensure that staff are safe to work with the people living in the home. The files of the three most recently employed staff included evidence that these were being satisfactorily followed, with Criminal Records Bureau checks, written references and other relevant required documentation contained within them.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 and 42

People who use this service experience **excellent** outcomes in this area. The home was being managed effectively with a robust system of regular checks being carried out to ensure that it was meeting the needs of the people accommodated. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

From discussion with both staff and those living in the home, it was evident that the service was being managed efficiently and effectively. People living in the home confirmed that they were consulted about matters affecting their lives and the minutes of meetings with them indicated that they had participated in decisions about the home. The registered manager is a registered nurse and has obtained an appropriate qualification for this purpose and is assisted in this task by the home's deputy manager.

Staff expressed great confidence in the manager's ability and confirmed that she was supportive and open in her approach. A sound programme of staff training, with additional topics relating to the individual needs of those accommodated had been implemented, together with further opportunities being made for staff to develop their particular interests and careers. Well developed quality assurance systems were in place for measuring the performance of the home, and inspection of these confirmed that the residents and their representatives had been consulted in these matters. Regular audits of various aspects of the home were included as part of this process, together with action plans developed from these. A random check of a variety of the maintenance records confirmed that these were being appropriately kept to ensure the health and safety of all those at living and working in the home.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	4
2	3
3	4
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	4
7	3
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	4
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	4
19	4
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	4
33	X
34	3
35	4
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	4
38	X
39	4
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

Hessle Area Office

First Floor, Unit 3

Hesslewood Country Office Park

Ferriby Road

Hessle

HU13 0QF

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI