

Mr Gordon Nuttall

The Keepings

Inspection report

12 Priory Road
Dudley
West Midlands
DY1 4AD

Tel: 01384253560

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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

The Keepings is a residential care home providing accommodation and personal care to 19 people aged 65 and over living with dementia at the time of the inspection. The service can support up to 23 people.

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

People were kept safe and staff knew how to do so. Staff were recruited appropriately and received training, so they knew how to support people with their medicines as they were prescribed. There were sufficient staff to support people and risks to people were identified and reviewed. People received support from staff who received infection control training. When an accident or incident took place, trends were monitored.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff could access support when needed and had the appropriate skills and knowledge to meet people's needs. People made choices as what they had to eat and drink and could access health care when needed.

People received support from staff who were caring and kind. People's privacy, dignity and independence were promoted.

People received support that was responsive to their needs. They were communicated with in a way they could understand. Assessments and care plans were in place and reviews took place regularly so where needs changed, staff would know how to support people based on their changing needs. People could access activities that were tailored to their interests and hobbies. The provider had a complaints process in place and complaints were responded to on a timely basis.

People received support that was well led. The provider ensured appropriate governance was now in place to monitor the quality of the service, spot checks and audits were now taking place. The registered manager ensured people's views were gathered by way of them completing questionnaires and regular meetings took place, so people were involved in the management of the service.

Rating at last inspection

The last rating for this service was Requires Improvement (Report published 22 November 2018) and there was a breach of regulation 17. 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.

Follow up

We will continue to monitor the service through the information we receive until we return to visit 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

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.

The Keepings

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

This inspection was carried out by one inspector.

Service and service type

The Keepings 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 the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection

During the inspection we were unable to speak with many people to understand how they felt about the service, as they were unable to communicate their views. We managed to speak with one person and

observed how people were supported. We spoke with four relatives, two members of staff, the deputy manager, the registered manager and owner who was available on the first day of the inspection. We reviewed a range of records, this included the care records for five people, medicine records and records related to the management of the service

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 to us.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager demonstrated they understood how to keep people safe. Where people were at risk, actions were taken to safeguard people and take the appropriate action to ensure people were kept safe.
- Staff told us they had completed training in safeguarding people and understood what they should do to keep people safe.
- A person said, "I do feel safe living here".

Assessing risk, safety monitoring and management

- Risk assessment were in place and we found they showed the actions required to reduce risks to people. For example, where people demonstrated distressed behaviour or were at risk of falling we saw risk assessments in place explaining clearly to staff the actions they should take to minimise the risks.
- Staff could explain risks to people and demonstrated they understood how to manage risks. A staff member said, "Everyone has a risk assessment in place".

Staffing and recruitment

- Staff told us there were sufficient numbers of staff and we saw people were supported in a timely manner. A person we spoke with told us, "There is enough staff, when I need them they are on time".
- Staff recruitment processes were in place. A DBS check was carried out to ensure the provider had employed suitable staff to support people. A staff member said, "I did complete a DBS (Disclosure and Barring Service) check and provided two references before I was appointed".

Using medicines safely

- People were supported by staff who were trained to give them medicines. A relative said, "I am happy with how my relative is given their medicines".
- Staff told us their competency was checked so they could ensure people received their medicines as it was prescribed. We confirmed this and observed people being supported with their medicines and found no concerns.
- Where people received medicines, we found this was recorded on a Medicines Administration Record (MAR).
- Where people received medicines 'as and when' required we saw that the appropriate guidance was in place to ensure people were administered these medicines consistently.

Preventing and controlling infection

- Staff had access to Personal Protective Equipment (PPE). A person told us staff wore this equipment when

supporting them. We observed staff wearing their PPE when appropriate.

- Staff told us they received infection control training which we confirmed. The home was clean, tidy and odour free which showed the staff responsible for cleanliness were keeping the environment of the home to a good standard.

