Mr & Mrs A J Bradshaw

Keswick House

Inspection report

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Date of inspection visit:
14 September 2016

Date of publication:
12 October 2016

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

This inspection took place on 14 September 2016 and was unannounced.

Keswick House is a care home for people with learning disabilities or autism spectrum disorder. A maximum of 15 people can use the service. At the time of our visit, 14 people lived in the home.

The service had a registered manager. 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.

Staff understood the risks related to people's physical health and well-being, and followed people's individual risk assessments to ensure they minimised any identified risks. The registered manager and staff understood and followed the local authority's safeguarding policies and procedures when necessary. Checks to reduce the risks of employing unsuitable staff were carried out prior to staff starting work at the home. Staff received training to help them meet people's needs effectively.

The provider understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and the service complied with these requirements. People had good access to health care professionals when required, and their medicines were administered to them as prescribed.

Whilst there had been staff absences over the summer period, there were enough staff to meet people's needs. People were supported to attend activities that interested them which included going shopping, to the pub and to other recreational facilities. They enjoyed the food provided and helped with meal planning, preparation and cooking.

People who lived at Keswick House liked the staff who supported them. They felt they lived in a 'family' environment with staff who demonstrated kindness, and who they could have fun with.

The registered manager was open and accessible to both people and staff. There were sufficient informal and formal monitoring systems in place to ensure quality of service was maintained. People and relatives felt at east to raise concerns with staff if they needed to.

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.

There were enough staff to meet people's needs. Recruitment practice reduced the risks of employing unsuitable staff. The risks related to people's health and social care were identified and managed well. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had received the necessary training to support people's needs, and understood and worked within the principles of the Mental Capacity Act. Staff felt supported by the management team. Where possible, people were involved with planning and cooking meals, and told us they enjoyed their meals. People's healthcare needs were met.

Is the service caring?

Good

The home was caring.

People felt staff were kind. We saw staff had a good understanding of people's needs, and had positive, supportive relationships with people who lived at the home. People's dignity, privacy and human rights were respected by staff. Visitors were welcomed, and friendships and relationships supported.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities which reflected their preferences and interests. People were supported to give feedback about the service both formally and informally, and people and relatives felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

The provider was fully involved with the home, and people and staff felt the leadership was open and supportive. Formal and informal systems were in place to check the quality of care provided to people.

Keswick House

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.

The inspection took place on 14 September 2016 and was unannounced. One inspector conducted this inspection.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. The local authority commissioner's information was similar to what we found at our visit.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information in the PIR reflected what we saw during our visit.

During our visit we spoke with nine people who lived at the home, two relatives, two support staff, the deputy manager, the registered manager and the provider. We observed interaction between people and the staff who supported them. We reviewed three people's care plans to see how their care and support was planned and delivered and looked at a sample of medicine administration records. We looked at other records related to people's care and how the service operated. This included recruitment records, records of meetings with staff and people who lived at the home, and checks management took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

People told us they felt safe at Keswick House. One person told us, "Staff are very nice and gorgeous. They are all kind and help us to feel safe."

There were enough staff to care for people safely. The registered manager and provider told us in recent months they had been challenged by higher than usual staff absences and staff leaving the service. They told us they had managed to cover staff absences with existing staff instead of using agency staff. This meant people who lived at the home had continuity of care and were supported by staff they knew and trusted. People and staff told us there were enough staff to meet people's needs. During our visit, we saw enough staff to support people safely.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working at the home. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they could not start working at the home until all checks had been received by the provider. People who lived at Keswick House were involved in the staff recruitment process. They had opportunities to talk with prospective employees, ask them questions, and give their opinions about the person.

The administration of medicines was managed safely and people received the medicines prescribed to them. People had been given the option of administering their own medicines but had chosen not to. Medicines were stored safely in accordance with the legislation. Medicine administration records (MAR) we checked, had been completed correctly to show how medicines had been managed. Written guidance was available to staff when they considered giving people their prescribed medicines on an 'as required' basis. This reduced the risks of inconsistency in their administration. Staff who administered medicines were trained to do so and their competency was regularly checked by management to ensure they continued to manage medicines safely. Medicine records were regularly audited by the deputy manager or registered manager to ensure staff were administering medicines safely. The PIR informed us there had been four medication errors in the last 12 months. These had been dealt with appropriately.

