

Mr Gordon Nuttall

The Keepings

Inspection report

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09 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 08 and 09 October 2018 and was unannounced. The last inspection that was carried out on the 22 and 23 November 2016 the provider was found to have areas of the service that required improvement and was given an overall rating of 'Requires Improvement'. When we completed our previous inspection on 22 and 23 November 2016 we found the provider had not considered the impact of patterned carpet on the impaired vision or perception difficulties for people with dementia. At this inspection this topic area was included under the key question of 'Responsive'. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area are now included under the key question of 'Effective'. Therefore, for this inspection, we have inspected this key question and also the previous key question of 'Effective' to make sure all areas are inspected to validate the ratings. At this inspection we looked to see if sufficient improvement had been made so the service could be rated 'Good'. We found the service was rated 'Requires Improvement' with a breach in regulation 17.

The Keepings is registered to provide accommodation and support for up to 23 people who have conditions related to old age and/or dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 21 people living at the home. There was a 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.

Information on people's interests, likes and dislikes were an improvement on the last inspection, the provider did not ensure these were reflected in any activities they provided.

While the provider and registered manager carried out spot checks and audits. They were not effective in identifying areas of concerns within the service. The provider did not ensure the environment was checked regularly.

Staff knew how to keep people safe and could explain the action they would take where people were at risk of harm. There were enough staff to meet people's needs in a timely way. People who needed medicines could receive them as they were prescribed. Personal protective equipment was made available to staff so they could support people in a way that reduced the risk of cross infection.

Staff could get support when needed so they had the skills and knowledge to support people. The provider followed the requirements of the Mental Capacity Act (2005), so people's human rights were not restricted where they lacked capacity. The provider ensured people had access to health care as required.

Staff were kind and caring in the way they supported people. Assessments were carried out so the provider

could be sure they could meet people's needs. People's privacy, dignity and independence was respected in the way staff supported them.

Relatives and advocates were involved to support people share their views. A complaints process was in place so any concerns raised could be dealt with appropriately.

The provider made available a questionnaire to gather people's views, but it was unclear as to how the analysis from the questions were shared with people.

We have made a recommendation about people living with dementia.

We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good 

The service was safe.

Staff received training so they would know how to keep people safe from harm.

Risks were being identified so people could be supported safely

People were supported with their medicines as they were prescribed.

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider was unable to demonstrate how risks to people were considered in line with current guidance on dementia care in fitting their current lounge carpet.

People were supported by staff who had the skills and knowledge to do so.

People were supported in line with the requirements of the Mental Capacity Act (2005).

People could make choices as to what they had to eat and drink.

Is the service caring?

Good 

The service was caring.

Staff were compassionate, kind and caring.

People access advocate services where needed.

People's privacy, dignity and independence was respected.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People's needs were assessed when they were admitted to the

home.

While people's interests, hobbies and preferences were noted, people were still not receiving sufficient social stimulation and activities were not well planned.

People and their relatives had systems in place to help them complain if they needed to.

Is the service well-led?

The service was not always well led.

The provider and registered manager's spot checks and audits were not always effective in identifying improvements and concerns within the service.

The provider did not sustain sufficient improvement to the service.

Although people were asked for their feedback about the service, the provider did not share their findings with people or ensure their feedback led to improvements.

Requires Improvement ●

The Keepings

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 inspection took place over two days 08 and 09 October 2018 and was unannounced. The inspection team consisted of one 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.

We asked the provider to complete a Provider Information Return (PIR) which they did. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service this included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. The information we were provided with was used as part of planning our inspection.

On the day of our inspection there were 21 people living at the home. We were unable to speak with people to understand how they felt about the service but could observe how people were supported. We spoke with four relatives, five members of staff, this included care assistants and senior staff. The registered manager was not at work at the time of our inspection so the deputy and assistant deputy managers supported the process. The provider was also available at various times throughout the process. We looked at the care records for three people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in November 2016 we rated the registered provider as 'Good' in this question. We found that the support people were receiving was being delivered safely.

We found from our observations at this inspection that people were being supported safely. The provider told us in their Provider Information Return (PIR) that staff knew how to report any abuse and information was displayed which we could confirm. Relatives we spoke with told us they were happy with how their relatives [people receiving the service] were being supported. Staff we spoke with told us they had received training in safeguarding and knew how to keep people safe. Staff could explain different forms of abuse and knew the action to take where people were at risk of abuse or harm. A staff member said, "I would report any abuse to the manager and we have numbers for safeguarding to call in the office".

We saw that people were supported with their medicines as they were prescribed. We observed and checked with the staff member administering medicines that they could get the support needed to administer medicines and their competence was checked. Another staff member told us, "I am currently being trained so I am not able to administer any medicines until I have completed my training". Another staff member told us they had been trained and their competence was checked by the manager on a yearly basis. Staff we spoke with knew how to administer medicines and could explain and answer our questions as to how they administered medicines.

