Keepence Homes

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Inspection report

19 Wilcot Road
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Date of inspection visit:
20 July 2016
16 August 2016

Date of publication:
07 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Keepence Homes is a care home, registered to provide personal care for up to four people who have learning disabilities and autistic spectrum disorder.

The inspection was unannounced and took place over two days on 20 July and 16 August 2016.

The service had a registered manager who was responsible for the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in May 2015 we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005, the premises used were not maintained to an appropriate standard of hygiene and the service did not have fully effective systems in place to assess, monitor and improve the quality and safety of the service.

At this inspection we found that the provider had taken action to address the issues highlighted in the action plan. The provider had made Deprivation of Liberty Safeguards (DoLS) applications to the local authority where appropriate and had started making improvements to meet the requirements of the Mental Capacity Act 2005. We found that mental capacity assessments had been completed for decisions around people's financial management, but this was not consistently done where people lacked capacity to make specific decisions around their care or medical treatment.

We found the premises were maintained to a higher standard of hygiene and a cleaning schedule was in place. The registered manager told us there were plans for further decoration of the premises. The registered manager had introduced audits to assess, monitor and improve the quality and safety of the service.

People appeared happy and contented living at the home. Relatives spoke positively about the care and support their family member received. Staff showed concern for people's wellbeing in a caring and considerate way, and they responded to their needs quickly. Staff told us that people were encouraged to be as independent as possible.

People had access to sufficient food and drink and were supported to maintain a balanced diet. Where people had special dietary requirements, staff ensured these were met.

Safe recruitment practices were followed before staff were employed to work with people. Checks were undertaken to ensure staff were of good character and suitable for their role. People received care and

support from staff who had access to training and supervision to develop the skills, knowledge and understanding needed to carry out their role.

There were safe medicine administration systems in place and people received their medicines where required. There were processes in place to support people who were able to self-administer their medicines. People's care records showed relevant health and social care professionals were involved with people's care.

People had a range of activities they could be involved in. People were able to choose what activities they took part in. Staff were encouraged to support people in expanding the range of activities available to them.

The manager investigated complaints and concerns. People, their relatives and staff were supported and encouraged to share their views on the running of the home. The provider had quality monitoring systems in place. Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence.

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

This service was safe.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and plans put in place

Staff had the knowledge and confidence to identify safeguarding concerns and what actions to take should suspect abuse was taking place.

There were safe recruitment procedures to help ensure people received their care and support from suitable staff.

There were policies in place to support safe medicines management. People received their medicines when required.

Is the service effective?

Requires Improvement

This service was not always effective.

People were supported to be able to make decisions and choices about the care they wished to receive. However, mental capacity assessments and best interest decisions regarding specific decisions were not consistently recorded.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals as required.

People's health needs were assessed and staff supported people to stay healthy.

Is the service caring?

Good

This service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Is the service responsive?

Good

This service was responsive.

People had a range of activities they could be involved in.

People had an opportunity to feedback their experience about the service through meeting with their keyworker once a month.

Relatives said they were able to speak with staff or the manager if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

Is the service well-led?

Good

This service was well-led.

There was a new registered manager in place who was working to address shortfalls in the service. The registered manager demonstrated strong leadership and values, which were person focused.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

People benefitted from staff who understood and were confident about using the whistleblowing procedure.

Staff said they felt supported by the manager and could raise concerns. They felt appropriate action would be taken by the manager where required.

Keepence Homes

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 20 July and 16 August 2016 and was unannounced.

The inspection was completed by one inspector. We reviewed reports from the last comprehensive inspection in May 2015 as well as the provider's action plan associated with the Regulations in breach. This enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the 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.

During the inspection we spoke with the registered manager, three staff and two relatives. We spent time observing the way staff interacted with people as they were unable to verbalise their views about the service. We also looked at the records relating to care and decision making for four people and records about the management of the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 15 (1) (a) (2) of the Health and Social Care Act (2008) Regulations 2014. This was because the premises used by the service provider were not maintained to an appropriate standard of hygiene. During this inspection we found a cleaner environment had been maintained.
A cleaning schedule was in place and the registered manager told us staff were following the schedule. We noticed one room downstairs still had layers of dust and furniture seemed worn out. The registered manager told us that room had not been used much and agreed that cleaning could still be improved. The house was also in need of decoration, for example the walls and skirting boards had black marks on it. The registered manager told us painting of the internal walls of the home was due to happen soon.