People were protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Staff told us they had been trained to safeguard people, and knew if they had any concerns about people's safety, to go to the person in charge or the registered manager. The registered manager was aware of their responsibilities to report any safeguarding concerns to the local authority safeguarding team. The PIR informed us there had been one safeguarding concern since our last inspection. This was in relation to the behaviour of one person towards another. The provider had in response to this, reviewed and updated their procedures for managing people's behaviours to reduce the risks of this happening again. The PIR also told us the provider wanted to improve people's safety by using 'resident' meetings as a forum where people could be informed of safety issues and where role play scenarios could be used to help people with their understanding.

The service had good financial safeguards to protect people from the risk of financial abuse. This included procedures where two staff booked money in and out of the home, and checked the remaining balance against receipts.

Accidents and incidents were logged and appropriate action taken at the time to support the individual. There were very few accidents or incidents at the home.

The registered manager had assessed risks to people's individual health and wellbeing. Many of the people who lived at Keswick House had low dependency needs. However for those who had higher dependencies, and more risks associated with their care, risk assessments were in place. These provided staff with detailed information about what the risks were to each person and the action they should take to minimise the risks. For example, some people were at risk of skin damage if they did not move around much and there was too much pressure on their skin. Staff knew to support people to re-position in bed or in chairs to reduce the risks of pressure sores developing. One of the people who needed re-positioning whilst in bed, told us staff made sure their skin was safe. Others were at risk of choking on food and staff knew who needed food and fluids modified to reduce the risk of them choking.

The premises and equipment were safe for people to use. The provider used external contractors to check on the safety of equipment and of the premises. On the day of our visit, a gas contractor was visiting to ensure gas safety. A few days after our visit the fire service inspected the home and were satisfied with the fire safety procedures. These included personal emergency evacuation plans (PEEPS) for people who were at risk. In the last 12 months improvements have been made to the premises. Double glazed windows have replaced some of the original window frames which were in poor repair. A 'wet room' had been built on the ground floor for people with reduced mobility, to support them more safely when providing personal care.

Good

Is the service effective?

Our findings

Staff told us they had received training considered essential to meet people's health and social care needs. This included food hygiene training, moving people safely and safeguarding people. They had also undertaken further training such as National Vocational Qualifications (NVQ) in health and social care to further develop their practice as social care workers. One member of staff told us they had completed an NVQ level 3 and had also undertaken training in managing epilepsy and diabetes. A person who experienced seizures, knew when they were about to have one and told us staff came quickly to them when they pressed the call bell. They said staff knew what to do to support them. The deputy manager told us they had undertaken an NVQ level 5 in management to support them in their management position.

New staff told us how they had learned about the home and the needs of people who lived there. They told us the first day was spent familiarising themselves with the policies and procedures. They then worked alongside staff for a few days. They got to know people who lived at the home by talking with them, speaking with staff and reading people's care plans. One staff member told us, "There is a world of difference working here compared to where I worked in the past. I don't feel stressed."

The registered manager planned to introduce the Care Certificate to new and inexperienced staff. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Recently recruited staff were experienced care workers. However, the registered manager had adapted the induction training programme to ensure it met the Care Certificate requirements for when less experienced staff were recruited.

Staff received on-going help and support from their seniors and the registered manager. They told us they received formal supervision where they arranged a time and sat with their senior and discussed their work. They also told us they had informal supervision where they talked with their seniors during their working day about issues, as and when, they arose. The registered manager told us because they had been covering for staff absences, they had not been able to do so many formal supervisions but were always available to provide staff with support. The provider was also readily available for staff support.

We checked whether the provider worked within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. They and their staff had been trained to understand and work within the principles of the Act. The majority of people who lived at the home had capacity to make all of their decisions. Assessments had been undertaken for those people who

had capacity to make some decisions but not others to determine what was in their best interests. People told us they were able to make decisions about their care and support, and we saw this happened during our visit.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority's supervisory body. At the time of our visit, two people had a DoLS in place. The registered manager and staff understood the DoLS and ensured they were acted on.