We observed a senior member of staff asking people if they wanted any pain relief as part of them being prescribed PRN medicines. These are medicines given like pain relief 'as and when required'. We saw that a process was in place to support staff to administer these medicines in a consistent way. We saw that a Medicines Administration Record (MAR) sheet was used to show that people received their medicines. We found that where people were being administered a controlled drug that they were stored securely and a controlled drug register was used to show when these medicines were administered and by which staff members.

The provider told us in their PIR that they used a staffing tool to ensure they had enough staff to support people. We confirmed this on our inspection and we saw that sufficient numbers of staff were available to meet people's needs. Relatives we spoke with told us that people were supported by staff on time and when they needed it.

The provider had a recruitment process which they used to carry out checks on potential staff to ensure they were of sound character and to ensure they had suitable skills and knowledge to support people. Where gaps in potential staff knowledge were identified relevant support was made available. Staff we spoke with told us they were required to complete an application form and provide two references. They were also required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure the provider had employed suitable staff to support people. We found that references and DBS checks were being sought and the employment history of potential staff checked.

We found where accidents and incidents were to take place that the provider had systems in place to note down what had happened. Staff we spoke with could describe the processes they followed when incidents or accidents had taken place. Staff could also explain what they did where an unwitnessed fall had taken place. We witnessed such a situation as a person had a fall during the inspection process and we could observe the actions of staff. Staff comforted and reassured the person while they waited for medical assistance from an ambulance. We found that trends were being monitored to identify where patterns may be occurring so action could be taken to reduce incidents or accidents.

We found that risks within the service was an important part of how people were supported. Risk assessments were taking place and action was taken to reduce any identified risk to how people were being supported. Staff we spoke with confirmed that they had access to risk assessments and could follow them to ensure risks to people were reduced. People who were at risk of falling we found from their risk assessments that equipment was being used to reduce the risk of falls or injury. For example, we saw sensor/crash mats being used and where people needed to be moved we saw staff using a hoist. This equipment was identified to be used by two staff members to ensure any risks to people could be reduced. We found that Personal Emergency Evacuation Plans (PEEPs) were in use and showed how people would be supported in the event of an emergency. Risks to the premises were also being identified and action taken where needed.

Staff were observed using personal protective equipment when they supported people. Staff confirmed they had access to this equipment when needed. A staff member said, "We use personal care gloves and plastic aprons when we do personal care and I have done infection control training".

Is the service effective?

Our findings

At our last inspection in November 2016 we rated the registered provider as 'Requires Improvement' in this question. We found that staff were not always receiving all the training they needed to support people and there was no evidence to show how best interest decisions were being made when needed. The provider had also not considered the impact of the carpet in the lounge area for people with dementia. For example, the impact of the patterned carpet on the impaired vision or perception difficulties for people with dementia.

At this inspection we found that the provider had still not considered the impact of the patterned carpet in the lounge on people with dementia and any potential risks or confusion this may have caused. The provider was not able to explain how they considered the concerns raised at our previous inspection in relation to ensuring the environment was suitable for people with dementia care needs.

We recommend that the provider refers to current guidance or seeks advice from a reputable source on best practice for the environment people live in who live with dementia.

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 that, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked whether the service was working within the principles of the MCA. We found that people's liberty was being restricted in their best interest and this was done following the principles of the MCA. Where a DoLS was required we found these to be in place with a date for the local authority to review. We saw that staff training into the MCA and DoLS were taking place and the registered manager was proactively ensuring staff went through refresher training where this was needed. Staff we spoke with confirmed they had received training and could answer questions on the MCA.

Staff explained how people's consent was sought by way of their knowledge of people. We observed people's consent being sought and people could give their consent by nodding their head, pointing at what they wanted or using other actions to show whether they had given consent and were happy or not.

Relatives we spoke with told us that staff knew how to support their relatives [people receiving the service]. A staff member said, "I do feel supported and I can approach the manager whenever". We saw evidence that staff were supervised and could attend staff meetings. We also saw that appraisals took place allowing staff the opportunity to discuss their development needs and identify how they could develop their skills and knowledge further. A staff member said, "Yes, I do get supervision". The provider told us in their Provider Information Return how staff were supported and we could confirm this as staff could explain the value of supervision.

Staff told us they were required to go through an induction process, which involved the use of the care certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. A recently employed member of staff told us they were currently going through the care certificate as part of their induction. We found that staff were required to attend training. For example, first aid, dementia awareness and falls prevention were just some of the courses available. Staff confirmed they could also attend specific training to meet people's specific support needs when required. We saw evidence of this.

