

Keychange Charity

Keychange Charity Walmer House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Keychange Charity Walmer House Care Home (hereafter referred to as Walmer House) is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 17 people. Walmer House is in an adapted property with some period features over two floors, it has a lift and stair lifts for ease of access and mature gardens.

At our last inspection we identified eight breaches of regulation, and we were concerned about the quality of care in the service. At this inspection we found lots of improvement and the service was no longer in breach of any regulation.

People's experience of using this service and what we found

People told us they felt safe and happy at Walmer House. We did find that some aspects of safety needed further improvement. We made the registered manager aware that some windows were not safely restricted in line with national guidance and discussed how some care plans and risk assessments could contain greater detail. We did not feel that people were unsafe. Medicines were managed safely, and people were supported in an environment that was clean and tidy. There were enough staff to meet people's care needs, but we discussed with the registered manager whether further staffing could be explored to support people with activities.

People were supported to access healthcare services and remain healthy. Staff were provided with training that supported them to meet people's needs. Food was plentiful, well presented and balanced. People told us they enjoyed the food and there was now a variety on offer. The environment had undergone several improvements since the last inspection, and the service was easier to navigate for those people who may have been living with a dementia.

People were now supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw improvements in staff training and recruitment, and people were now supported by staff who were supervised, worked well as a team, and felt supported by the management team.

Staff were kind and caring and people said they trusted staff and could approach them about anything. People were supported to maintain their independence and more involved in their care decisions by staff that knew them well and enjoyed their company.

Care plans and care provided was person centred and in line with people's preferences. People and relatives felt comfortable to complain and were confident their views were listened to. The service arranged activities and entertainers. Some people expressed they would like to go out more but the majority of people we spoke with were happy with the level of activities in the service.

The registered manager was visible, and people and relatives knew who they were. There was now a strong sense of putting people first and the registered manager had worked hard to improve the culture of the service, so it focussed on a quality service for people living there. Quality assurance systems were more robust, and the service was working in partnership with key professionals to ensure positive outcomes were achieved with and for people

We made one recommendation regarding staffing levels.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 26 September 2019) and there were eight breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keychange Charity Walmer House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Keychange Charity Walmer House Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one 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.

Service and service type

Walmer House is a 'care home'. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care staff, and the chef, and also one professional. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and requested further documents which they sent to us promptly. We looked at training data. We contacted one professional who regularly visited the service but were unable to gain any feedback. We contacted a further four relatives and four staff members and had responses from one staff member and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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; Using medicines safely

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people and failed to have safe systems in place for the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were in place and regularly reviewed for specific risks that people faced. We discussed with the registered manager improvements for a care plan and risk assessment regarding a catheter for a person.
- Environmental risks were managed through robust checking of safety including for fire, gas, trip hazards, and general maintenance.
- Windows had been checked regularly to see if they were safe. However, some had not been restricted in line with guidance from the Health and Safety Executive. The manager took swift action to arrange for this to be rectified.
- Medicines administration we observed was patient, gentle and encouraging, people were given explanations of what they were taking.
- Staff who administered medicines had attended training and had been competency tested before being allowed to administer medicines alone.
- Medicines were stored safely. Stocks were balanced and there were safe systems in place for the receipt and return of medicines.
- There was a robust system to check that Medicines Administration Records (MARs) had been correctly completed and there were no gaps.
- Protocols and guidance were in place for people who were prescribed 'as and when' required medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe and robust systems for the recruitment of staff had always been followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since our last inspection efforts to complete employment gaps in recruitment records had been made.
- Staff had police checks completed before starting to work with people who might be vulnerable.
- The service was now using an external company to complete recruitment processes, to ensure robust systems were being followed.

At our last inspection the provider had failed to ensure there were enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs at the time of our inspection. However, there were four vacancies at the service and we asked the registered manager to consider whether an additional staff member would be required if four further people moved into the service. They said they would assess staffing levels on an ongoing basis.
- People said if there were more staff they could do more activities.
- Staff told us there were enough staff currently, but it was a rush to try and fit in activities and if someone was unwell staff attention was diverted to them.

We recommend the provider assesses how staff numbers are meeting people's changing needs, activity and social needs, and when the service increases occupancy.

