

Keychange Charity

# Keychange Charity Sceats Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Keychange Charity Sceats Care Home provides accommodation and personal care for up to 30 older people. At the time of our inspection 18 people were using the service.

At our comprehensive inspection of this service on 8, 12 and 13 April 2016 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with three warning notices and one requirement stating they must take action. We shared our concerns with the local authority safeguarding and commissioning teams.

This announced inspection was carried out to assess whether the provider had taken action to meet the warning notices we issued. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the warning notices has been fully implemented and sustained, to assess whether action has been taken in relation to the requirement made at the last inspection, to assess whether action has been taken in relation to the requirement made at this inspection and provide an overall quality rating for the service.

This report only covers our findings in relation to the warning notices we issued. We have amended the ratings since the inspection on 8, 12 and 13 April 2016. The overall rating for this service is now 'Requires Improvement'. However, the service remains in 'special measures' until we carry out a comprehensive review. This will allow us to see if the improvements made have been sustained and to look at each of our five key questions.

The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Keychange Charity Sceats Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There was no registered manager in post. 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. The previous manager of the service had left on 13 May 2016. They had not been registered with CQC. An acting manager was in place. The provider was in the process of recruiting a new manager for the service. The registered provider assured us that once appointed; the manager would be supported to apply for registration with CQC as soon as practicable.

At this inspection we found that the provider had taken action to address most of the issues highlighted in the warning notices. However, we identified one area where the required action had not been taken. Risk assessments were not always in place and those that were lacked sufficient detail to safely provide care. The provider had a plan for completing the required action. We will check to ensure this action is taken.

The provider had ensured pre-employment checks were carried out to ensure staff were safe to provide care to vulnerable people. The premises and equipment were safe for people to use. Systems were in place to protect people from the risk of infection. These improvements must now be sustained.

Staff received training on caring for people living with dementia and providing end of life care. The provider had plans in place to ensure training was provided to all staff with updates when required. Staff received individual supervision with their supervisor. These improvements must now be sustained.

Significant changes had been made to the management of the service. This included a change of personnel and increased involvement from senior staff. The senior operations manager now visited the service regularly and maintained frequent contact with the acting manager. The provider had written a comprehensive action plan for improvements they planned to make. A system of quality checks to assess the quality and safety of the service and plan for improvements had begun. These improvements must now be sustained.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding providing safe care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

We found that some action had been taken to improve safety for people who use the service.

Risk assessments were still not always in place and those that were lacked sufficient detail to safely provide care.

Pre-employment checks to ensure people were safe to work with vulnerable people were carried out before staff started work.

The premises and equipment were safe for people to use.

Systems were in place to protect people from the risk of infection.

We have reassessed the rating for this key question as a result of this focussed inspection.

**Requires Improvement** ●

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff had received training on caring for people living with dementia or receiving end of life care.

Staff received one to one supervision from their supervisor.

We have reassessed the rating for this key question as a result of this focussed inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve the leadership and management of the service.

The provider had made changes to the leadership and management of the service that had resulted in improvements.

A system of quality checks to assess the quality and safety of the service and plan for improvements had begun.

**Requires Improvement** ●

We have reassessed the rating for this key question as a result of this focussed inspection.

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# Keychange Charity Sceats Care Home

## **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.

This focussed inspection took place on 22 June 2016 and was announced. The inspection was announced so we could be sure we would be able to meet with the acting manager, the provider's senior operations manager and the charity's chief executive who is the registered provider for the service. The inspection was carried out by one adult social care inspector.

This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 8, 12 and 13 April 2016 had been made. We inspected the service against part of three of the five questions we ask about services: is the service safe, is the service effective and the service well-led. This was because the service was not meeting legal requirements in relation to those questions and we issued warning notices following our comprehensive inspection.

Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We also sought feedback from health and social care professionals who had been working with the service

At the visit to the service we spoke with the acting manager, senior operations manager and the registered provider, two care workers and one relative of a person using the service. We also spent time observing interactions between people who use the service and staff. We looked at six people's care records, three staff personnel files, training records for all staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our comprehensive inspection of Keychange Charity Sceats Care Home in April 2016, we found the service had not safely assessed and managed the risks people faced. The service had not carried out pre-employment checks to ensure staff were suitable to provide care to vulnerable people, ensured the premises and equipment were safe for people to use and protecting people from the risks of infection. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of these concerns, we served a warning notice to the registered provider. They wrote to us with the action they were going to take to address the issues. At this inspection we found they had taken action to meet some shortfalls in relation to the requirements of Regulation 12, described above.

The acting manager explained the changes made to the risk assessment process used in people's care records. These showed an improvement from those we saw in April 2016. However, risks to the health and safety of service users were still not consistently assessed and the provider was not doing all that was reasonably practicable to mitigate any such risks. This was because only the most obvious risk to people had been identified with no checklist to provide a guide on whether a detailed individual assessment was required. There were also occasions where assessments identified a person being at risk and, plans not being written to identify how the risk was to be managed and the person kept safe. For example, one person who had been assessed as being at risk of malnutrition did not have a plan in place for how this risk would be managed. Another person's risk assessment identified they were at risk of falls. Again they did not have a clear plan in place to manage these risks. We identified some good examples of risk assessments and management plans that had been developed since our last visit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We discussed this breach with the acting manager during our inspection. We also discussed this with the registered provider, senior operations manager and acting manager when giving feedback at the end of the day. We emphasised the importance of, and the provider's legal obligation to, ensure any risks to people's safety are thoroughly assessed, the need for any further plan to keep the person safe is identified and, a plan put in place identifying clearly the measures to be put in place to keep the person safe. We were told all risk assessments and subsequent management plans would be in place by 22 July 2016. We have asked the provider to send us evidence of this having been done.

Checks were now carried out on staff to ensure they were suitable to work with vulnerable people. These checks including obtaining references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. These checks were carried out before staff started working with people. This meant people were protected from the risk of receiving care from a person who had not undergone satisfactory checks to ensure they were suitable to work with vulnerable people.

People living on the first floor and using one of the two staircases at the home were no longer being placed at risk. Two people's bedrooms opened onto a landing at the top of this staircase. A stair lift had been installed on this staircase. Neither of the people needing to use this staircase used this stair lift. When we inspected in April 2016 the stair lift was broken and the chair was located at the foot of the stairs. This meant the exposed track was at ankle height at the top of the stairs and presented a trip hazard. The stair lift had been repaired and was now correctly 'docked' at the top of the stairs. This meant there was no longer a trip hazard. Hazard warning tape had also been placed around the stair lift. The maintenance person employed at the service said they would place a notice at the bottom of the staircase, reminding staff to safely 'dock' the chair at the top of the stairs, for safety reasons and to ensure correct charging of the battery.

The home no longer had an offensive odour and there was sufficient personal protective equipment, such as gloves and aprons for staff to use. The acting manager said scheduled cleaning checklists were now in place and followed. They also said stocks of personal protective equipment were monitored and these were orders placed for additional supplies before they ran low. We saw these checks were in place and recorded. The provider had identified an infection control lead and, weekly checks were carried out on infection control measures. The staff member identified as infection control lead had received sufficient training to carry out this role. People were no longer at risk as a result of a lack of measures to prevent and control the risks of infection.

A relative we spoke with explained that up until the last few weeks they had been so concerned about their family member's safety, they had visited daily and were actively looking for a new home. They explained they were now happy their relative was safe and were no longer looking for a new home for them. They said they now had confidence in the acting manager and staff and felt any concerns they had would be listened to and acted upon.



## Is the service effective?

### Our findings

At our comprehensive inspection of Keychange Charity Sceats Care Home in April 2016, we found the service had not ensured staff received the supervision and training required to provide effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of these concerns, we served a warning notice on the registered provider. They wrote to us with the action they were going to take to address the issues. At this inspection we found they had taken action to meet shortfalls in relation to the requirements of Regulation 18 described above.

