

Keychange Charity

Keychange Charity The Mount Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We last inspected Keychange Charity The Mount Care Home (known locally as 'The Mount') on the 13, 14 and 15 October 2015 where we found people's needs were not being met and the leadership of the service was ineffective. We placed the service into 'special measures' as they were judged inadequate overall. We also served warning notices for two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of people's safe care and treatment and how the service was governed. Warning notices are the first level of enforcement action under our policy. We told the provider they had to put this right by the 15 January 2016.

We completed an unannounced, focused inspection on the 1 March 2016 to check the provider had complied with the warning notices. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Keychange Charity The Mount Care Home on our website at www.cqc.org.uk.

The Mount can accommodate a maximum of 28 older people who may be living with dementia. The service provides residential care without nursing. Nursing care is provided by the community nursing team. When we visited, 19 people were living at the service.

There had been no registered manager since November 2015. 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 Mount was being managed by two managers on a job share basis. Both these managers were registered managers for two of Keychange Charity's other services in the South West. The provider had appointed a manager who was due to start in April 2016.

People said they were happy living at The Mount and told us the changes made at the service had added positive value to their lives. For example, one person told us how nice it was to use the lounge and meet with people who they were getting to know and looked forward to meeting each day. Staff told us the changes were good and they felt valued as part of the staff team. People we were concerned about last time told us their needs were being addressed and they had choice in how their needs were met by staff. Staff and managers were open in saying the changes were a "work in progress", but felt they were on the right road to improving the service and the lives of people living there.

People's medicines were administered safely. Staff had received up to date training in the safe administration of medicines and were having their competency checked. Systems had been put in place to ensure medicines were managed in a safe way.

People had up to date risk assessments in place to mitigate the risks of living at the service. Risks assessments of the inside and outside of the building were being developed. People had risk assessments in

place which were personalised and identified their own unique circumstances. People were involved in managing their own risks.

Staff were following safe infection control practices. Staff had received up to date training and guidance. Personal protection equipment and hand washing facilities were available to staff. An audit had been completed to monitor practice and keep people safe.

Systems were in place to ensure people's needs could be met in the event of an emergency. People now had personal emergency evacuation plans (PEEPS) in place. The provider was in the final stages of developing a contingency plan to ensure staff could keep people safe in the event of an emergency.

People were happy with the amount they had to eat and drink and had a choice of what they wanted to eat and when. People said the food was flavourable and they were happy with the portion sizes. Where there were concerns about people not eating enough, drinking enough or losing weight, staff took action to ensure people did not become malnourished or dehydrated. People were offered drinks at several times in the day. The recording of people's food and drink intake were in place where there was a concern. However, these were not always complete. The managers were taking action on this and feeding back to staff the importance of keeping accurate records.

People's health needs were met and clearly recorded. People's records demonstrated contact was had with people's GP, district nurse and other health professionals as required. People were involved in making decisions about their care and treatment. Advice from health professionals was followed and people's records were updated as required.

People had care plans in place which were personalised and reviewed. People were involved in saying how they wanted their care delivered.

There was evidence of leadership and governance in place. Keychange Charity were addressing the issues identified at our last inspection and had put processes in place to monitor the service and its progress. This included the Trustees and senior management team taking a more active role in ensuring the service improved.

Audits were in place locally to monitor the service. People and staff were involved in feeding back about the service and felt listened to.

Whilst improvements have been made the service continues to be in 'Special measures'. We will review this at the next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was safe in the areas reviewed.

People's medicines were administered safely.

People had up to date risk assessments in place to mitigate the risks of living at the service. Risks assessments of the inside and outside of the building were being developed.

Staff were following safe infection control practices.

Systems were in place to ensure people's needs could be met in the event of an emergency.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Inadequate ●

The service was effective in the areas reviewed.

People had enough to eat and drink to maintain their health.

People's health needs were met and clearly recorded. Advice from health professionals was followed. People's records were updated as required.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement ●

The service was responsive in the areas reviewed.

People had care plans in place which were personalised and reviewed. People were involved in saying how they wanted their care delivered.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

The service was well-led in the areas reviewed. There was evidence of leadership and governance in place. The trustees and the CEO were involved in monitoring improvement at the service.

The provider ensuring the quality of the service. Audits locally were now in place to monitor the service and there was an overview with regular visits from the senior management team.

