

Keys Hill Park Limited

# Keys Hill Park

## Inspection report

Park Road  
Wroxham  
Norwich  
Norfolk  
NR12 8SB

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Tel: 01603784203

Website: [www.keyhillpark.co.uk](http://www.keyhillpark.co.uk)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Keys Hill Park is a care home service. It is registered to provide personal and nursing care for up to 36 younger adults who are living with a learning disability and/or a mental illness. At the time of our inspection 27 people were living in the service. The accommodation was across 11 separate houses on one site with small groups living in each house. Each house had a communal lounge and kitchen.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Staff had not completed all of their mandatory set by the provider. Training had been booked for staff to attend.

Action plans had not been put in place to address less favourable responses given by people as a result of the survey. The registered manager told us they spoke with people individually to address any concerns.

People were treated kindly by staff who understood people's individual needs and preferences.

People and their families were involved in the planning of their care and people met with staff and other health professionals to review their care.

People felt safe living in the service and were cared for by staff who understood how to safeguard people from the risk of abuse.

Risks relating to people's health and wellbeing had been identified and plans were in place to manage these risks.

Environmental risks had been assessed and measures were in place to mitigate known risks.

People had choice and control over their care and treatment and were supported to maintain their independence.

Staff understood and applied the principles of the Mental Capacity Act 2005 in their day to day works. Best interest decisions were clearly documented.

Medicines were being managed safely in the home.

Activities took place in the home and people could access employment, education and social activities in the local community.

People attended regular meetings to discuss their concerns. Staff also met regularly to discuss the service and people's care needs.

There were quality assurance systems in place to monitor and assess the quality and safety of the service. Rating at last inspection: Good (report published 30 September 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was 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?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Keys Hill Park

## 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 an adult social care inspector, a medicines inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Keys Hill Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Keys Hill Park can accommodate up to 36 people, 27 people were living in the service at the time of our 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 the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications. We also assessed the information included on the provider information return.

During the inspection we looked at six people's care files, three staff recruitment files and a range of documents relating to the day to day running of the service. We also spoke with four people who lived in the service, the relative of one person, the registered manager, deputy manager and four members of care staff.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living in the home. One person said, "I feel safe because of the staff and other residents who live here." Another person commented, "[The staff] keep all of us safe."
- All of the staff we spoke with had a good understanding of the different types of abuse and explained how they would report and record any concerns.
- Details of key agencies to report concerns to were written on the back of staffs' identification cards and details about the local safeguarding team were displayed in staff offices.

Assessing risk, safety monitoring and management

- Individual risks to people had been identified and plans were in place to detail how to manage known risks. Risk assessments were reviewed and updated to reflect people's current needs.
- Risks within the environment had been assessed and clear plans were in place to provide guidance about how these risks should be managed.
- Regular servicing of gas and electrical appliances took place as well as servicing of fire-fighting equipment.

Staffing and recruitment

- Staff were recruited in a safe way. Appropriate background checks such as references and clearance from the Disclosure and Barring Service had been sought before staff started work.
- People we spoke with told us there were enough staff. One person said, "There are always staff around to help us." A second person told us, "There are waking night staff for each house."
- Staff we spoke with all told us there were enough staff.

Using medicines safely

- People we spoke with told us staff managed their medicines well. One person said, "I have my medicines every day on time given to me by the staff." A second person told us, "The staff know about my medication. It is always given to me on time."
- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were kept securely and records were appropriate.
- There was guidance to help staff give people their medicines prescribed on a when required basis consistently.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted people's independence. However, some people's risk assessments around this had not recently been reviewed. The registered manager confirmed these would be reviewed.

- There was a system in place to identify medicine errors, report them as incidents, investigate them and take action as necessary.

