

Walsingham Support Keepers Cottage

Inspection report

Keepers Cottage
Falcon Lane
Ledbury
Herefordshire
HR8 2JN

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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

About the service: About the service: Keepers Cottage is a care home that was providing accommodation and care to eight people at the time of the inspection. The service is also a domiciliary care agency. It provides care to people living in their own houses and flats. At the time of the inspection, six people were supported through the domiciliary agency. Care is offered to people living with learning disabilities, The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the local area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

- People were complimentary about the care provided by staff, and the way the service was run.
- People had developed strong bonds with the staff who cared for them, and enjoyed expressing their affection for staff. People were confident to ask for assistance and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- Staff knew what was important to the people they cared for and spoke warmly about them, and ensured their rights to dignity, independence and privacy were respected.
- People and staff told us they saw the registered manager often and found them approachable.
- Staff knew people's health and well-being needs well, and supported people to see health professionals when need. This ensured people's health and well-being needs were met.
- There were sufficient staff to care for people at times people wanted assistance.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- People made their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People told us staff knew how to care for them. Staff had received training and developed the skills they needed to care for people, through induction and on-going training.
- The views of people, their relatives, and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met.
- Staff ensured people had opportunities to do things which they enjoyed and which responded to their individual needs.
- Systems were in place to take any learning from complaints and to further improve people's care.
- The service was not providing care to people at the end of their lives, at the time of the inspection. The

registered manager confirmed they would work with people, their families, and other health and social care professionals to ensure the preferences of people and people's best interests would be considered when planning end of life care.

- The registered manager and provider checked the quality of the care provided and developed the service and based suggestions from people, their relatives and staff.
- The registered manager kept up to date with best practice developments, so they could improve the care provided further.

Rating at last inspection: Good. The last report for Keepers Cottage was published on 13 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Keepers Cottage

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out the inspection.

Service and service type: Keepers Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Keepers Cottage is also a domiciliary care agency. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care and accommodation services to people with learning disabilities or autistic spectrum disorder.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed:

- Information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse.
- Feedback from the local authority and professionals who work with the service.
- We assessed the 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. We used all this information to plan our inspection.

During the inspection:

- We spent time with people in the communal areas of the home and in their rooms and we saw how staff

supported the people they cared for.

- We spoke with five people who lived at the home, to gain their views about the care provided, and two relatives.
- We also spoke with the registered manager, the provider's representative and seven care and senior staff members.
- We reviewed a range of records. This included two people's care records and multiple medication and records, and records about safeguarding people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included systems used to check the quality of the care provided, such as residents surveys. We also checked how complaints and any accidents and incident were managed. In addition, we saw checks made on medicines administered and the training undertaken by staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.
- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- People were very positive about the support they received from staff to stay as safe as possible, and told us staff talked to them about their safety needs. This included ways to stay safe when they chose to spend time in the community.
- Staff had assessed people's safety and well-being needs and considered when planning their care. For example, if people had increased risks in relation to food, and also considered if people needed extra support to manage their safety when moving independently.
- People's well-being and safety was regularly checked, and the care provided was adjusted when their needs changed, including as they aged. People's wishes and the views of other health and social care professional were considered when people's safety plans were amended.
- We saw were quick to support people if they wanted this, so their safety and well-being was maintained.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance.
- Staff had been supported to understand what actions to take if they had any concerns for people's safety.
- There were sufficient staff to care for people at times people wanted.

Using medicines safely

- Some people managed some of their medicines, such as applying creams, independently. People who relied on support from staff to have the medicines they needed to remain well told us they could rely on staff to help them.
- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Checks were regularly made on the medicines administered, so the registered manager could be assured people were receiving their medicines as prescribed.