People and staff were involved in feeding back about the service and felt listened to.

We could not improve the rating for well led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inadequate 

Keychange Charity The Mount 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.

We undertook an unannounced focused inspection of The Mount on the 1 March 2016. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 13, 14 and 15 October 2015 had been made. We inspected the service on four out of the five questions where this applied to the warning notices. That is, 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service Well-led?' This is because the service was not meeting some legal requirements in these areas.

The inspection team was made up of two inspectors, a pharmacist inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about home. This included the provider's action plan which set out the action they would take to meet legal requirements.

During the inspection we spoke with 13 people and three relatives. We read the care records for four people and reviewed they were receiving their care as planned. We reviewed the records associated with the Warning Notices. That is, we reviewed the records associated with safe care and treatment and good governance. This included people's risk assessments, the recording of people's food and fluid, all medicine administration records, infection control records and how staff were now recording people's needs. We also reviewed records of how the provider was ensuring the quality of the service, evidence of leadership and governance, the maintenance records and whether the service had a contingency plan in place.

We spoke with eight staff during the inspection. Two temporary managers and Keychange Charity's Operation Manager for the South West were also present during the inspection.

Is the service safe?

Our findings

At our inspection in October 2015 we found the administration of people's medicines was very unsafe. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice. At this inspection we found the administration of people's medicines was now safe.

We saw the service had been supported by their supplying pharmacist and the local authority Medicines Optimisation Team to ensure the practice of administering medicines now met current guidance. Staff rotas made sure there was always at least one medicines trained staff member on duty, with usually two trained staff available during daytime shifts. Staff had received updated medicine training and were having their competencies checked. A new member of staff said they had received medicines training and their competency had been checked before they started to administer medicines at The Mount.

People's medicines were administered safely. There was a clear link between people's medicines and their care plans. Everyone we spoke with told us their medicines were administered on time and as they would like. One person said, "I'm diabetic, but they manage my medication very well." Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MARs) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a record to show creams were administered as prescribed.

We found that allergies to medicines were not clearly recorded in care plans and on MAR charts and there was no error and near miss reporting procedure in place. Action was taken by staff on the day of the inspection to plan to resolve this.

At our inspection in October 2015 we found people's risk assessments were not clearly linked to their care plan. Staff were not routinely assessing or acting to mitigate the risks to people. Where there were concerns about some people's individual risks, these were sometimes mentioned in a standalone risk assessment. However, these were not linked to people's care plans. There were no risk assessments, or linked care plan, for people with specific health needs or people taking certain medicines; for example, people with diabetes or taking warfarin. One person was cared for in bed and there was no assessment of their ability to eat or drink safely without choking. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

On this inspection, we found people had clear risk assessments in place which were linked to their care plan. These addressed the range of risks, including health and medicines risk, and were personalised. The risks to people while living at the service were up to date and regularly reviewed. The person or family had been involved in reviewing the risks and helping to mitigate any harm they may come to. All risk assessments were clearly linked to people's care plan, staffing levels and staff training.

Risk assessments were not in place to ensure people were safe when moving around the inside and outside of the building. However, we were assured by staff these were being developed and would be available for the next comprehensive inspection. Also, some people's risk assessments were not clearly labelled to ensure the risk could be easily reviewed. For example, one person had two risk assessments in place due to concerns about choking. Neither were called a choking risk assessment and tended to be lengthy making it difficult to ensure that staff would be able to understand what action they needed to take to reduce the risk of choking. This was discussed with the manager who could see why this may lead to confusion. Steps were put in place to address this by seeking a template for a choking risk assessment which will be completed for all people who require it.

At our inspection in October 2015 we found the service did not have an accurate list of the people living at the service. It was also not known what staff were on duty so there was no knowledge of who was in the building. All people did not have personal emergency evacuation plans (PEEPs) in place. The service did not have an identified system in place to ensure staff could react in the event of an emergency. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

On this inspection, we found PEEPs were in place for everyone. Systems had been put in place to ensure it was known who was in the building at any one time. An accurate and up to date list of people was available. The provider was continuing to develop a contingency plan to ensure people were kept safe in the event of a fire or other emergency. We were advised they were only awaiting confirmation of the place of safety which could be used if needed. The policy would then be made available and staff would be informed of its content.