#### Preventing and controlling infection

- Our observations showed the service was clean throughout. One person's relative told us, "The service is clean."
- Cleaning schedules were in place to ensure all areas of the service were cleaned regularly.
- Staff had access to personal protective equipment and we saw staff using this when needed.
- Kitchens were clean and staff observed good hygiene procedures, such as washing their hands before handling food.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded fully and records showed the registered manager reviewed these and made recommendations where necessary.
- Records showed appropriate investigations were carried out as a result of some medicine errors and staff practice in this area was reviewed as a result.

# 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

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

Staff support: induction, training, skills and experience

- Staff were required to complete all of the mandatory training set by the provider.
- A number of staff had not completed training in basic life support, food safety, health and safety, infection control and safeguarding.
- The registered manager confirmed training had been booked for staff who were out of date with their training.
- Staff completed training in relation to people's individual needs such as epilepsy and diabetes.
- All new staff completed an induction programme. This included face to face training as well as shadowing more experienced members of staff.
- Staff attended regular supervision with a senior member of staff. Supervision is a confidential meeting where staff can discuss their job role and any support they require.
- Staff also attended yearly appraisals to assess their performance in their work.

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

- The registered or deputy manager met with people to discuss their needs to ensure their needs could be met by the service before they made a decision about living in the home.
- Thorough assessments of people's physical and emotional needs were carried out.
- The registered manager kept up to date about current practice via e-mails from the provider's head office. They also received regular bulletins from the Royal College of Nursing.

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

- People told us they were supported in relation to their dietary intake. One person told us, "I make my own food, I go to [a supermarket] every week to buy my shopping." A second person said, "The kitchen is open 24/7, so I can make a snack whenever I want."
- Our observations showed that people could choose when and what they wanted to eat. Staff supported people to prepare meals when people required support.
- People's weights were monitored to ensure they maintained a healthy weight. Records showed that two people had expressed a wish to lose some weight and we saw that they had steadily lost weight.

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

- People were supported with managing their healthcare appointments. One person told us, "All of my medical appointments are made by the staff. They accompany me to all of my appointments." A second

person said, "I usually make appointments myself with my mobile phone. Staff prompt me to do this by recording everything in the diary. Staff will come [to the appointment] if I want them to."

- People attended multi-disciplinary reviews of their care. One person told us, "I attend all of my care plan approach meetings which occur every month. Mum and Dad attend as well."
- Prompt referrals to healthcare professionals were made where there were concerns about people's health or wellbeing.
- Advice from healthcare professionals was recorded in people's care records and reflected in people's care plans.

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

- The service was set across 11 individual houses. Each person had their own bedroom which they could decorate as they wished.
- The kitchen was accessible and one person told us, "The kitchen is well equipped for me to cook."
- We saw people's rooms were personalised with their own effects.

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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments where appropriate to determine what decisions people needed making in their best interests.
- Best interest decisions were clearly documented to show what the decision was and why it had to be made in the person's best interests.
- People were supported by staff to make choices. One person told us, "Staff help me with choices, for example, they help me choose a healthy diet." A second person said, "Staff offer us many choices" they went on to say, "They always respect our decisions." A third person commented, "I am always given enough information to make informed decisions."
- Staff we spoke with had a good understanding of the MCA and how it applied to people's care. They also understood why they had to make decisions in people's best interests.

# 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; respecting equality and diversity

- People told us staff were caring. One person said, "I talk to staff all the time, they are fun to be with." A second person told us, "I have a close relationship with the staff here, they are wonderful." A third person commented, "They listen carefully to what I say and then try to carry out what I want."
- Our observations showed staff treated people in a kind and compassionate way. Staff gave people time to talk and showed interest in what people were telling them.
- The registered manager and deputy manager had a good understanding of people's individual care needs. Staff we spoke with were able to tell us about people's care needs and preferences in detail.