Preventing and controlling infection

- The home was well maintained and clean. Staff followed the training they received to promote people's health, both at the home and when providing domiciliary care.
- Staff confirmed equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, so risks to people were further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the home, or to have domiciliary care support. Two relatives told us their family member had opportunities to spend time at the home before they decided to move in. One relative said, "[Person's name] was a lot less stressed. They knew instantly they wanted to move in, here, and they have been very settled."
- Staff gave us examples of how they supported people to be involved with on-going assessments of their care needs, so they would continue to receive the care they wanted.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff skills, knowledge and experience

- People told us staff knew how to care for them.
- Staff were positive about the training they had received and were confident additional training would be arranged when needed, to meet people's changing needs. One staff member explained some of their training was provided by health and social care professionals, and was specific to the people they supported. This helped to ensure people were supported by staff with the skills and knowledge needed to care for them.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed their meals. One person told us, "The food is really good, and it's healthy". The person told us how much it had meant to them that staff had supported them to lose weight. The person said, "I am delighted, and staff helped me to do this."
- Where people support to maintain their safety when eating this was provided by staff.
- Some people enjoyed the independence of making their own drinks, and sometimes liked to help staff prepare meals.
- Staff regularly encouraged other people to have enough to drink so they would remain well.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals, when they wanted this. One relative said, "[Person's name] goes for regular GP appointments."
- Staff gave us examples of support they had provided, so people would be able to access other services.

This included working with other health and social organisations, so people would have the care needed and their health and well-being needs would be met.

- Advice provided by health specialists, such as dentists, was reflected in the way people's care was planned and the support staff provided to people.

Adapting service, design, decoration to meet people's needs

- People's rooms reflected what mattered to them and enabled them to connect with their interests. ● People enjoyed a number of communal areas and grounds to spend time quietly, or to socialise as they wished. One person enthusiastically showed us an area which had been created so they could spend time seeing and caring for chickens.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very complimentary about the staff who cared for them. One person said, "They (staff) see we are ok, they are helpful and thoughtful staff." Another person told us, "Staff talk to me nicely, and they are really kind they know me well."
- Staff spent time chatting with people and were quick to offer reassurance and support in the ways people preferred.
- Staff spoke with affection for the people they supported and understood what was important to them. One staff member said, "You do get to know people, and you suggest things we can do together, so you develop bonds." The staff member explained they by doing this they had found one person really liked music, so supported them to see their favourite pop group. The staff member said, "[Person's name] was so happy Gary Barlow shook their hand at the end of the concert."
- People were confident to ask staff for support when they wanted this, and we saw people enjoyed spending time sharing a joke with staff who cared for them.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff encouraged them to make their own decisions about their care. This included how and where they wanted to spend their time, and what time they wished to get up and go to bed. One person told us they had regular opportunities to decide what care they wanted, at regular meetings. This supported people to live their lives as they chose.
- Staff always checked with people before they provided care to them.
- Staff discussed what enjoyable things people might like to do. Staff listened to people's responses before assisting them.
- Where people needed support to make some choices, and day to day decisions about the care this was provided by staff. For example, one staff member explained how they carefully checked one person was still enjoying their initial choice of activities, over time.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity and independence was considered when their care was planned. One person told us staff recognised the liked the independence of doing some of their personal care, themselves.
- Another person emphasised they felt treated with respect and because, "Staff always speak nicely to me."
- Staff gave us examples of the way people's independence was individually supported. This included building people's independent living skills and encouraging them to do their own shopping. The staff member explained this gave people a chance to recognise their skills and build their confidence.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care planned reflected their histories and needs, and people met regularly with staff to consider if any changes needed to be made to their planned care. One relative told us, "We can make suggestions and we plan together [person's name] next steps." The relative said because of this, "We are really happy with the care."
- Staff told us people's care plans and risk assessments gave them the information they needed to support people, based on their individual preferences. For example, one staff member explained they knew one person liked to listen to music, if they were anxious, and explained how this reassured the person.
- People were supported to do things they enjoyed. This included spending their leisure time out in local towns, either with support from staff or independently, attending the theatre, gardening clubs and going to the gym. One person highlighted how much they enjoyed going shopping and for coffee and cake with staff. Another person told us they liked the celebrations which were organised to mark special events.
- Staff gave us examples of the way support was individually tailored to meet people's needs. One staff member told us how special arrangements had been put in place, so one person with a keen interest in spending time at a local farm was supported to spend a night there. This had enabled the person to see lambing, which they had really enjoyed. Another staff member explained how staff were working with one person so their care plan reflected their express wishes, as their needs had significantly changed.
- Staff worked in flexible ways, so people were supported by their preferred staff member, and were less anxious when attending appointments with other health and social care professionals.
- Staff considered what was important to individual people when planning their care and used this information to ensure individuals could connect with people who mattered to them. For example, some people had asked for regular 'date nights' and 'ladies nights' where they had extra opportunities to spend time with people who were important to them. During date nights people were served a home cooked meal, and could chat to their loved ones. Ladies nights gave people the opportunity to catch up with their friends.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. Staff gave us examples of the support they offered to people, so their communication needs would be met. This included individual ways of responding to people's sensory needs, so people were empowered to make their own choices and experienced an enhanced sense of well-being. "Easy Read" version of key documents were available to support people's communication needs.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the promotion of choice and control, independence and inclusion. For example, we saw people