People received food and drink which met their needs. All the people we spoke with told us they enjoyed the food. They told us they were involved in menu planning, and where possible, in food preparation. They said they could have drinks at any time of the day. One said, "We have different choices, we talk about it. They [staff] say to you, 'what do you fancy?' and you say what you want, like sweet and sour." During our visit we saw people helped prepare lunch, and we heard them make the decision to have curry for their evening meal. We saw people made drinks or were provided with drinks when they could not make them for themselves. Staff were aware of how people made their wishes known who could not communicate verbally. For example, staff knew that one person coughed when they were thirsty and wanted a drink.

People were assessed to check whether their eating and/or drinking put them at risk. Where a potential risk was identified, people were referred to the relevant professional such as the dietician or speech and language therapist. This was so their advice could be sought on how to support the person safely.

People received support to maintain their health and wellbeing. They told us if they felt unwell, staff would support them to see the GP. One person said, "If I am poorly, staff will make an appointment. I am going to the dentist tomorrow and going to the hospital [on date] to get my eyes checked." Records showed that other healthcare professionals such as district nurses were involved when people needed them.

Good

Is the service caring?

Our findings

All the people we spoke with, were happy living at Keswick House. One person said, "It's a very nice home and it is where I belong. I want to stay here for good." Another said, "The staff are nice to all the residents." This was echoed by all people we spoke with. The relatives we spoke with told us their relation was happy at the home. They said when the person used to visit them, they were always ready to come back to Keswick House. We explained to one person that their views and opinions would be shared in our report. They told us they wanted the public to know that Keswick House was a nice place to live.

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People were treated with kindness during their day to day care. During our visit we saw much laughter and smiling, and saw staff took their time to sit and talk with people. People, relatives and staff all referred to the home as being like a "family". One person told us, "We're family, if we have problems we sit down and talk about it, we're happy." A relative told us, "It's a home from home, they're like a family unit." A staff member told us that when they arrived at work it was like, "Coming into a family." They went on to say "Not once when I've come in have I not wanted to be here."

Staff understood people's individual needs and preferences from talking with people, looking at people's care plans, and reading their personal histories. People told us they were involved in planning their care and support. Some records showed that when possible, people had started to contribute to written care plans. For example, one person had been supported to write their own care plan about going swimming. Some of the care plans were in picture format to help the person understand. For example, one person's care plan about bathing had pictures of the bath and picture based instructions of what the person needed to do to get into the bath safely. The registered manager was aiming to have all care plans written from the perspective of the individual (person centred), and was working towards achieving this.

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. Two people who lived at the home told us they had recently become engaged to each other. People who had lived at the home for a long time (over 20 years) had close relationships with the owners and the registered manager (the owner's son); as they had all lived together in Keswick House when the home first opened. This close knit community spirit had been maintained with people who had more recently moved to the home.

People had the privacy they needed. Staff knocked and waited for people to respond before they went into people's bedrooms. People also had the option of having a lock and key to their bedroom door to provide them with further privacy and security. People told us care staff treated them with respect and dignity, and

we saw this happened. For example, a member of staff had agreed to meet with us to talk about their experience working in the home. However, they became aware that a person who lived in the home required personal care. They very discreetly and quietly, so no one else would hear, informed us we would need to wait for 10 minutes as they needed to attend to the person's needs.

Many of the staff, including the owners, had close family members who lived with learning disabilities. We asked staff if they would want their relations to live at Keswick House and if the home passed the CQC 'mum's test'. They told us they would be happy to have their relations live at Keswick House. One member of staff told us that whilst the home had rules and policies, it was, "Their home." Another told us, "We look after everyone who lives here. Anything they [people] want, we try to get for them."

Good

Is the service responsive?

Our findings

Prior to being admitted to the home, people's needs were assessed to ensure the service could meet and be responsive to their needs. The service listened to people's views or those of their representatives about what support they wanted and needed, and how they wanted to live their lives.

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Staff knew the people they supported well. Care plans included information entitled 'Listen to Me,' 'A history about myself' and 'My likes and dislikes'. This gave staff an understanding of what was important to people and helped them build relationships and support people in ways they preferred. Care plans were regularly reviewed to ensure any changes in people's care were identified and recorded. This was to ensure staff continued to respond well to their needs.