People were not able to tell us whether they felt safe at the service, but were able to use gestures and non-verbal communication. One person gave us the thumbs up when asked if they felt safe at the home. We observed that people who use the service were relaxed and interacted happily with staff members. People moved freely around the home and we saw people approaching staff when they wanted comforting. One relative told us their family member was always happy to return back to Keepence Homes after a visit. They would sign to say they would like to go back "home".

The service had arrangements in place to ensure people were protected from abuse and avoidable harm. Staff showed a good understanding of and attitude towards safeguarding. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place. Staff had received safeguarding training, and the service had implemented and participated in the safeguarding process when necessary. For example, the registered manager told us they had reported an alleged allegation of financial abuse to the local authority and had been involved in further investigations.

Peoples' medicines were managed and administered safely. The registered manager told us they had been using a new delivery system, which delivered individual's prescribed medicines in a prepacked bubble pack container and clearly labelled with the person's name. Any medicines not taken were safely disposed of by the pharmacy. Delivery and disposal of medicines were signed for by the registered manager. At our last inspection the medicine policy and procedure in place did not specifically address 'as and when needed' (PRN), or homely remedy medicines. However, during this inspection we found the registered manager had addressed this and there were individual PRN protocols in place for each person so that staff had the necessary information to ensure medicines were administered safely. There were also processes in place to support people who were able to self-administer their medicines. The registered manager told us the person would come up to staff and use a sign to inform them when they had taken their medicines.

The registered manager told us there had been one medicine error since our last inspection. We saw evidence that the staff member immediately sought medical advice. The registered manager followed this up through supervision and further training for the staff member in medicines management.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. At our last inspection it was identified that for one person who was at risk of choking, there was not an associated risk assessment in place. During this inspection we saw this had been corrected and a referral had also been made to a speech and language therapist for their recommendations. We saw evidence at meal times that staff followed these recommendations.

Occasionally people became upset, anxious or emotional. We saw that people had positive behaviour support plans in place, which identified what action to take when a person became upset. For example for one person we saw that they would bite the back of their hand or pull out their hair when feeling upset. Staff told us they would use distractions such as offering the person a cup of tea, a bath or watching a DVD, which the person found soothing and relaxing. Another person became anxious if they did not have sufficient information about the plans for the day for example, which staff were coming in and at what time. Staff placed a picture of a clock on the wall with a photo of the staff member against the time they were due on duty.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The staff group was consistent and were able to cover in cases of sickness or leave. The registered manager told us in the case of an emergency where there was no night cover that they [the registered manager] would sleep in. Some staff told us they had seen a reduction in staffing levels, which meant people couldn't always get out as much as they would have liked to. The registered manager said "If I felt the staffing level wasn't safe, I wouldn't reduce staff."

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. The registered manager told us they were developing new forms to incorporate learning from any accidents or incidents. These were also discussed at team meetings and recorded in the communication book to ensure staff were aware and to prevent further incidents.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

The registered manager told us contingency plans were in place in case of an emergency and these were written down for staff to follow. Staff told us they knew what to do in case of an emergency and each person had a fire evacuation plan in place. The registered manager said that suitable accommodation had been identified for situations in which evacuation might be necessary.

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 11(1)(3) of the Health and Social Care Act (2008) Regulations 2014. This was because necessary records of mental capacity assessments and best interest decisions were not in place for people who lacked capacity to decide on the care provided to them by the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was now working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that improvements had been made and necessary applications for authorisations of a deprivation of liberty had been made to the supervisory body, but was still awaiting assessment.

Mental capacity assessments were in place where people lacked capacity to make decisions around their own financial management. However; we found that for one person who lacked capacity to consent to restrictions, such as use of a sensor alarm, a mental capacity assessment was not in place and a best interest decision had not been recorded. A relative told us they had not been involved in the discussions around this decision. For another person, we saw a mental capacity assessment had been completed for consent to medical intervention and there was evidence of the best interest decision and discussion being recorded. People did not have a mental capacity assessment to consent to their care and treatment at 19 Wilcot Road. The registered manager told us the local authority would have completed these, but they had not received a copy. We found although improvements had been made, mental capacity assessments regarding specific decisions, were still not consistently completed.