At our inspection in October 2015 we found people were not protected by safe infection control practices. Risks of infection were not properly communicated. Staff were not always provided with the correct personal protective equipment (PPE) or this was restricted and being used several times. Staff ran out of cleaning products. Contaminated laundry was not being prioritised. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

We found on this inspection that infection control practices had been addressed. Staff had received updated training and guidance. PPE had been made available and was single use only. An infection control audit had been completed and action taken to address any concerns. The home was clear of adverse odours. The laundry was being managed in a way to reduce the possibility of cross infection. Staff said personal protective equipment was always available; there were regular checks on stock of PPE and cleaning products with more ordered when required.

People and staff raised concerns with us that all staff responsible for cleaning the service had left with the last one having left on the three days before the inspection. In the meantime, other staff were doing what they could around other responsibilities. We spoke with the managers and operations manager about this who stated a member of staff had been recruited but was awaiting the employment checks to come back. Also, another member of staff was going to be redeployed to take on cleaning duties. We advised we would let the local authority know about this so monitoring could take place. We also advised we would review at the next inspection or sooner if concerns were raised with us.

People told us they felt safe living at The Mount. One person told us, "I really feel safe because the girls are so kind and lovely and I've been here five years so that tells you something" and another, "Everybody (all staff) is lovely, I can't fault them".

Is the service effective?

Our findings

At our inspection in October 2015 we found people were at risk of dehydration and malnutrition. The monitoring of people's fluid and nutrition intake showed people were not taking on adequate food and fluids. People's food supplements were not recorded therefore it was not possible to check people had their supplements as prescribed. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

On this inspection we found the monitoring of people's food and fluid intake had improved. People had their need for good nutrition and regular hydration met. There were some gaps in the recordings of each day. However, records demonstrated action had been taken. People were referred to their GP or other health professionals as needed to ensure their needs were assessed and guidance given to staff. People's care plans and risk assessment were updated to ensure staff had up to date information and monitored people's needs.

One person we were concerned about at the last inspection told us there had been improvements and they were always now provided with regular drinks reducing the likelihood of complications for them. Another person said, "They always make sure I have either water or juice to hand." People were offered choices at mealtimes and every effort was made to ensure they had enough to eat. For example, if people did not like what was on offer alternatives were offered; people could ask to eat something they had a fancy for as well.

Comments from other people included, "The food is very good and I always have a drink available", "The food at dinner time is especially good", "I have my meal in my room and it's always nice and hot, and it's tasty as well", "You always get plenty" and, "The food is very good I just can't eat it all though".

The atmosphere at lunch was quiet and relaxed with music in the background. A staff member sat at a table with two people and engaged in conversation. Drinks of choice were served with the meal. Cold and hot drinks were served mid-morning and afternoon.

At our inspection in October 2015 we found advice given by health professionals was not routinely added into people's care plans. We also observed staff had been writing advice from health professionals in the daily records which had then been archived so were not readily available. Staff told us they had not been updating management of people's changing health needs. Records were not clearly maintained about what health professionals people had access to. There was no record of anyone having seen a dentist. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

On this inspection we found there was clear recording of people's current and changing health needs. A relative told us, "They always keep us up to date with my relative's health." Where people had seen their GP, or other health professional, this was clearly recorded in a dedicated section of people's records along with the guidance given. This was linked with people's care planning. Staff were informed of changes at staff handover. People had seen chiropodists, opticians and dentists as required. Staff told us they now informed managers of people's changing needs and felt this was listened to and acted on. One staff member said

there was now a process for responding to people's health needs and there was "good communication". Staff described how they had close contact with the GPs and district nurse as needed. Another staff member said they had received training around people's health needs since the last inspection. They were now "regularly talking with the GP about one person who was refusing their medicines and not wanting to get up." All contacts were recorded in the person's notes and shared with other staff to ensure the information was known by all staff to ensure consistency of care.

Is the service responsive?

Our findings

At our inspection in October 2015 we found the records of people's care needs lacked the detail that showed people's needs were known, planned for and met. Each record we reviewed required speaking to the person, staff, health professionals to be able to understand people's needs and if they were being met. People's pre or on admission assessments lacked the detail to be able to start to put together an initial care plan to meet people's needs. Care plans were not personalised and did not always cover people's full needs. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

On this inspection we found people had care plans in place which were personalised. The care plans had been written in January 2016 and reviewed in February 2016. They contained information about the person in respect of their needs, personality and how they wanted their care needs met. It was clear people and their family had been involved in putting the information together. One member of staff said there was a lot more information about people in their care plans and staff were getting people out of their rooms adding, "Encouragement has made a difference. We need to keep going up and up".