took pride in the successes they had to develop their independence further, and enjoyed contributing to life at the home. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not wanted to make any complaints about the care provided, as they considered it to be good. People were confident if they raised any concerns with staff and the registered manager these would be addressed.
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- The service was not providing care to people at the end of their lives at the time of our inspection. The registered manager told us they would work with people, their families and other health care professionals to consider people's best interests, as the need arose. Plans setting out people's wishes at the end of their lives were being further developed, so people's preferences would be met.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People and their relatives were very positive about living at the home, the way it was managed and the senior staff who supported them. One person said, "[Registered manager's name] is down to earth and works really hard. [Registered manager's name] is kind." One relative highlighted how confident they were with the care provided and told us communication from the staff was good.
- People told us because of the way the home was run and the culture at the Keepers Cottage it had helped them to become more independent. We found people cared about and supported each other.
- Staff felt supported and told us they had the resources they needed to care for people. One staff member said, "[Registered managers name] want people to be happy and get the best out of life. She has an in-depth knowledge of people, and she is passionate about their care."
- The registered manager said, "The people here are brilliant. It's all about them, and I love supporting the staff to work with them."
- Staff could obtain support without delay from senior staff and systems were in place to regularly communicate information about people's needs and preferences, so they would receive the care they wanted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives and staff told us they were encouraged to make suggestions about the care provided, and their suggestions were listened to. This included interesting things for people to do and plans to adapt people's care so they would enjoy a good level of well-being.
- The registered manager and staff gave us examples of the effective ways staff worked with other health and social care professionals. For example, through joint working with hospital teams, one person was being carefully supported to attend hospital appointments, so they were now less anxious.
- Staff had supported people to run a 'pop up café' over the summer months. People told us they really enjoyed this, as it helped them to meet people from the community. The registered manager advised us they were planning to provide similar initiatives this summer.

Continuous learning and improving care

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed. Staff explained how changes had

been introduced, which had led to a reduction in medication recording errors. The registered manager also reviewed any accidents or incidents, and concerns and complaints so any learning would be taken from them.

- The registered manager sought people's views on the quality of care provided through meetings and surveys. These had been positive, and any actions required for individuals were actioned.
- One person proudly told us they represented Keepers Cottage at meetings where the provider checked on the people's experience of care.
- The registered manager kept up to date with best practice through meetings with the provider's representative, with the provider's other managers and by research, including attending events.
- The provider's representative and quality assurance team regularly checked the quality of care provided by Keepers Cottage. Where any actions were found, action plans were put in place to drive through improvements in people's experience of care.
- There was a planned programme of refurbishment, which had recently provided new fire alarm systems. The registered manager advised us the maintenance programme also included re-carpeting of the stairs, to benefit the people living at the home.