Learning lessons when things go wrong

- The provider had systems in place so where things went wrong action could be taken and lessons could be learnt to reduce any risks to people. For example, where someone had more than four falls within a month they were referred to the falls team, so they could suggest ways of reducing the risk of falling. The registered manager monitored the amount of falls so where there may be trends action could be taken to reduce the number of falls.
- Records of accidents and incidents were kept and trends were also monitored.

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 improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection we found the provider had not considered the impact of the patterned carpet in the lounge on people with dementia and any potential risks or confusion this may have caused. We found at this inspection that the provider had followed recommended current guidance on best practice for the environment where lived with dementia and replaced the carpet.

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

- The registered manager carried out an initial assessment, so they could be sure they could support people appropriately.
- The assessments were part of the care planning process and staff could access these documents when needed.
- The Equality Act 2010 was considered as part of the assessment process, so people's preferences could be considered as part of how they were supported.

Staff support: induction, training, skills and experience

- A staff member said, "I do feel supported, I recently approached the manager with a concern I had". Staff told us they received supervision and attended staff meetings, which we confirmed.
- The provider ensured all staff took part in an induction process which also incorporated the care certificate standards. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- A range of training courses were made available to all staff. This included mandatory training that the provider expected all staff to complete and specific courses, so staff had the skills and knowledge to support people as they would want. For example, manual handling, dementia care, nutrition and food hygiene, equality and diversity and falls prevention.

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

- Our observations showed people made choices as to what they had to eat and drink. A person said, "Staff do come around and ask what I want to eat and drink and I can get a drink whenever I want one".
- A menu was displayed showing what was on offer and where people could not make a choice from the menu staff were observed showing people the meals on offer so they could make an informed choice. Staff were seen offering people drinks regularly.
- Where people needed support to eat and drink we saw staff supporting people in a relaxed and kind manner. People were communicated with during the process to ensure staff supported them as they needed.

- Where people had a special diet the kitchen staff were aware of their diets and could explain how they were made aware once people were assessed.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other agencies to ensure the support people received was appropriate. For example, where people have choking risks the registered manager works closely with speech and language therapists, so people get the support they need.

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

- The environment was appropriate for people living with dementia. We found a stair lift was in place to support people to get upstairs where support was needed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care as it was needed. We found people's oral care was an important part of the support they received and staff received training to ensure people were supported appropriately. The registered manager told us that people saw other health professionals regularly to ensure their foot care, eye sight and general health was looked after appropriately. Relatives confirmed their relatives accessed health care regularly and we confirmed what we were told.

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. Where people were being restricted we found the appropriate authorisations were in place.

- Staff told us they had received the appropriate training, which we confirmed. Staff could explain who was on a DoLS and the purpose.
- We observed staff consistently seek people's consent before supporting them. A person said, "Staff always ask before they do anything". This meant their consent was sought.

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 Good. At this inspection this key question remained the same. This meant 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

- Staff were seen showing kindness and compassion in how they supported people. A relative said, "Staff are kind and caring and we could not ask for more".
- We saw staff interacting with people in a nice friendly manner and people were relaxed and comfortable around staff.
- Records showed that equality and diversity was considered as part of how people were supported. For example, where people wanted to worship as part of their religion they could do so.

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

- People expressed their views and decided how they were supported. A person said, "Staff always ask me what I want and I tell them and they support me how I want". Where people could not express their views relatives would be spoken with or best interest decisions made in line with people's preferences, dislikes or likes.
- The registered manager implemented an 'Extra Mile Journal' where people, relatives and staff can complete about positive experiences within the home. This enables people to share positive experiences as to how they are supported.

Respecting and promoting people's privacy, dignity and independence

- Our observations showed that people's privacy and dignity was being promoted in how staff supported them.
- A person said, Staff do respect my privacy and dignity, when I have personal care staff do make sure I am covered and the curtains are drawn".
- People were seen doing as much as they were able to as part of promoting their independence.

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.

