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 caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

Keychange Sceats offer accommodation to 30 older people and people living with dementia who require personal care. This inspection was conducted unannounced on the 15 and 19 June 2015.

A registered manager was in post and was registered by the Care Quality Commission (CQC) in 2015. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were not protected from unsafe use of medicines. Members of staff were not accurately recording medicines administered to people. Protocols which instructed staff

Summary of findings

on administering when required medicines were not in place for people. This meant staff did not have the information they needed to make a decision about when to administer the medicines.

People were not protected from the spread of infection. We saw areas of the home were dirty and in need of repair. Faulty equipment was not repaired promptly which meant people's access was restricted.

Staff had a good understanding of risk management systems. Risks were assessed and action taken to reduce the level of risk. Where people experienced repeated falls there was an investigation on the cause of the accidents and action taken to reduce them.

People told us there were people who became aggressive towards them, the staff and other people. We saw staff recorded the nature of the behaviours some people exhibited when they became frustrated and anxious to establish the behaviour communicated. However, a plan of action on how to respond to these behaviours was not in place. It was also noted that safeguarding referrals were not made to the lead local authority for safeguarding when people showed physical aggression towards each other.

People told us they felt safe and staff were clear on their responsibilities to protect people from abuse.

People and staff told us staffing levels were good and they received the attention they needed. Members of staff benefitted from training and support from their line manager to perform their roles and responsibilities.

People told us the staff enabled them to make decisions for example, they were shown the choices and given advise on the choices available. People's capacity to make decisions was assessed and where they lacked capacity the completed Mental Capacity Act (MCA) assessments provided staff with the legal framework to make best interest decisions for people. Where there were restrictions on people's cigarettes MCA assessments were not in place. This meant staff had not assessed if people's impairment prevented them from understanding the consequences of their decisions.

Deprivation of Liberty Safeguards (DoLS) applications were made to the supervisory body for people who needed continuous supervision from staff.

People told us the food was good and staff told us they catered for people's special diets. The range of fresh, frozen and tinned produce showed people had a varied diet.

People had a choice of two GP surgeries and routine visits were arranged weekly. Staff told us where people needed to see the GP more urgently visits were arranged as require

People's mental capacity was assessed to determine the decision they were able to make. Where best interest decisions were made by staff Mental Capacity Assessments (MCA) were undertaken to provide the legal framework necessary to make these decisions.

People told us the staff were good and cared well for them. They said the staff knew how to meet their needs. We were told their privacy and dignity was respected. Staff gave us examples on how they respected people's rights.

End of Life pathways were being developed to improve the care staff delivered to people on their end of life journey.

People told us the staff knew how they liked their care and treatment delivered but few knew they had a care plan or had read them. Care plans in place were not developed on people's assessed needs or from information and advice given by social and healthcare professionals. Members of staff said they had the information needed to provide the care and treatment needed by people.

People experienced meaningful activities and had opportunities to learn new skills. People were able to participate in group and one to one activities. People's art and their crafts were on display throughout the home. The activities coordinator said people's art on display kept them connected with their surroundings.

People told us they felt confident to complain and by the actions taken by the staff to resolve their complaints.

People and staff said the registered manager was approachable. The staff said the culture and team spirit was improving. Audits in place had taken place and action for improvements had been identified. Visits from

Summary of findings

an area manager took place regularly to ensure the quality of service was maintained and where action was needed a plan was developed which they reviewed on subsequent visits.

We made recommendations for the service to seek advice and guidance from a reputable source, about the management of fluid intake for people at risk of malnutrition.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

People were at risk from unsafe medicine management and from the spread of infection.

People and staff said there was enough staff on duty to meet their needs.

People told us they felt safe living at the home and the staff were clear on their responsibilities towards safeguarding people from abuse.

Risk management systems were in place. The level of risk was assessed and action taken to reduce the level of risk.

Requires improvement

Is the service effective?
The service was not always effective.