The acting manager had developed a schedule for supervision meetings with each staff member. Supervision meetings are one to one meetings staff members have with their supervisor, to evaluate and improve their work performance. Staff confirmed they had either received supervision or had one scheduled. Staff who had received supervision said these had been helpful. The schedule planned for all staff to have received an individual supervision session by the end of July 2016. We have asked the provider to send us evidence of this having been done.

Plans had been put in place for ensuring all staff would receive training on working with people living with dementia and, on providing end of life care. Some staff had received this training between our inspection in April 2016 and this visit. The remainder of staff were scheduled to receive training on working with people living with dementia on 6 July 2016. The acting manager explained that individual and group coaching on providing end of life care would be providing for all staff by the 6 July 2016 and, further training arranged for this area. We have asked the provider to send us evidence of this having been done.

The provider had plans in place to ensure this training and all mandatory training was provided to staff with updates and refreshers provided as required.

# Is the service well-led?

## Our findings

At our comprehensive inspection of Keychange Charity Sceats Care Home in April 2016, we found the service had not assessed, monitored and improved the quality and safety of the service, or mitigated the risks relating to the health, safety and welfare of people and, had not securely maintained accurate, complete and contemporaneous records, including a record of the care and treatment provided to people and of decisions taken in relation to the care and treatment provided. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of these concerns, we served a warning notice on the registered provider. They wrote to us with the action they were going to take to address the issues. At this inspection we found they had taken action to meet shortfalls in relation to the requirements of Regulation 17, described above.

Significant changes had been made to the leadership and management of the service since we visited in April 2016. The provider had put in place an acting manager to replace the previous manager who had left. A different senior operations manager had been given responsibility for the service. The acting manager had received additional support from two experienced managers from other services provided by the organisation, this had involved them visiting the service and having other regular contact. Staff said these new arrangements had resulted in improvements to the service. A relative said, "Things are much better now, (Acting manager's name) is an angel, I feel much happier".

The provider had put in place a comprehensive improvement plan. We discussed with the provider our concern that the current acting manager had been given the responsibility for achieving all the actions. They said the plan would be amended and sent to us again, following recruitment into the permanent positions of manager and deputy being completed. We were also told the acting manager would remain at the service in some position and the additional support described earlier would continue whilst the service was in 'special measures'. The registered provider also confirmed the voluntary embargo on new admissions would remain in place whilst the service was in 'special measures'.

People's personal information was now correctly placed in their care files. Care had been taken to correct the spelling of people's names and ensure the correct room numbers appeared on their records. The risk of people being incorrectly identified had been removed.

Daily records although still brief, now recorded the care people had received. For example, it was now possible to determine when people had last bathed or showered, how much they had eaten or drank, when their weight had last been recorded and how any bruising or wounds were healing. The acting manager explained they were working with staff to develop their skills in keeping accurate, complete and contemporaneous records of care and treatment. They said this would be done through team meetings, individual staff supervisions and 'on the job' coaching.

Internal auditing and quality assurance systems had been put in place. The provider gave us a copy of the full schedule for audits to be undertaken at the service. This plan detailed how each aspect of the service

would be monitored and improvement measured. In addition the provider showed us weekly care plan review audits that had been undertaken in June 2016.

Throughout our visit we found the registered provider, senior operations manager and acting manager to be helpful and focussed on improving the quality of service provided. They recognised the challenge they faced but told us they were committed to making the required improvements to meet the legal requirements and provide a high quality, person centred service. The provider is receiving assistance from Gloucestershire County Council to make improvements. The current management team recognised the benefit of this support and said they would continue to work positively with them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed the risks to the health and safety of service users receiving care or treatment because comprehensive risk assessments had not been completed. Regulation 12 (2) (a).</p> <p>The provider had not done all that was reasonably practicable to mitigate any such risks because measures to manage risks had not been appropriately detailed. Regulation 12 (2) (b).</p>