Keepence Homes

Keepence Homes

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Keepence Homes is a care home that was providing personal to people with a learning disability. Four people were living in the home at the time of the inspection.

People's experience of using this service:
● Risk assessments for people were available, however did not contain enough specific detail for staff to be aware. Where there was a more serious risk we found there was not always an assessment in place. Health and safety records demonstrated that appropriate action was not always undertaken in a timely manner.

● We saw that learning outcomes from incidents were not recorded to prevent a reoccurrence or risk assessments updated in light of this. The service had not made the required notifications to CQC when events had occurred in the service in order for these to be effectively monitored, this included one allegation of abuse, three serious injuries and one event that stopped the running of the service.

● Medicines administration was not always safe. There were no pictorial pain assessments in place to help people who could not communicate verbally indicate they may be in pain.

● Recruitment checks were not always thoroughly completed before staff started working for the service. Staffing levels were negatively impacting on people's involvement in external activities and support.

● The service was not always working within the principles of the Mental Capacity Act and assessments had not always been completed appropriately.

● People were treated with kindness and compassion and were comfortable and relaxed in the presence of staff. We observed staff interacting with people in a friendly and respectful way.

● People were not supported to attend activities of their choosing or spend time outside of the service on a regular enough basis.

● Staff we spoke to felt supported by the registered manager and told us they were approachable and listened to them.

● The provider did not have evidence of how they monitored, reviewed and improved the quality of care people received.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 7 October 2016).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We have told the provider they must take action to improve the service. We will continue to monitor the service and complete a further inspection to assess whether the improvements have been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Keepence Homes

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Keepence Homes 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.

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:
We gave the service two days' notice of the inspection visit, because some of the people using it needed extra support to understand the purpose and process of the inspection. The inspection took place on 15 February 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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.

All four people living in the home were unable to communicate verbally. We observed and spent time with all four people to understand their experiences of the care and support they received.

We looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, and three care staff.

After our site visit we contacted external health and social care professionals and relatives to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risk assessments for people were available, however a lot of these were generic for all people and did not contain enough specific detail for staff to be aware. Where there was a more serious risk we found there was not always an assessment in place. One person preferred to sit and lie on the floor and we saw that other people would have to navigate their way around this person. There was no risk assessment in place on how to support this person to a safer area or to ensure other people did not knock into them or fall. After our inspection the registered manager informed us that this had been addressed.

● We found that there were no risk assessments in place for people who at times displayed physical behaviours, who may self-harm, or for making hot drinks and preparing food safely. This meant they were at risk of not being supported appropriately and kept safe. The registered manager agreed this was an area that had been missed.

● During our inspection we observed a trip hazard to people, where the strip between two rooms was raised and needed replacing. This was of concern as one person frequently sat and crawled on the floor and another person walked with their foot turned inwards. The registered manager told us they were waiting for new carpets to be laid but the date had been pushed back. We requested that this be addressed without further delay. Following our inspection, the registered manager sent a photograph to show the required action had now been taken.

● We saw that one person had an epilepsy emergency management plan which was completed in 2015. This document should have been reviewed in 2017, but the registered manager could not find an updated copy to ensure their needs had not changed. We asked this to be sent following the inspection but we have not yet received this.

● We saw that for people who at times displayed anxious or heightened behaviours these were recorded on a management plan. However ineffective recording meant these would not highlight any patterns or what further support was needed. Recordings were often under the wrong heading and entries were brief without detailing what staff did to support and if it was effective or decreased the behaviour shown. One behaviour incident at night went on for over three hours and would have disturbed other people. The record simply stated, "fell asleep" or "calmed self" as a conclusion.

● Health and safety records demonstrated that appropriate action was not always undertaken in a timely manner. A hot water monitoring form stated the required temperature should be above 50 degrees Celsius.

However, over a 13 month period we saw it only been the required temperature a total of four times, the rest ranged from 37 to 49 degrees Celsius. Some recordings just stated "Cold". The registered manager said a new boiler had been fitted but they had continued to have problems. We saw a risk assessment completed in September stated that all temperatures were above 50 degrees Celsius and no action was needed. This was not a correct assessment and could further prevent timely action being taken for people.

● An accident and incident folder was in place to record events. We saw that learning outcomes from incidents were not recorded to prevent a reoccurrence or risk assessments updated in light of this. This included incidents around falls and serious injuries.
We saw on one occasion a person had received a head injury after a fall and medical assistance had not been sought. We raised our concerns with the registered manager around staff being clear to follow emergency procedures when required.