There were some gaps in records in relation to how people had occupied their day and whether they were receiving the right personal care. We spoke with the manager about this who demonstrated this was being followed up with staff as required. The manager was reviewing this weekly and speaking to individual staff to ensure they understood the importance of keeping accurate records.

No new people had been admitted at The Mount since the last inspection. It was not therefore possible to review if people's pre and on admission paperwork had improved. The managers advised new systems were now in place which would support people to move into the service in a managed way. This included who would visit the person and how pre admission information would be gathered. An immediate short care plan would then be devised so people's needs could be met in a personalised manner. This would then be developed into a full care plan over period of two weeks as they got to know people. The local authority have advised they will support any new admissions to help staff develop good practice when admitting people to the service.

Staff told us they had received dedicated training in how to write about people's needs in a personalised way. One staff member described how all staff could now contribute to the information about people's needs. Another staff member said the care plans had improved; they told us they felt the care plans "reflected their intimate understanding of people". Another staff member said it was clearer on who to go to if they had a question or concern about someone and, "There was good exchange and passing of information", which they said made it easier to be responsive to people's needs.

People told us they were happy they had their care in a way that was responsive to their needs. One person said, "I like to have a shower every day and that's what they do for me." And another said, "I love watching films so they put a DVD on for me." A relative said, "My relative has been here three years and she is very happy and well cared for."

Is the service well-led?

Our findings

The Mount was owned and run by the Keychange Charity. Keychange Charity is a Christian-based not for profit registered charity governed by a board of trustees. There was a nominated individual (NI) who is a person appointed by the provider to be responsible for supervising the management of the service. We received a mixed picture from staff in respect of the provider. Some felt this could have been better whereas others spoke positively about the NI and the support from the senior management team.

At our inspection in October 2015 we found the provider did not have effective quality assurance systems in place. Oversight had not been robust enough to ensure the service was safe for people, particularly in relation to the management of medicines, infection control practices, environmental checks and emergency plans. There was no effective quality monitoring in place to ensure that people's needs were met, that people's records were accurate, or to improve the quality of the service for people when required. We told the provider they needed to put this right by the 15 January 2016 as part of the warning notice.

At this inspection we found there had been improvement in ensuring the issues identified at the previous inspection were addressed. People and relatives had been invited to a meeting about the previous inspection outcome. People were more involved in planning their care and involved in giving feedback on the service. Staff told us there had been more regular team meetings and they had been kept informed and involved in the changes required.

Records of people's care had been reorganised and flowed well to ensure the information was accurate and up to date. Old information had been archived to reduce confusing messages on how people's care needs should be met. Action had been taken in respect of medicines administration, infection control and meeting people's needs.

A range of audits had been introduced including audits of care plans, infection control and medicines. Records of maintenance had been improved so it was easy to see when checks of equipment and utilities were required. An area yet to be addressed was the recording of water temperatures however, systems were in place to address this in the week following this inspection.

There was evidence of involvement by the NI and trustees in responding to the last inspection. A plan of action had been put in place which had been regularly reviewed. Weekly senior management oversight was in place with regular feedback and response to the trustees to ensure the concerns were being addressed. The provider and staff had worked closely with staff from the local authority to address areas of concern.

Staff told us they felt the temporary managers were approachable and listened to them. They felt there was a clear structure of accountability in place with all staff knowing their role and responsibility. Staff spoke passionately about the service, the need to continue to address the culture in the service and were realistic about work still needing to take place to put everything right. One staff member said, "It has been like a roller coaster and sometimes very stressful". They added, "I love this place, I love the residents, I love the staff". They felt there had been positive changes with people coming down to the lounge. They said the

home felt "lived in" and staff were very supportive. All staff spoke about feeling they were developing as a team. One member of staff said, "The care staff that are still here are standing up and holding their own; managers have been very approachable whatever we have asked for people we have had. We have been encouraged to make changes". A further member of staff said, "It is better than it was. The managers have been listening to us. Prior to the last inspection I had actively been looking for another job; that shows how much better I feel it is".