Care provided to people was based on the needs of each individual. The registered manager had acknowledged in the Provider Information Return (PIR) that the care plans had not been 'person-centred' in that they had not been written in a way that centred on the person's individual needs and wishes. They were in the process of changing this and we saw some examples of the changes made. They hoped to complete the changes to the care plans within the next six months.

People were encouraged to develop and maintain their independence. One person told us they needed some help with personal care, but they were encouraged to do as much as possible for themselves. Others told us they went out of the home to local areas when they wanted to. They liked going to the pub, a disco and a 'Friday night feast night'. One person told us they worked four days a week at a local community facility and every Tuesday helped the provider by acting as an 'escort' for a person who lived in a different home. People also told us they had been on day trips and on holidays to places such as Blackpool which they enjoyed.

Six people showed us their bedrooms. We saw these had been personalised in that they reflected their interests and hobbies. One person had recently achieved a lifetime ambition to go to New York. This was celebrated with a large framed photo of them and a New York police man and police horse. Another person had enjoyed visiting an open air festival where there was a Queen (rock group) tribute band. This too had been celebrated with a large framed photo in their room of them playing a guitar at the festival. One person had painted a self-portrait and this was displayed on their wall to show their achievement.

People told us they would feel able to complain about the service if they were not happy with any aspect of the care and support provided. One person told us, "If I ever get worried, I can go and talk to staff." The PIR informed us that one complaint had been received in the last 12 months. The registered manager told us this had been addressed to the satisfaction of the relative who had complained, and the people involved in the complaint.

Good

Is the service well-led?

Our findings

The provider of Keswick House is a husband and wife partnership and family business. The provider's son had in the last year been registered as the registered manager of the home.

People, staff and relatives spoke well of the provider and registered manager. People told us, " I like [registered manager] I think he is brilliant. He knows every resident here." Another said the registered manager was, "Amazing, a good man." Another said, "I've been with [the provider] for many years, [the registered manager] is nice."

The provider, registered manager and staff demonstrated a set of values which respected people's human rights, equality and diversity. Throughout our visit staff acknowledged people's individuality and respected their views and opinions. Staff told us they felt there was an open culture in the home where their opinions mattered and where they felt supported. One member of staff told us the provider had said to them when they first started working at the home, if they had any problems or issues, to tell them and they would see if they could help them. The staff member went on to say, "They have been true to their word."

The provider information return (PIR) demonstrated the registered manager had ambitions to improve the home. Some of these ambitions had not been progressed because they had covered staff absences and had been supporting people. For example, the registered manager wanted all care plans to be more individualised to reflect the individual needs of each person but this had not been fully achieved.

Keswick House is the neighbour of Derwent House. Both homes are owned by the provider, and people from both homes socialised with each other. Until recently staff had worked in both Keswick and Derwent House. The registered manager was in the process of moving away from this arrangement to instead have dedicated staff to work in each home. They felt this would improve the continuity of care provided to people.

The registered manager was aware of their responsibilities to send us statutory notifications. However, whilst they reported the safeguarding incident in the PIR sent to us, they had not sent us a notification at the time of the safeguarding incident occurring. The registered manager told us this was an oversight and sent us the notification after our site visit.

The registered manager had systems to ensure people were safe. For example, medicines, hygiene, and fire safety were routinely checked. The provider regularly visited and supported the management at the home. A 'seniors' meeting had been introduced where the managers of each of the homes met together with the provider to discuss management issues in each home. This was to provide a more open and consistent approach across the homes, and support shared learning between the managers.

People who lived at the home were regularly provided with opportunities to tell staff about what they liked and did not like about the home. 'Resident' meetings were also held to give people opportunities to share their views. There was also more formal surveys conducted yearly. The results of the last survey were given

in the PIR and were very positive.

The provider had full control over the financial systems of the homes they owned. During our visit, the registered manager shared concerns with the provider over the lack of financial contingency planning and delegation, should there be a time when the provider was not available to support the business. This did not impact on the current service provided but it was felt it needed to be planned for to ensure this did not impact on the home in the future. The provider agreed to discuss this further with the registered manager and look to ensuring contingency arrangements were in place.