The provider completed pre-admission assessment before people were accepted within the home. This ensured before people were admitted they knew beforehand that people's needs could be met, along with identifying any preferences and specific requirements. For example, people's sexual orientation, gender, spiritual/religious beliefs and cultural needs. The provider had put in place plans to provide staff with equality training which would support them in understanding the requirements of the Equality Act (2010) and the protected characteristics which they already identified as part of their assessment process.

We found that people had access drinks when they wanted and staff were regularly seen offering people drinks. During lunch time we saw that people could choose what they had to eat. We found that a meals menu was in place and people could choose from two options what they had to eat at meal times. We found that people were also able to choose something else where the options available was not what they wanted.

We saw where people needed support to eat and drink due to a risk of choking or could not feed themselves. Staff were observed supporting them to eat and drink at their own pace and in a manner, that respected their dignity. We saw that the frequency of food and drink was being monitored to ensure people were not at risk of malnutrition or dehydration.

We found that people's health and wellbeing was an important part of the support people received. We saw evidence from people's care records that healthcare professionals visited the home regularly. For example, opticians, dentist, chiropodist and a doctor all left information showing the outcome from their visits. We saw a nurse on the day of the inspection providing people with health care support and she confirmed nurses visited the home several times per week. We found where people had pressure sores or were incontinent nurses supported staff by ensuring people were provided with the health care they needed. We found people's health improving as a result of staff following the recommendations of healthcare professional.

Is the service caring?

Our findings

At our last inspection in November 2016 we rated the registered provider as 'Requires Improvement' in this question. We found that people's privacy and dignity was not always being respected and there was not sufficient information to show the availability of an advocate service.

At this inspection we found improvements were made as details about advocacy services were being displayed and staff could tell us which people were using the service of an advocate. We found that regular relatives and residents meetings took place to give people the opportunity to share their views and comment on how the home was managed and run. We saw from the minutes of a recent meeting that people and relatives felt the décor within the home could be improved and suggested it could be made brighter.

At this inspection we saw that people's privacy and dignity was being respected in how staff supported them. We observed staff ensure people's dignity was upheld when they were supported. For example, when they were moved using a hoist. A staff member told us, "I would always ensure I knock the bedroom door before entering someone's [person receiving service] room". Another staff member said, "I would always cover a resident when supporting them with personal care". We found that staff had an improved awareness of people's dignity and privacy since our last inspection. This meant people's privacy and dignity was respected.

We observed staff promoting people's independence. People were encouraged to do as much as they could. We observed one person being supported to maintain their independence while eating and drinking. We also saw people being encouraged with limited support from staff to walk using equipment safely. Staff ensured people were given the time they needed and support to move at their own pace. Staff were patient and considerate and this helped people.

Relatives spoke highly of the staff and told us that staff were kind and caring. A relative said, "The staff are caring". Staff we spoke with showed a good understanding of the people they supported and we observed staff speaking to people in a kind and thoughtful manner, showing their compassion for people and their wellbeing. People were spoken to in a way they could understand and helped to have their say in the support they received. A person fell during our inspection while using a walking aid and staff we seen sitting and comforting the person to keep them calm. We saw staff show compassion and reassurance when the person became distressed.

Is the service responsive?

Our findings

At our last inspection in November 2016 we rated the registered provider as 'Requires Improvement' in this question. We found that people did not have access to activities of interest to them.

At this inspection we found that people's interests, hobbies and preferences were being noted as part of the pre-assessment process. The provider told us in their Provider Information Return (PIR) that activities were now person centred and they had recruited an activities coordinator to improve how activities were being delivered. We found that people were not being encouraged to participate in meaningful activities. We observed no activities taking place during the inspection and staff were not observed proactively socialising with people. While the registered manager was in the process of recruiting another activities coordinator due to the previous person leaving. An activity coordinator would not solve the issue of people not being encouraged to socialise in activities that interest them. We saw displayed an activity plan it did not have sufficient detail for example, the plan only showed two activities per month and needed to show the activities per day. We raised our concerns with the deputy managers who told us they would speak with the registered manager on her return to work.

We observed people sitting passively looking around the lounge or looking at the television for much of the inspection process. While staff were observed speaking with some people, most people had no interaction for long periods of time. Staff we spoke with could not be clear as to what activity should be taking place. On the second day of the inspection we saw that an activity had taken place on the morning but people were still observed to be sleeping or just sitting looking around. The patio doors remained shut throughout the inspection process so if people wanted to wander outside in the garden for a walk they were unable to do so.

We found that people's emotional, social, physical needs were reflected as part of the assessment process and in their care plans. But we saw no evidence captured as to how people's views were gathered as to activities they wanted to take part in.