People told us the staff had the skills and knowledge to meet their needs. Members of staff told us they had an induction when they started work at the home. Staff attended the training needed to meet the specific needs of people. For example dementia and moving and handling training.

Members of staff had one to one meetings with a senior carer. They said at these meetings their performance, concerns and developmental goals were discussed.

People told us the food was good and the staff said they catered for people's dietary requirements.

Requires improvement

Is the service caring?
The service was caring.

People told us the staff were caring. We saw staff use a calm manner when people became anxious which helped the person to settle. We saw staff use a variety of approaches which depended on the nature of the interaction. For example a friendly banter was used to discuss their likes while a discreet manner was used to draw attention to people who needed support.

Staff respected people's rights and knew how to deliver care and treatment that was dignified and in private.

Good

Is the service responsive?
The service was not always responsive.

People told us the staff provided their care in the way that met their preferences. Some people were not able to recall if they had a care plan or if they had read them.

Requires improvement

Summary of findings

Care plans did not reflect people's current care needs because social and healthcare professional advice was not used to review care plans.

People said they felt included because there were opportunities for people to participate one to one and group activities.

Is the service well-led?

The service was well-led.

People said the registered manager was approachable and staff said the culture of the home was improving. Systems were audited to assess people were receiving the expected standards of care and treatment.

Good

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 inspection took place on 15 and 16 June 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with five people who used the service, the manager, deputy manager and four members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

One person told us the staff administered their medicines and they knew the purpose of the medicines they were taking. Staff told us their competency on medicine management was assessed before they administered medicines unsupervised. They said their competency was reviewed by a team leader.

People were placed at risk from unsafe systems of medicine management. Staff were not using the Medication Administration Records (MAR) correctly. We saw staff were not signing the MAR for medicines they administered and for one person staff were signing the MAR charts to show they had administered medicines discontinued by the GP.

Homely remedies were administered when required from a stock supply. For example pain relief. However, the recorded balances did not correspond with the stock of pain relief medicines.

Some people were prescribed with medicines to be administered when required. Protocols were not in place for all medicines to be administered when required by the person. This meant staff were not always given clear directions on when to administer medicines.

The deputy manager with a lead role for medicines said medicine systems were audited. Where staff had not signed the MAR charts attention was drawn to staff and they were reminded to sign the charts.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person said the housekeeping staff cleaned their bedroom and a relative said the hygiene standards had improved. However, we saw areas of the home were dirty. We saw dried liquid on the walls, dirty staff toilets, the ceiling in the dining room was cracked in one area and in the kitchen there were cracked floor tiles and the extractor fan was dusty and greasy. A senior carer and deputy told us an infection control lead was not assigned. They said the cleanliness of the home had been a problem and cleaning schedules were recently introduced to address this. We saw the housekeeping staff were signing the schedule when the tasks were completed. However, the standards of cleanliness was not audited. We were told a health and safety committee had been formed from staff in all roles and part of their role was to audit the standards of cleanliness in the home.

This was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the day of the inspection visit people told us the stair lift to a section of the first floor bedrooms was not working. We were also told the most accessible bath for people was not working and we saw overhead light bulbs were not replaced and were not working. The deputy and a team leader told us they were waiting for replacement parts for the stair lift and there were ongoing problems with the bath. They said maintenance staff were to be recruited.

One person said they “felt safe enough. I am not afraid I speak my mind”. Another person said “It’s ok here. I don’t feel frightened.” The third person said “I feel safe and it’s important I feel safe.” A relative said their family member was “well looked after”.

Staff attended safeguarding adults training. A member of staff told us safeguarding adults training was provided. This member of staff knew the signs of abuse and were clear on their responsibility to safeguard people from abuse. They told us where there were concerns of alleged abuse by other staff their duty was to report their concerns to their line manager.

Members of staff showed a good understanding of risk management systems. Staff told us risks were assessed before tasks were undertaken and where risks were identified an action plan was developed on how to lower the level of risk. For example, for people with skin damage their risk assessment action plan gave staff guidance on monitoring people’s skin condition.