At our previous inspection we found people's interest, hobbies and preferences were not being considered as part of how decisions were made to provide people with activities. We found activities were not tailored to what people like to do. The provider told us they had employed an activity coordinator we saw no evidence of this. People were left to sleep and we saw no proper activity plan in place to show how people were being socially stimulated. We found at this inspection, this had improved.

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

- Relatives could visit the home whenever they wanted throughout the day as part of being able to sit and socialise with their relatives.
- We saw pictures of events/activities that had taken place with people, showing how people could take part in things they enjoyed. For example, we saw where animals were brought into the home as some people loved animals and this was clearly highlighted in their care records as something they enjoyed.
- An activity coordinator was now employed and we saw evidence of how people were now taking part in things that interested them. The coordinator was gathering information on people's hobbies and interest as part of how activities would be tailored to their needs. Relatives told us they had been approached for this information. People were seen actively being encouraged by staff, an activity plan was in place demonstrating what was taking place and was tailored to what people like to do.
- Relatives told us there was an improvement to the activities now being offered to people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were involved in the assessment and care planning process to ensure people received the support they wanted. Reviews were taking place and while relatives confirmed this was happening, this was not reflected on the review paperwork. The registered manager assured us they would amend the paperwork, so this information could be noted in future.
- The information in care plans were individualised and showed the support people wanted.

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.

- Information was made available in different formats to aid people in how they were communicated with.

We saw information on the meals available displayed in picture format.

- Staff were seen taking meals on offer to people to support them in deciding as to what they wanted to eat, rather than just being told what was on offer as people would not be able to make an informed choice.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place so people or their relatives could raise concerns.
- The registered manager kept a log of all complaints and trends and this allowed for trends to be monitored as part of service improvement. Relatives told us that concerns they raised were dealt with promptly.

End of life care and support

- Staff were provided with end of life training with a member senior staff member being the lead person to support staff.
- We found a person was in receipt of end of life care. Staff were able to identify how the person was supported and were aware of their needs as part of their care plan. Preferences were identified so all their wishes could be accommodated.
- The registered manager could explain all the support in place to ensure people were supported how they wanted and their wishes respected. The registered manager also explained how relatives were involved in supporting their relatives through this difficult time.

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.

At our previous inspection we found the governance within the home was not good and the registered manager and provider had not ensured the environment in and outside the home was kept to a safe and acceptable standard. Processes and systems within the home was not being managed appropriately and as a result the provider was given a Breach of Regulation 17 (Governance). We found at this inspection that the management of the service had improved.

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

- The registered manager explained how they worked with other professional and relatives to ensure the support people needed was what they received.
- The service was empowering and inclusive. For example, Relatives could visit the home as often as they wanted and supported staff to enable people to be as independent as they could. Relatives told us they could visit whenever they wanted and we saw relatives spending time with people and supporting them within the home.
- Relatives spoke positively about the registered manager, staff and the home generally.

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 provider understood their role in ensuring they were open and transparent as to how people were supported and when things went wrong.

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

- The provider carried out regular checks and audits of the service and a record of concerns identified to show how these were actioned.
- The registered manager carried out spot checks and audits on the service to ensure the quality of the service was maintained. Relatives and staff told us the registered manager was seen walking the home and doing checks
- Medicines were spot checked and audited to ensure medicines were being managed safely and we saw evidence of this.
- The registered manager showed they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- Staff were aware of the whistle blowing policy and its purpose. A whistle blowing policy is intended to

encourage employees to raise concerns where people are put at risk of harm.

- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, we saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- Relatives told us they completed questionnaires to share their views on the service and we saw the actions taken as part of the analysis gathered was shared.
- Meetings with people and relatives were used to share information and gain views as to how the home was managed and run.

Continuous learning and improving care

- The registered manager ensured staff had the skills and knowledge to support people by them having access to regular training to improve their learning.

Working in partnership with others

- The registered manager showed examples as to how they worked with other partners within the health service and social care to improve how people were supported. We found staff were supported by other professionals, so they could support people how they wanted.