Using medicines safely

● Medicines administration was not always safe

●The temperatures of cabinets where medicines were stored, was not being checked, to ensure medicines were kept at the correct temperature and were safe to use.

● For people that took some medicines 'as required' (PRN) protocols were in place. However, these lacked detail around the symptoms staff should be aware of in order to offer timely administration. There were no pictorial pain assessments in place to help people who could not communicate verbally indicate they may be in pain.

● We observed one person had gaps on the administration record for one day. The registered manager assured us the person had received their medicine and it was missed signatures. This had not been managed as a medicine error and had not been picked up by any staff. We found that weekly medicines checks and audits were not being completed to identify concerns and take timely action.

● People had medicine profiles and care plans in place, however as people's medicines changed these were not always updated.

The shortfalls relating to risk and medicine management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Although the recording was not sufficient staff were observed responding to people's anxiety in caring and reassuring ways. One staff told us "I remain calm, speak quietly and slowly [without being patronising] and assess the situation."

● Fire risk assessments were in place for each area of the home and had recently been reviewed. The Dorset and Wiltshire fire safety team visited in 2017 and felt the fire safety measures in place were of adequate safety and did not plan to revisit.

Staffing and recruitment

● Recruitment checks were not always thoroughly completed before staff started working for the service.

● Out of the three staff files we checked, no suitable references had been obtained in line with the provider's policy. Two references should be requested, which were not relatives and one should be the most recent employer. One staff had only one reference and it had not been their last employer. Another person had references from two friends only. The registered manager told us they would look into sourcing these.

● Staffing levels were negatively impacting on people's involvement in external activities and support.

● On the day of our inspection the service was short staffed. They explained this was due to recent rota changes and annual leave. There was no dependency tool in place to calculate staffing based on people's need. Instead the registered manager told us these had been the staffing hours when they joined the service. We saw one staff member was working ten days in a row due to covering extra shifts. We saw this had been raised in supervision, yet it had continued. The registered manager told us "I know it's not ideal but it's working around it, if I felt it wasn't safe I would raise it."

● During our inspection we saw at times people demonstrating complex needs and health conditions that required one to one support. Staff told us they felt the service was short staffed commenting "I think we need more staff, it's hard when staff are off, it's very limited and people can't go out" and "I think we could do with another part time member of staff to enable people to partake in more activities within the local community."

● We saw the staffing levels were restrictive for people who could only access external activities if the staffing levels allowed on that particular day. This meant people could not just decide to go out when they chose, it had to be planned in advance.

The shortfalls relating to staffing was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Where there had been a safeguarding concern the service had worked with the Local Authority, however had not always informed The Care Quality Commission of these incidents. At this inspection we asked for the provider's safeguarding policy to be sent, but this has not yet been received.

● Staff we spoke with had a good understanding of what signs to look for if they suspected people were at risk of harm, but unable to verbally tell them. One relative told us "I have no concerns over my relative's safety. All staff are nice, they contact me."

Preventing and controlling infection

● The home was observed to be clean and tidy at this inspection. One relative told us they "always find that the home is kept clean."

● Staff were responsible for maintaining cleanliness of communal areas of the home and supported and encouraged people to clean their own rooms.

● We saw there were gaps in the cleaning records where staff had forgotten to sign. The registered manager was aware this was an issue and continued to raise it with staff.

Requires Improvement

Is the service effective?

Our findings

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

Requires improvement - People's care, treatment and support did not always achieve good outcomes, or promote a good quality of life that was based on best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, 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 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 to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for people had been submitted at the time of the inspection and were waiting approval from the local council.

● We checked whether the service was working within the principles of the MCA and found that assessments had not always been completed appropriately. The assessments did not always contain the decision to be made, evidence of how a decision was communicated and discussed with the person and some had not been reviewed for four years. Two people were unable to consent to live in the home, being unable to leave freely or have support with their care. There were no assessments in place for this.

● We saw that a decision had been made for two people to receive a flu vaccination. They were unable to consent to this, and there was no record of a capacity assessment undertaken for this or a best interest's decision made with professionals. We raised this with the registered manager who had not considered this process.

These shortfalls were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● It was hard to establish what training each staff member had completed. The registered manager had to look through all staff certificates to see if training had been undertaken and if it was still in date. The registered manager told us the previous training company was not suitable and they had recently changed this. We identified some gaps in the training for some staff but the registered manager was in the process of

booking training courses. The provider informed us a training matrix would be developed to keep a better track of staff training. Staff told us they completed training which was satisfactory to their role.