People told us they had observed other people become aggressive and violent towards them and others including staff. One person said “the staff speak [to people who become aggressive] in a calm manner. The staff say to them if they [people] become aggressive. I feel frightened sometimes.” Antecedents, Behaviour exhibited and Consequence (ABC) charts were in place to help staff understand the behaviours communicated. ABC charts were completed for people who expressed their frustrations and emotions using aggression or violence. However, the information from the ABC charts were not

Requires improvement

Is the service safe?

used to review care plans which then give staff guidance on the most appropriate techniques to divert of diffuse behaviours people exhibited. ABC charts showed there had been incidents where people had become violent towards other people and staff. These incidents of abuse were not reported to the lead agency for safeguarding.

Staff told us some people were at risk of falls. They told us risk assessments were completed to ensure preventative action was taken to reduce the number of falls. A senior carer told us the recently formed home's health and safety committee would be looking at accidents and incident to identify trends and patterns. They said following accidents the cause of the incident was investigated to take preventative action. For example, referrals to the GP and reviews of medicines for staff to develop action plans on preventative steps to reduce the risk.

Individual evacuation plans in place gave staff guidance on the support needed to help people leave the building safely or to a safety points in the event of a fire. For example, in the event of a fire people can be safe between two fire doors from the source of the fire.

People told us they received prompt attention from the staff. One person said there were enough staff and said "I get plenty of attention. I have a cord [nurse call] I pull it and the staff come running." Another person said "there is always plenty staff around. They are brilliant. Somebody will always come when I ring. I get things done straightaway". The third person we asked said a member of staff was always in the lounge for assistance and support.

Staff told us the staffing levels were good. The deputy manager told us staffing structures had improved with the introduction of senior carers and team leaders. One member of staff told us there were staff shortages at night. They told us the nights were difficult to cover and day staff were being asked to cover vacant night shifts. A senior carer and deputy told us recruitment for senior and healthcare assistants were taking place. They told us at present the staff rotas were deployed to cover night staff who were not competent to administer medicines. For example, medicines prescribed to be administered at night and in the morning.

Requires improvement

Is the service effective?

Our findings

A senior carer told us all staff were registered onto training. They said training was linked to Skills for Care and some training was online. Staff knowledge was tested and for staff who reached the required standard they received a certificate. Training was organised each month and staff were to attend first aid training in June 2015. Staff told us the training was good and they were able to put the training into practice. One member of staff explained the benefits of training and the way it was implemented into practice. They said dementia training gave them an understanding on the types of dementia and helped them to deliver appropriate care. For example, using a calm manner to respond to people and observing their body language which may be a sign of anxiety or distress.

Staff told us one to one meetings with the senior team leader were regular. They said at their one to one meetings they were praised for their "positive qualities", their performance and training needs were discussed.

Some people told us the types of day to day decisions they made and who helped them with more difficult decisions. One person told us the staff helped them make decisions. Another person said "I make my own decisions. I have an attorney, I say what I buy and what I need." Staff told us they enabled people to make decisions. One member of staff said some people made decisions on the options given while others preferred to seek their advice before making informed decisions.

People's capacity to make decisions was assessed. The assessments were undertaken to ensure people's impairments did not prevent them from making specific decisions. For example the daily decisions the person was able to make. However, Mental Capacity Act (MCA) assessments were not reviewed to ensure their impairment had not deteriorated and people were able to make decisions. MCA assessments provide the legal framework for staff to make best interest decisions for people assessed as lacking capacity to make specific decisions.

Cigarettes belonging to specific people were held in the office. The deputy and team leader told us some people lacked capacity to make decisions about their cigarettes and these individuals may smoke in their bedrooms. MCA assessments were not undertaken to assess people's capacity to understand the consequences of them smoking in their bedrooms. Where people had capacity to understand the consequences of their decisions consent had not been gained to control people's smoking.

