

Kepplegate Limited

Kepplegate House

Inspection report

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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

Kepplegate House is a two-storey care home and domiciliary care service located in the village of Preesall. The home is within close proximity to shops and local amenities. The service has a minibus which is used to transport people to events and appointments. Accommodation is provided over two floors, with a stair lift providing access to the first floor. There is a large lounge with dining room and two small conservatories. There are garden areas with seating for people to use during the summer months. Car parking is available at the home. At the time of our inspection visit there were 16 who lived at the home and 26 people supported in their own homes by the domiciliary care service.

At the last inspection carried out on the 02, 03 and 10 February 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 who lived at the home told us they were happy, felt safe and were treated with kindness at all times. People supported by the domiciliary care service told us staff who visited them were reliable, polite, friendly and caring. Comments received included, "I cannot say anything bad about the staff." And, "I feel perfectly safe here. The staff are very kind." Also, "You could set your clock by my carers. They would let me know if they had been held up for some reason but it's never happened."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at times they needed them.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by

both services. They told us they were treated as individuals and received person centred care.

We looked around the care home building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who supported them treated them with respect and dignity.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Kepplegate 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 was planned to check 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.

Kepplegate House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Kepplegate House also has a domiciliary care service providing personal care to people living in their own homes.

This comprehensive inspection visit took place on 06 March 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and two experts-by-experience. The experts-by-experience were people who had personal experience of using or caring for someone who uses this type of care service. The experts by experience had a background supporting older people.

Before our inspection on 06 March 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

Due to technical problems the provider did not receive the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included five people who lived at the home, two relatives, a visiting healthcare professional, six people who received support from the domiciliary care service and three relatives. We also spoke with the registered manager, the manager of the care home, the manager of the domiciliary service and six staff members. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home and two people who received support in their own homes. We also viewed a range of other documentation in relation to the management of the home and domiciliary care service. This included records relating to the management of the services, medication records of five people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at the home and those supported by the domiciliary service told us they felt safe in the care of staff who supported them. Comments received included, "I do not think we could be in a safer place." And, "I definitely feel safe the staff here are excellent." And, "I have never felt unsafe with any of my carers. They look after me and make sure I have my pendant on before they leave me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs in both the care home and the community. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. People supported by the domiciliary service told us staff who visited them were reliable and very rarely late.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff from both services had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

People supported by the service continued to receive effective care because they were supported by staff who had a good understanding of their needs. We were able to establish through our observations and discussions they received effective, safe and appropriate care which was meeting their needs and protected their rights. Comments received included, "I think the staff are very knowledgeable and competent. They have assessed my needs accurately and I am happy with my care." And, "They are doing a really good job." And, "They are very good and I am very happy with them. They do everything I need."

We looked at care plan records of people supported by both services and found they contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described support the person received and activities they had undertaken. The care plan had been signed by people or their representative consenting to care and support provided.

We spoke with staff members from both services, looked at individual training records and the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. We also observed part of a training session about challenging behaviour during the inspection visit. This was attended by eight staff members. We saw the training was delivered in a relaxed and professional manner. The staff engaged positively with the trainer.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits and toast. Lunch was a relaxed and social experience with people talking amongst themselves whilst eating their meal. The support we saw provided was organised and well managed. People cared for by the domiciliary service told us they were happy with the support they received with their meals.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

The service had joined the Enhanced Health in Care Home Framework which is cooperation between the service and the Health Service. The service had recently been issued with a device to enable clinicians and care home staff to communicate in a virtual way and carry out remote examination and support to people. The service had been introduced to enable people to be treated in their home environment and reduce

pressure on the ambulance service and hospital.

We looked around the building and found it was appropriate for the care and support provided. There was a chairlift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. Comments received from people supported by both services included, "Yes the staff are very kind and caring." And, "They look after me really well." A visiting healthcare professional told us they had no concerns about the care provided and felt staff showed genuine concerns for people's wellbeing.

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their needs.

There was clear collaboration between the service and people they supported. For example, people's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The registered manager had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter. People supported by the domiciliary service said staff who visited them were polite and treated them with dignity.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person visiting the home said, "I have agreed [relatives] care needs and these get reviewed as and when needed. They keep me fully involved." People supported by the domiciliary service said they had the same group of carers. One person said, "I have a rota so know exactly who is coming and when."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The service had technology to assist people to have contact with family members or friends if they wished. A hand held computer (iPad) was available for people to use in their rooms to communicate through skype which is an internet based communication service. The registered manager told us people who lived in the home were aware this service was available if needed.

The service had a complaints procedure which was on display in the reception area of the home and provided to people supported by the domiciliary service. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

Is the service well-led?

Our findings

People supported by the service and their visitors told us the registered manager and staff team were friendly and approachable. They said the registered manager and her staff were respectful, helpful and listened to them. They told us they felt the service was well led. Comments received included, "This is a very nice and well run home. I am lucky to be here." And, "They set nice comfortable standards and it's a pleasure to visit. I find the manager and her staff friendly and helpful." People supported by the domiciliary service were also complimentary about the service. One person said, "I have had to ring them twice and they sorted out my problem with no fuss. They took a lot of trouble over it and gave me peace of mind."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

We found the service had clear lines of responsibility and accountability. The registered manager and her management and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager and management team.

People supported by the service had completed satisfaction surveys providing their views about their care and support. We saw a number of questions had been asked about the quality of service they received. The responses about both services were very positive with people providing complimentary remarks about the staff and service they provided. Comments received included, 'Food is lovely, entertainment great and the staff cannot do enough for you.' And, 'Everyone always makes us feel really welcome when we visit. It gives us peace of mind knowing [relative] is so well cared for.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals including G.P's and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.