People had access to food and drink throughout the day and staff support was provided with eating and drinking as necessary. People were encouraged to eat a healthy diet of fresh food and to make their own food choices. We saw that staff used a pictorial menu to support people in making a choice. Staff told us people were involved in choosing the menu by cutting out pictures of a variety of meals for them to choose from. Where possible, people were enabled to be independent and make their own hot drinks. Meal times were relaxed and sociable and staff sat down to have their own lunch with people. The service kept a daily record of what each person consumed and kept monthly records of people's weight to ensure people maintained a healthy body weight. If people did not want to be weighed, the staff monitored the person's weight by the fit of their clothes.

Staff told us they received regular training to give them the skills to meet people's needs, including a

thorough induction and training on meeting people's specific needs, for example epilepsy and the principles of learning disability. The registered manager had close links with the learning disability team, who provided valuable training around autism and sensory awareness. On the day of our inspection we saw staff receiving training on mental capacity and deprivation of liberty safeguards. Staff said they had sufficient training and they were confident that if they requested further training it would be provided. The registered manager told us staff were also encouraged to complete their Care Certificate and some staff confirmed they were in the process of completing this. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The registered manager told us all staff would have started the Care Certificate by the end of 2016.

At our last inspection we identified that staff supervisions were not frequent and appraisals did not take place. During this inspection we saw evidence that supervision was taking place more frequently and the registered manager had started introducing appraisals. They told us they were working on new paperwork for appraisals. Staff also told us that they had opportunities to discuss any ideas or concerns with the manager or other staff on a daily basis.

Each person had a health action plan in place and, where necessary, an epilepsy profile was also in place. Records showed that people were enabled to have access to healthcare professionals as necessary, for example a dentist, optician or speech and language therapist. Staff members were aware of the need to make appointments and to support people during these appointments. One relative told us that when their family member was admitted to hospital, the support they received from the homes' staff was excellent, who stayed with the person 24 hours a day. The relative said "All worked long hours and worked out of their normal shift pattern. They were excellent".

Good

Is the service caring?

Our findings

People appeared happy and contented. Relatives told us they were happy with the care their family member was receiving. The people who used the service had all lived there for several years and were supported by a small group of staff members who likewise had worked at the service for several years. This consistency meant that staff members knew the people who use the service very well. One relative told us it was good that staff knew people well, but said "I think some staff are a bit set in their way. They make assumptions about [the person] for example with communication".

Staff knew people's individual communication skills, abilities and preferences. A relative told us during a visit their family member used a sign they had not seen before. They contacted staff, who immediately told them what the sign meant. Staff told us most people were non-verbal, but was able to understand. Some people used facial expressions, body language or humming to communicate. Staff knew that for one person humming didn't mean they were unhappy. For another person they knew if they pulled the duvet up to their head in the morning, that they did not want to get up.

There was a pleasant and friendly atmosphere throughout the home. People's bedrooms were personalised and decorated to their taste. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as ornaments, photographs and their own furniture. The registered manager told us people were involved in decorating their bedrooms and they could choose the colour they wanted.

Relatives told us staff were very helpful and they were able to visit their family member at any time and would be welcomed within the home. Some relatives lived a distance away and told us that staff would drop their family member off halfway to meet them. Another relative didn't drive and staff would take the person to the family home for visits. One relative said "I have been very happy with the care. Nothing seems to be too much for the staff".

We saw people were encouraged to be independent, for example one person was able to make a hot drink and would also offer to make a drink for other people. The registered manager told us they were working with another person to support them with making their own drink. One relative told us when they visited; staff encouraged the person to make them a drink.

The relationships between staff and people demonstrated dignity and respect at all times. We saw staff spoke with people in a kind manner and people were not rushed. Staff sat down with people talking or helping with an activity of their choice. We observed that people had a choice of where they wanted to sit around the home, for example staff told us one person preferred to sit around the table doing drawing while another person liked to be on their own. We saw people going up to their bedrooms if they wished to do so.

We saw in people's records that discussion around end of life care had not been discussed with the person's relative or representative. DNAR forms (Do not attempt to resuscitate) were also not in place. The registered manager told us they had sent out information to relatives for discussion and they would be liaising with the

GP regarding decisions about DNAR.

Good

Is the service responsive?

Our findings

Each person had a care plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. Care plans did not only identify what people needed support with, but also what staff liked and admired about the person, for example "Their smile, their friendly manner, physical appearance, their sense of humour and determined character". It also identified how best to support people, for example "skilled staff, communicate at own level, one-to-one time and giving choice and encouragement".