● There was no evidence recorded of what kind of induction and checks new staff had experienced. One staff told us their induction had been fairly basic. The registered manager understood the induction had previously not been sufficient before they came into post. A new induction sheet was in place going forward, but they had not had any new starters since this time yet.

● Supervisions and appraisals had not always been undertaken within the provider timeframes. The registered manager was in the process of addressing this. Staff told us the because the service was small and they worked alongside the registered manager, they raised things as and when they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to be involved in choosing and preparing meals. A pictorial book of meal choices was available and a weekly menu was devised from people's choices. We saw people were encouraged and supported by staff to make their own drinks and staff were mindful to ask people if they would like a drink or something to eat. We observed staff working alongside people to prepare meals and most people ate lunch with staff at the dining table.

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

● The service was homely and afforded people private spaces to spend quiet time if they chose. We observed that people's bedrooms were personalised and photos and things that were important to people were displayed around the home.

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

● We saw that people's weight had not always been monitored effectively. One person who should have been supported to have their weight recorded monthly, had their last weight recorded in September 2018. Another person had continued to lose weight over a 12 month period. We saw that the person had seen their GP in February 2019 and dietary supplements were prescribed, however this information was not recorded in their care plan.

● People had health action plans and hospital information profiles in place for external professionals to understand people's specific needs. We saw there was not always enough supporting information recorded. For example, for one person it stated they could not communicate verbally but gave no further information on how this person did communicate or what they needed in place. This was a risk that if this person attended hospital they would not be supported appropriately.

● One health care professional told us "Staff have a good knowledge of the people they are supporting. One of the people supported has complex epilepsy and staff are very good at recognising signs of seizure and respond appropriately to the person's support needs."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity

● People were treated with kindness and compassion and appeared? comfortable and relaxed in the presence of staff. One health and social care professional told us "People are always supported by staff they know and who know them well."

● We observed staff interacting with people in a friendly and respectful way. Staff chatted easily to people and looked for non-verbal signs of communication as they supported individuals.

● The registered manager often covered shifts and was visible to people who knew her well, commenting "I am passionate about this work. I am here doing things with people as a manager and I know people really well. I am passionate about people's rights." One person indicated they were happy to us through a gesture and one relative told us "My relative is happy, they cannot speak but are always happy to return home and would show me if not happy."

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

● People were encouraged to make choices where they were able. For example, one person was not able to access the community independently due to their vulnerabilities, but able to have some control over their finances. Staff supported and encouraged this person to maintain these skills.

● People's communication needs had been assessed and communication profiles were included in the person's support plans. These demonstrated how a person would indicate to staff if they liked or disliked something and how they expressed their choices.

Respecting and promoting people's privacy, dignity and independence

● Staff knew how to protect people's privacy and encouraged them to be independent in managing aspects of their personal care. Staff knew people well and were able to say what things people could do without support and areas where they needed extra help.

● Staff told us "Person centred care means supporting individuals to make their own choices and to make sure they are involved in all aspects of their life in what they choose to do" and "Support people to conduct themselves in a manner to preserve their dignity."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires improvement - People's needs were not always met. Regulations may or may not have been met.

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

● Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Care plans included information about people's preferred daily routines, what was important to them and what areas of their care they could manage independently.

● The information in care plans and documented notes or monitoring forms was not always clearly recorded. We saw when there was a change to a person's needs, this was added to care plans by pen or parts were scribbled out, making it hard to follow. Care plans did not always link to where further information may be recorded, or if a person had trigger points which escalated their behaviour the detail of this was not always included?. One person had a monitoring form for continence and we saw that there was no entries recorded for six days or any action evidenced. The registered manager told us this was a recording issue which they would address.

● We reviewed people's daily folders and saw a lot of entries focused on watching television, eating and drinking. At times the written terminology was not always appropriate when referencing adults. In observations however, staff were respectful and spoke to people appropriately. One staff told us "If a new person was to move to Keepence homes, I would get to know them by listening to their needs, wants or wishes. Learn from them what they needed from me to help and support them and then build a relationship." We saw that staff communicated well with each other during their shift and updated regularly on who they were supporting at any given time.