Preventing and controlling infection

At our last inspection the provider had failed to ensure standards of hygiene were always maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Structural changes had been made to the building so staff could easily move soiled items to the laundry.
- There was a flow of clean and dirty laundry to avoid cross-contamination of dirty to clean items.
- Staff used gloves and aprons during our inspection.
- The service was clean and tidy throughout with no odour in bathrooms, communal areas or people's rooms.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of the signs of abuse and what it might look like for the people living in the service, what to do if they had concerns and who to report it to.
- All staff had completed online safeguarding adults training and the registered manager talked with staff about it during team meetings and supervisions to check knowledge and understanding.
- Safeguarding and whistleblowing contact numbers were on display in staff areas.
- Systems for reporting and following up concerns were thorough.
- The registered manager was able to tell us how the service had improved since the last inspection. There

was a system in place for analysing falls and the causes of them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the skills and experience to effectively meet people's needs, the system for identifying and recording staff training was not robust. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service used a training matrix to track what training staff had completed and when they were due for renewal.
- Staff told us they were happy with the training provided.
- The registered manager ensured new care staff completed the mandatory online training required by the provider before starting to support people unsupervised.
- Staff had completed online training in areas specific to people's needs such as diabetes, skin integrity and dementia. We discussed with the registered manager how further training in dementia might benefit care staff to understand people's behaviours and needs in relation to their dementia in greater depth.
- New care staff received an in-depth induction and shadowed more experienced staff.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to support people in accordance with the Mental Capacity Act

2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager and staff had a good understanding of the MCA and consent.
- We observed staff always asking for permission before supporting a person to move or supporting them in other ways.
- Applications for DoLS were submitted in a timely way.
- Evidence of mental capacity assessments and best interest decisions were captured in care records.

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

At our last inspection we recommended the provider improve the environment. The provider had made improvements.

- The whole service had been redecorated.
- People had been involved in choosing soft furnishings and carpets.
- The environment was more 'dementia friendly' as the highly patterned carpets had been replaced. And some pictorial signage had been put up. We fed back that further directional signage could be used so people could navigate their way around the home more easily when confused or disorientated.

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

- People's needs were assessed before they lived in the service. Assessments took into consideration people's emotional, physical and social needs and captured their preferences regarding how they liked to be supported.
- The service referred to best practice guidance and advice of professionals with respect to care delivery.

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

- People told us they enjoyed the food.
- Staff offered a variety of drinks regularly.
- Food was well presented and balanced nutritionally.
- People were supported with eating and drinking in line with professional advice and peoples' needs. For example, specific diets for people at risk of choking or who were diabetic were catered for.

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

- The service passed on healthcare concerns promptly and referred in to other services where it was needed.
- People with specific healthcare needs were supported to manage them effectively.
- The service worked regularly with district nursing staff.
- Dental support services were visiting the service to meet the oral healthcare needs of people.

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. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff knocked on doors and waited for a response before entering, they told us they covered people's bodies up during personal care to preserve their dignity.
- Relatives said their loved ones were treated with respect. One relative said, "I understand that Mum is treated with dignity and respect."
- There was an ethos in the home that staff respected the service first as people's home rather than just their place of work.

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

- People were supported by staff that knew their needs and were kind and caring.
- The registered manager had good insight into meeting people's equality needs and had an equality agenda to implement within the service. People of all faiths and backgrounds were welcomed into the service.
- One person said "There's a very happy atmosphere. The staff are all smiles and nothing's too much trouble for them."
- One relative said, "The home has a family feel and is based upon Christian values, which [person's name] and the family really appreciate." Another said, "The staff were amazingly caring and supportive of [person] when their spouse died whilst at the care home. They just could not have been more caring."

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

- We saw people being offered choices throughout the day. One staff member said, "The staff try and make sure that residents get their choices throughout the day, whether it's what clothes they want to wear that day or what they would like for a meal for the next day and if they want to get up and dressed at a specific time."
- One relative said, "I think that Mum is able to have a say in her care."