One person said "I can go out on my own and I can come back [without support]. They know [the staff] I will come back. Yes I know the code to get out. I have a card if I need help." For example a card which had the person's name and emergency contact details. Another person told us they needed staff supervision in the community.

The deputy manager told us for some people their liberty was restricted as they needed continuous supervision and lacked the option to leave the home without staff supervision. Applications to Deprivation of Liberty Safeguards (DoLS) supervisory body were made for some people who were not able to leave the home without staff support. DoLS provide a process by which a person can be deprived of their liberty for people who require continuous supervision.

People told us the food was good. One person said "the food is good and the fish was nice today." We saw staff asking people before each mealtime to choose their preferred meal from the choices available. At lunchtime we saw where people had forgotten their choice or changed their decision an alternative meal choice was given.

The chef told us "I have changed the menus for people to get what they want." They said they catered for people on special diets such as gluten free and diabetic diets. They said some people were having soft and pureed diets as advised by the Speech and Language Therapists (SALT).

We saw a good range of fresh, frozen and tinned foods. The chef told us the menus devised were based on the information gathered from people on their admission to the home.

People told us GP visits were arranged by the staff as required. One person told us they had regular visits from healthcare professionals. For example, they saw the GP and the district nurse carried out nursing procedures. A relative told us the staff kept them informed of important events and healthcare professionals were involved where appropriate. For example, some nursing procedures were undertaken by district nurse.

Requires improvement

Is the service effective?

Staff told us people had a choice of GP. People were registered with two local GP practices and two weekly routines visits were arranged. Where urgent care was needed visits were arranged as required.

A record of social and healthcare professionals was maintained. For example GP visits and hospital appointments which people attended.

Good

Is the service caring?

Our findings

People told us the staff were good. One person told us the staff know how to meet their needs. This person said "If I don't feel like coming down for meals they bring them up. A relative said "I could not speak more highly about the girls [staff]." Another person said "the staff are very good, they are kind and caring." A third person told us the staff had said on their admission "to treat the home as it was your own. I have pictures around my room like I did when I was home."

We saw staff use a variety of approaches which depended on the situation. We saw staff use a calm manner when people were becoming anxious and we saw them consulting people on their preferences. Staff were respectful but friendly when they were speaking to people and relatives.

People told us they were treated with respect by the staff. One person said the staff were respectful but they did not have a key to their bedroom. This person said "I should have a key. When I go out I can lock my door." The manager said keys were available for bedrooms and there was no reason for people not having keys to bedrooms. Another person said the staff always knock before they enter. They said "they [staff] never walk in

One person said "I have asked to die here. I don't want to go to hospital". A senior carer told us people's End of Life journey was being assessed to improve pathways. For example, events following a death was discussed with the staff on duty. A memory book was recently created for the family of a person who died at the home. This book had information, mementos and pictures of the person's time at the home.

Requires improvement

Is the service responsive?

Our findings

Two people knew they had a care plan which they had read. Staff sought the background history from the person and their families where possible which gave the staff an understanding of the person's behaviours and routines. One member of staff said on admission they gathered information from people to develop "this is me" booklets specifically for people living with dementia. We were told spending time with people ensured they captured important information on their likes and dislikes. They said "if I was in their shoes I would want someone to know my likes and dislikes. It affects everything. We can't give people the best care if we don't know". Care plans included the person's preferences and the support they needed to meet their care and treatment needs.

People's level of dependency was assessed which included their continence and mobility needs and the potential of them developing pressure damage and malnutrition. Malnutrition Universal Screening Tool (MUST) assessments included the level risk and where the person was at risk the appropriate guidance was followed. For example, GP visits were arranged for people at risk of malnutrition, their weight was monitored for signs of deterioration and their food and fluid intake was recorded. Staff were not aware of the recommended daily intake and this meant they may not be taking the most appropriate action for people who are not having the recommended daily fluid intake.