● People were not supported to attend activities of their choosing or spend time outside of the service on a regular enough basis. This depended on staffing levels. We saw it had been raised in supervisions that some staff did not feel confident to take some people out and this had not been adequately addressed. Staff and relatives did not feel people had enough access for opportunities to be engaged. Comments included "People do not have enough access to mental stimulation, only attending a day centre one morning a week and all together. They do not have enough outings, one to one" and "I believe there is always more scope to include more activities into their day."

● We reviewed people's social activity records. One person had three entries for a month which consisted of visiting a day service twice and a home visit. We saw there was no information recorded for people about setting goals or progression towards things they may want to achieve. A Local authority visit report from October 2018, stated that no one had a job or voluntary role. The registered manager told us they needed to look into this for one person. One person's community life plan stated that they usually went on holiday twice a year but then an added entry recorded they did not have a holiday in 2017 or 2018.

● The registered manager said they appreciated people needed to have more opportunity outside of the home and had been looking into increasing these events. We raised with the registered manager about one person needing to have time with same gender peers due to not having this opportunity among the people they lived with or the staff team that supported them.

Improving care quality in response to complaints or concerns

● The registered manager told us there had not been any complaints received or recorded since the last inspection. A complaints process was not displayed in the home for people to view. The registered manager told us an easy read complaints procedure was available and this would be sent following the inspection. We have not yet received this.

End of life care and support

● The service was not providing any end of life support at the time of our inspection. However, we saw that minimal information was recorded about any wishes people had for treatment or care around this.

Requires Improvement

Is the service well-led?

Our findings

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

Requires improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● At this inspection we found that the service had not made the required notifications to CQC when events had occurred in the service in order for these to be effectively monitored. Notifications had not been made since July 2017 which included one allegation of abuse, three serious injuries and one event that stopped the running of the service. The registered manager was unable to explain why these had not been submitted as they thought this had been done. The registered manager checked their system and confirmed however that they had not.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● Staff we spoke to felt supported by the registered manager and told us they were approachable and listened to them. One staff commented "The manager listens, is easy to talk to and responds to any grievances in a fair way. The manager is very supportive if any staff have problems." Some relatives we spoke with felt the staff team that had worked for the service for a long time could be resistant to new changes and this made it hard for the registered manager to implement improved ways of working.

Continuous learning and improving care, Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● The provider did not have an effective system to assess the quality of the service provided and plan improvements. The provider did not have evidence of how they monitored, reviewed and improved the quality of care people received. The registered manager explained they had not been completing or documenting all the necessary checks including for medicines, care plans and events happening within the service. Monthly key worker reports that were meant to be undertaken, were not regularly being completed.

● The registered manager told us some of the staff team had experienced personal issues which had impacted on the service running as it should. The registered manager did not always have time to give to their role as a manager due to covering shifts. We asked about the provider oversight and the registered manager explained they talk through things but it is not a set monthly meeting and was not documented. We asked for the provider polices and the registered manager said they had been updated and these new one's would be sent. We have not yet received these.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Feedback surveys were sent to families and we saw positive responses were mainly received. Staff and health care professionals were also sent this survey. People who used the service did not currently have the opportunity to give their views. This was because the service had not sourced a way to gain the views of people who were unable to communicate verbally. The registered manager said they had thought about this and needed to find a way around it.

●Team meetings were held regularly so the registered manager could discuss the people supported and any changes within the service. We saw staff had been reminded to complete paperwork during one meeting. One staff told us "Keepence Homes is a very warm and homely place to work and the people I support are amazing people to be with. The staff at Keepence Homes all care very much for the individuals."

● Relatives gave mixed feedback on the communication they received from the service. Some said communication was alright and they were told about their relatives, whilst some said they were not always told about appointments or changes to relative's needs.

Working in partnership with others

● The registered manager told us when they joined the service there had not been much involvement with health and social care professionals. We saw that people's care plans did record evidence of health and social care professional visits.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not made the required notifications to CQC when events had occurred in the service in order for these to be effectively monitored. Regulation 2 (a) (e) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service was not always working within the principles of the Mental Capacity Act 2005. Assessments had not always been completed appropriately. Regulation 11 (3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some aspects of the service were not always safe and there was limited assurance about safety. Not all risks had been safely assessed. Medicines administration was not always safe. Regulation 12 (2) (a) (b) (g).

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to assess the quality of the service provided and plan improvements. Regulation 17 2 (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Recruitment checks were not always thoroughly completed before staff started working for the service. Staffing levels were negatively impacting on people's involvement in external activities and support. Regulation 18 (1).