The care that people received promoted their independence and met their needs. The care plans enabled people to participate in decision making to the maximum extent possible. Staff explained that for some people it was important that a routine was followed because this promoted their well-being. We observed that care and activities were provided according to people's individual needs and different levels of independence.

Positive behaviour support plans were in place and guided staff to be alert for and to avoid triggers that may cause escalation in people's anxiety levels. The plans also gave guidance on preventative measures and reactive strategies for staff to use if people's anxiety increased. This meant people's safety and well-being were promoted. Staff told us they would check for signs in the morning when people got up to identify what mood they were in and to manage this the best possible way. For example if a person did not want to make eye contact, the expression on their face, hitting on the head or wailing, staff would know what mood the person was in.

People's needs were reviewed regularly and as required, however people's involvement in these reviews was not always evident. Where necessary the health and social care professionals were involved. Relatives told us they were not always invited to be part of their family member's annual care review. Some relatives thought it might be as they lived a distance away. The registered manager told us relatives would be invited when reviews were next due.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. This included any information about health appointments, incidents and accidents or any other significant events.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities, people were able to maintain hobbies and interests and staff provided support as required. The registered manager had a strong vision in expanding the opportunities people had and constantly encouraged staff to think creatively. We saw a note from the registered manager to staff in the communications book, stating "The people we support should have the same opportunities to live their lives to the full as we do, please look for things they can do, encourage participation in day to day running of the home and also look for opportunities away from home. Inclusion is key for having a fulfilling life".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection and where a concern had been raised by a relative, the registered manager acted immediately to resolve the issue. An example of this was where a relative mentioned they did not like the way a member of staff spoke to them. The registered manager addressed this with the member of staff and also contacted the relative with an apology.

People were empowered to make choices and have as much control and independence as possible. The registered manager told us there used to be a "do things for people" culture in the home. For example the previous manager bought clothes for people without them being there, or planned a holiday for people without including them. The registered manager told us "It's their house, their decision". The registered manager said people went on holiday once a year. People were included in the planning of the holiday by looking at brochures or the internet. Some people enjoyed the beach and other enjoyed a less active holiday, which meant sometimes people would be grouped into the holiday they would most enjoy.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection in May 2015 we identified the service was not meeting Regulation 17 (1) (2) (a) (d) (ii) (f) of the Health and Social Care Act (2008) Regulations 2014. This was because the service provider did not have fully effective systems in place to assess, monitor and improve the quality and safety of the service. Nor were there fully effective systems in place to evaluate and improve practice and to keep records in relation to the management of the service.

Following the last comprehensive inspection in May 2015 the registered manager had left the service and a new registered manager came into post in August 2015. Since then the provider had developed a detailed action plan to address failings in the way the service was operating. During this inspection we found improvements had been made and actions detailed in the action plan had been completed. Internal audits had identified shortfalls and action had been taken for example, the health and safety audit identified that some internal doors were not closing correctly, which was rectified immediately. The registered manager told us they were working closely with the proprietor to further improve the quality of the audits.

The registered manager had a clear vision for the service and felt passionate about improving the quality of the service people were receiving. The registered manager recognised the challenges of not becoming stagnant in the way care was provided, but to find new innovative ways in engaging people in meaningful activities. They had a vision of involving people more in the day to day running of the home and to invest in teaching people life skills.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Each person had an opportunity to sit down with their keyworker once a month to check if they were happy with their care, the staff, activities and any other feedback. Relatives told us they had the opportunity to provide their feedback once a year through completion of a survey.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Themes discussed at staff meetings included medicines errors, safeguarding and change in policy or legislation. Staff told us they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. Staff said "The manager is open and accessible".

People, their relatives and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Relatives told us they rarely had any communication about their family member from the previous manager, but now had regular contact with the registered manager and were kept informed about their family member. One relative said "[The manager] is very good. Really nice person".

People had been supported to maintain links with the local community through attending for example a local day service, fetes, pantomime and amateur dramatics. People also used local facilities, such as shops, hairdressers and banks. The registered manager told us they had close links with the local authority,

learning disability team and attended provider's forums and learning exchange network to ensure they were up to date with best practice and legislation. The registered manager ensured any updates were communicated to staff through team meetings or the communication book.