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

- People we spoke with told us they were involved in the planning of their care. One person told us, "I am involved with my care plan. I feel very involved with all the decisions about me. My family are involved in my care plan too." A second person said, "I am very involved with my care plan and my personal plan."
- People's care plans contained detailed information about how they preferred staff to communicate with them. One person's care plan detailed a list of questions they liked to be asked during their morning and evening one to one session.
- People's care records detailed other people who were to be consulted in the planning and review of people's care such as family, close friends and advocates.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. One person told us, "I am independent and cook my own food. I do everything for myself." A second person said, "I make my own decisions about my care and my health." A third person told us, "I am independent and make my own decisions."
- People were supported in a way that respected their privacy and dignity. One person told us, "I only like to have female staff working with me. The home is able to facilitate this request."
- Our observations showed staff knocked on people's doors and waited for an answer before entering.

# Is the service responsive?

## Our findings

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

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

At our last inspection on 8 and 9 August 2016 we rated this key question as requires improvement. This was because we identified care was not responsive and people could not choose where they wanted to eat. At this inspection we found improvements had been made and this key question is now rated as good.

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

- People met with their key worker regularly to plan and review their care. One person told us, "I have daily one to ones, the staff deal with us as individuals." A second person explained, "I have regular one to ones every day. I see my keyworker twice a month for at least 30 minutes to plan my care plan. All these one to ones keep me relaxed, happy and calm."
- People's care records contained personalised details about their needs, preferences and wishes.
- The level of support people needed in relation to their day to day living was clearly documented.
- People were able to access their local community. One person told us, "I go to church and I do bible study." A second person said, "I go swimming and I attend the gym every week. A member of staff always takes me. I have a bike and I have a shed on site where I go to make things." The registered manager told us one person had gained employment since living in the home.
- Activities were also organised within the home. One person explained, "We all get together if there are any planned activities taking place. We made Easter cards and celebrated Easter. We made Halloween decorations and then attended a big Halloween party. We did the same at Christmas. We celebrate external events like the World Cup, the European Cup and the Olympics."
- There were no restrictions regarding when people could have visitors. People we spoke with told us they had friends and family visit them.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns or complaints and knew who they would speak to. One person told us, "I am always listened to. I have not made a complaint yet, I mean a formal complaint. My informal requests and suggestions and complaints are listened to and taken seriously." A second person said, "I am able to raise any concerns I want whenever I want."
- The registered manager told us no formal complaints had been received since the last inspection.

End of life care and support

- Care records showed people's end of life wishes had been discussed in detail with them.
- End of life plans included people's preferences about their funeral and where they would like their belongings and finances to go.

# 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

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

Continuous learning and improving care; Working in partnership with others

- Action plans had not been devised to address negative responses on surveys. The registered manager told us they spoke with people individually to address any concerns raised.
- The registered manager carried out audits across all areas of the service and sent these to the provider who devised and action plan to address any shortfalls found.
- The provider visited the service regularly and we saw letters from the provider in people's care records thanking them for meeting with the provider during their visit.
- Staff worked with local organisations such as education providers and charities to promote people's social inclusion.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a clear ethos and that was to place people at the heart of their care and promote their independence.
- Staff understood what person-centred care was. One member of staff said, "You find out what people's goals are and what their aspirations are. You support choice and remind people what they can do for themselves."
- The quality of the service was continuously monitored through regular audits carried out by the registered manager.

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

- The service was managed by an experienced registered manager who has previous experience of working with people living with a learning disability.
- The registered manager understood what events they had to notify to the CQC and notifications we reviewed confirmed notifiable events were reported to us.
- People spoke positively about the registered manager and the how the service was run. One person told us, "I see [registered manager] regularly. I can talk to them whenever I want. She is so approachable." A second person told us, "Nothing could be better, I think the workers should get an award."
- Staff also spoke positively about the registered manager. One member of staff told us, "[Registered manager] is quite open, quite a nice manager and kind."
- The management and staffing structure was clear and staff we spoke with understood the responsibilities

associated with their role and what their colleagues were responsible for.

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

- People who used the service attended monthly meetings to discuss any concerns they had about the service or day to day issues.
- There were monthly meetings for staff to discuss people's care needs and any changes within the service.
- People were invited to complete regular surveys about the service and the care they received.