We found that reviews took place with input of people and their relatives. While the service provided information to people by way of their relatives or advocates as part of ensuring they met the Assessable Information Standard (AIS). The AIS legislation was introduced by the government in 2016 to make sure that people with identified communication needs were given information in a way they could understand.

The provider had an effective system in place for dealing with any complaints they received. A relative told us they had raised a complaint which had been dealt with to their satisfaction. We found that complaints were logged and while the provider had not had any complaints for over 12 months, staff were able to explain the action they would take if a complaint was raised. We found that the provider had displayed the complaints process and it was also identified in the user guide people were given upon being admitted to the home. We found that complaints were monitored so any trends could be identified and action taken. The provider told us in their PIR that people were encouraged to make decisions about the end of life. The provider worked in partnership with Dudley CCG (Clinical Commission Group) and Mary Stevens Hospice

and palliative care team to train some staff to be care home palliative care champions. The role of the champion is to train and support when someone in the care home is on end of life. We found while there was no one currently on end of life within the home that the provider acted to ensure they could support someone on end of life by training staff and working with other partners. This would mean that where people needed end of life support, staff would have the knowledge and understanding to do so.

Is the service well-led?

Our findings

At our last inspection in November 2016 we rated the registered provider as 'Requires Improvement' in this question and for the overall rating of the service. We had found that people had not been consulted with before CCTV was installed and spot checks and audits were not effective in identifying areas of concern.

At this inspection we found that consultation had taken place and people had agreed that CCTV could be used around the home.

The provider carried out spot checks on the service however we found that these were still not effective in identifying areas of concern. The audits we saw suggested the service was fine and there were no concerns identified. However, we found that the garden area was not being kept sufficiently safe so people could use it, the environment outside of the home for example, cob-webs were around the entrance area and patio door that led to the garden. Windows were dirty and not being cleaned regularly. These should have been identified within the checks carried out.

We found a mattress, carpet and other items in the garden area that the provider's checks did not clearly identify. These items made the garden unsafe for people to use. However, the provider made arrangements for the garden to be made safe before the end of the inspection. We also found the fire escape stairs outside of the building was not being kept clean and had a build-up of moss so in an emergency they would not have been safe to use as the moss would have made them slippery, this was also not picked up by the provider's checks.

We found that spot checks and audits were taking place by the registered manager to ensure the home was clean and that staff were supporting people how they wanted. However, these checks and audits were not effective in identifying concerns within the home. We found that wardrobes were not all securely fixed to the wall, which meant there was a potential risk they could fall onto people using them. Windows were not all sufficiently restricted throughout the home, while we found the windows on the upper floor were restricted they were all not restricted on the ground floor to ensure people could not fall from a window. This meant the checks and audits being carried out by the provider and registered manager were no effective in identifying concern or areas for improvement within the home.

We found the front entrance area of the home had an odour on arrival. This odour had not been picked up by the provider or management of the home. Having walked around the home with the deputy managers it was identified where the odour was coming from and was possibly due to a lack of sufficient cleaning or carpets needing to be changed. The deputy managers told us they would investigate the problem and take the necessary action to eliminate the odour.

We found the home environment in which people lived, were in need of decoration. The home was gloomy and dark and we found concerns round the décor of the home had been raised by relatives in a recent relatives meeting. We were not made aware of any planned action to deal with the concerns raised.

We found that the provider did not take appropriate action to ensure care staff and managers received training into the Assessable Information Standard. The deputy managers were not aware of the legislation but told us this training would be made available to all staff so they would understand the legislation and its purpose.

Questionnaires were being used to gather views on the service. Staff we spoke with all told us they could share their views by completing a questionnaire and people and relatives were sent questionnaires every year. We found that the information gathered was being analysed but it was unclear as to whether the information was being shared with people.

The above issues showed that the provider's systems were not robust or effective enough to drive sustained improvements within the service. This is our third inspection of the provider which has resulted in a rating of 'Requires Improvement' in Effective, Responsive and Well led domains. The provider has been unable to sustain the improvements required to show the service people receive is effective, responsive and being managed and run at a good standard. The above concerns were identified at this inspection which has led to the following action.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a whistle blowing policy that staff we spoke with were aware of and knew when they could use it to highlight concerns within the service, but had not raised any whistle blowing.

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

The deputy managers we spoke with understood the legal requirements within the law to notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law. We found that this was being done.

We found the culture and atmosphere in the home was warm, caring and homely. Staff addressed people by their first name and relatives were made to feel welcome and there were no restrictions as to when relatives could visit.

The provider worked in partnership with other external organisation to help them improve the service to people. We found that positive links with health care professional, local authority and advocate services to help the home improve the support people received.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure the effective governance of the service, including assurance and auditing systems were effective in ensuring the quality of the regulated activity. In addition, the provider did not ensure people receiving the service could access the office effectively.</p>