The care plan template provided staff with the headings needed to describe people's support needs, the aim and the actions needed to meet the aim of the plan. The assessed needs were not based on the person's dependency needs assessments or from information gathered from social and healthcare professional. For example, social workers needs assessments, advice from health care professionals and from needs assessments undertaken. For example, moving and handling needs, continence and potential of developing malnutrition and pressure damage. This meant people's care and treatments was not always based on their current need.

Care plans were developed for people who at times expressed their frustrations and emotions using aggression. Care plans gave staff detailed guidance on how they must respond to behaviours. For example, how to reassure people, helping them settle in a calmer environment and giving people time. These care plans were not reviewed following incidents of aggression. This meant they were not amended on the most appropriate technique to diffuse or divert behaviours exhibited.

Staff said they were kept informed of people's changing needs. They said reading care plans and handovers when shift changes occurred kept them informed of people's daily care and welfare needs.

One person told us they preferred to stay in their bedrooms and not join in group activities. They described the types of activities such as watching the television and word games which kept them occupied.

People experience meaningful activities which they were able to exhibit. People at the home were able to participate in group and one to one activities. The activities coordinator showed us the plan of activities and told us the plan was flexible and led by the wishes of the people participating. The record of activities showed the one to one and group activities each person had participated. We saw the art work produced by people which included paintings, pottery, creative embroidery and other arts and crafts. The activities coordinator told us "I am slowly replacing the pictures as they are artificial with the ones done by people. People recognise their work which gives them a connection with their surroundings". External entertainers visit the home to provide activities for people living with dementia.

One person said they knew who to approach if they had a complaint. They said at residents meetings staff asked them if there were any concerns. Another person and their relative said they felt confident to complain if they had concerns. They said "nothing is ever too much." A third person said "the staff listen to you when you talk. You can feel free to talk." The fourth person we spoke with said "I made a complaint. I never had any other problems afterwards." A second relative said if they had complaints the office staff would be approached in the first instance. Were these concerns not be resolved other statutory organisations would be approached. For examples, the local authority.

The complaints procedure was on display in the home. Staff recorded the nature of the complaint along with the investigation conducted and actions taken to resolve complaints.

Requires improvement

Is the service responsive?

We recommend the service seeks advice and guidance from a reputable source, about the management of fluid intake for people at risk of malnutrition.

Good

Is the service well-led?

Our findings

One person said the new registered manager was “lovely and she will listen.” One relative said the communication between relatives and staff had improved. They said good communication was important because their family member was living with dementia and was not always able to recall important events.

The staff said the new registered manager was good. One member of staff said the environment had improved since the appointment of the registered manager. They said “the people like her and the staff”. Another member of staff told us the registered manager was approachable.

Staff said the team worked well together and recognised there were areas for improvements. Another member of staff said an open culture was developing. They said staff were more able to approach the manager, they were encouraged to be part of the decision making of the running of the home and there was learning from events.

The vision and values of the service was on display. We saw the values were “truthful, to act with integrity, respect privacy and to respect people as individual."

A registered manager was appointed and registered by CQC to manage this location on 2 July 2015. There was a period of time before this registered managers’ appointment which staff said had created instability for people and staff.

The registered manager told us there were six weekly visits from an external manager to assess the quality of care and treatment people received. They said an action plan was developed from the visit which the area manager reviewed on subsequent visits. At the May 2015 visit the areas discussed included staff management, environment and care management.

Systems were audited to assess whether the expected standards were maintained. The deputy manager told us care plans and medicine systems were audited. We looked at the audits of care plans and six were audited and areas for improving were identified. For example, care plans were to be reviewed. Medicine audits were monthly and action to improve medicine systems had been. However, medicine systems did not protect people from safe systems.

Health and Safety and fire risk assessments audits were recently carried out by external companies. The copies of the audits showed the areas assessed, the levels of risk and the priority for improvements. For example, staff must attend fire drills.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from unsafe medicine management.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the spread of infection.**