- People's views were sought by the registered manager and staff. People were involved in making decisions about the décor of their home, the food they ate and activities that were arranged.
- The registered manager told us they made time to talk to every person living in the service at least once a day and sat down with them to discuss their needs and feedback.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection people were not always receiving person centred care and end of life wishes were not always recorded. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were person centred and reflected people's preferences. Care delivered was in line with these preferences. One relative said their loved one, "has expressed her preference for aspects of her personal care and this is provided."
- The registered manager assessed people's needs before they came into the service, they encouraged people to visit the service before moving in and put together a robust care plan before support was provided.
- Staff were made aware of people's changing needs through handover and regular communication from the registered manager and head of care.
- Relatives told us staff knew people well and what their likes and dislikes were. One relative said, "staff would notice if their mood, temperament or level of activity changed." Relatives told us staff were responsive to people if they needed or wanted anything.
- During the inspection staff responded quickly to requests for support and maintained positive interactions throughout the day.
- Staff completed on line training in end of life care. We asked the registered manager if they could explore what options there were for more in depth end of life training. They said they had lots of support and good relationships with the district nurses and the local hospice regarding end of life.
- Nobody living in the service was receiving end of life care at the time of the inspection. However, care plans captured what peoples end of life preferences were.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service catered for people's different communication needs. For example, the menu was available on a large board in the dining room, on smaller printed menus for people to read or staff went around talking with people and describing what was on offer.
- Staff adapted their communication style according to the person they were supporting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We asked the registered manager how they supported people to maintain contact with their families. They said, "We welcome family no end," and gave examples of a recent garden party relatives were invited to, inviting relatives to stay for lunch, and ensuring that when relatives called they were connected with their loved one through the portable telephone.
- The service organised entertainers and people running activities to visit the service regularly. For example, on the day of inspection there was a visit from a company who brought in rabbits for people to stroke and hug as a form of therapy and relaxation. People found this soothing and were smiling and relaxed during this time.
- People gave varying feedback about how they were supported to spend their time. Some people were happy with the level of activity, others said they would like to go out more and have more one to one time with staff rather than activities in a group but felt there were not enough staff to facilitate this. We fed this back to the registered manager. They said they would go back to the provider to discuss.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in a communal hallway for people and visitors to access if they needed to.
- People said they felt comfortable raising a complaint and knew how to do so. People also said they were able to express their opinions freely.
- Relatives we spoke with said they knew how to complain and were confident issues would be resolved. They said, "I think we are listened to and they take note to deal with any issues," and, "I always feel we can speak with the manager and he will make time for us to discuss any matters."

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. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there was a failure of management systems to effectively identify, and act on issues regarding quality and safety. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear working hierarchy in the service. Staff understood their roles and responsibilities and the registered manager and head of care delegated appropriately.
- The registered manager undertook a range of quality audits which identified issues, action was taken to resolve them, and this was recorded.
- Quality checks were completed for medicines, maintenance and the environment, and care plans. Staff competency and quality of interactions with people were also monitored. Where we found issues the registered manager responded quickly to rectify them. Catheter care plans were tweaked, and the provider said they would discuss with people and the provider how they could enrich further the social aspect of living in the service.
- The registered manager had a clear understanding of regulatory requirements and used evidence to demonstrate where they felt breaches found at the last inspection had been met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, with the support of their team, had created a culture that was person-centred and caring and focussed on creating opportunities for people to enjoy their day. The registered manager said, "People first is everything, everybody is equal we are all the same just in different stages of our lives."
- People told us they were happy living in the service, having their care needs met, supported by friendly, kind staff and wanted to remain living in Walmer House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had fulfilled the duty of candour by contacting relatives and other appropriate people when things went wrong or there was an incident.

- Relatives told us they were kept up to date with how their family member was and if anything happened.

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

- The service supported people to access the local Christian community if they wished to do so, and invited priests and lay people in to the service to meet people's individual religious needs.
- People were involved in making decisions about the service and engaged in consultations regarding décor, food and activities.
- Feedback was welcomed from relatives, who were invited to give feedback through an online portal, or informally to staff.
- Staff told us they felt fully supported and found the registered manager approachable, helpful and passionate about providing great care for people.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with key professionals who visited the service such as district nurses, social workers and the local authority quality team.
- The registered manager was actively engaging in forums to share and learn best practice and was part of a local managers network.
- We directed the registered manager to best practise guidance on window restrictors on the HSE (Health and Safety Executive) website.