

Mrs Linda Rose Olver

Higher Keason Care Home

Inspection report

Higher Keason Care Home
Higher Keason Farm, St Ive
Liskeard
Corwall
PL14 3NG

Date of inspection visit:
06 July 2016

Date of publication:
15 August 2016

Tel: 01579383137

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

We inspected Higher Keason Care Home on 6 July 2016. This was an announced inspection. We told the provider three days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us.

Higher Keason provides care and accommodation for up to three people. At the time of our inspection visit, the service provided support to two older people who had a learning disability. Higher Keason Care Home had recently changed its legal entity from that of a partnership to a sole provider. This was the first inspection under the sole provider registration

There was a registered person at the service who manages the service and was responsible for the day to day running of the service. 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. We have referred to Linda Olver as the registered person throughout this report.

The registered person worked and managed the service on a day to day basis. There were no permanent additional staff members. However, on occasions when the registered person was away from the service, there were systems in place for family members to support people. They had the necessary skills, experience and competence to support people. They also had the necessary safety checks in place to work in the service.

The Medicines Administration Records (MAR), showed that medicines had been administered as per the dispensing instructions. However there were no tallies of all medicines kept at the service. This meant that the registered provider could not account for all medicines in the home. We have made a recommendation about the recording of medicine stock.

People were happy and relaxed on the day of the inspection. People moved around the premises as they wished, interacting with the registered person freely. The two people at the service have lived there for many years and so the registered person knew the people they supported extremely well and spoke of them with affection. People told us they were settled and this was "our home" and "I don't want to be anywhere else, I am settled here." They felt they were part of the registered person's family and joined in their family celebrations together.

People told us they felt safe living at Higher Keason. People told us, "I like living here. I've lived here for 16 years and I am always looked after very well," and "If I had any worries I would talk to (registered person's name) or to staff at the day centre." Arrangements were in place to protect people from abuse and unsafe care.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people were offered to eat. People told us that if they did not like the main meal an alternative would be provided. People prepared their own drinks and breakfast. The registered person prepared lunch and evening meals.

People told us they were involved in their care planning and reviews. People had individual care plans, detailing the support they needed and how they wanted this to be provided. People had seen their care plan and had signed it to show they were in agreement with how their support would be provided.

Care records were detailed and contained specific information to guide staff who were supporting people. Life history profiles about each person were developed in a format which was more meaningful for people. This included use of written and pictorial information. This meant the registered person was able to use them as communication tools.

Risk assessments were in place for day to day events and people's life choices. For example going out into the community and for developing life skills such as preparing drinks. These were all included in people's care documentation.

People were supported to lead full and varied lives and the registered person supported them to engage in a wide variety of activities. People told us they enjoyed attending day centres, work placements, visiting shops and going to the theatre. They told us they also liked spending time at Higher Keason relaxing in the lounge, garden or bedroom.

People were supported to manage their individual finances to maintain a level of independence. Finance records were robust.

There was a system of quality assurance checks in place. People and their relatives were consulted about how the home was run.

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 mainly safe. People's medicines were administered as prescribed. However medicines systems needed further development to ensure they were safe.

Procedures were in place to protect people from abuse and unsafe care.

Levels of support met the care needs of the people that lived at the service

Is the service effective?

Good ●

The service was effective. People's choices were respected and the registered person understood the requirements of the Mental Capacity Act 2005.

The registered person worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

Is the service caring?

Good ●

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

The registered person spoke about people fondly and demonstrated a good knowledge of people's needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

The service was well led. There was an open and relaxed atmosphere at the service.

There was a system of quality assurance checks in place. People and their relatives were consulted about how the service was run.

The registered person routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good 

Higher Keason Care Home

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 6 July 2016 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with the two people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered person. There were no additional staff employed at the service.

We looked at two people's care records, medicine records and other records associated with the management of the service including surveys and audits.

Is the service safe?

Our findings

There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) demonstrated that medicines were administered at the times prescribed. However they did not record the amount of medicines received into the service or carried any unused medicines forward to the next month. This meant that when we attempted to count the medicines in stock and check these corresponded with the records we were unable to do so. Therefore the service could not account for all medicines they held in the service. The registered provider agreed to address this immediately. We recommend that the service consider current guidance on the recording of medicine stock and take action to update their practice accordingly.

Both people told us they were very happy with the care and support the service provided. They said, "I like living here. I've lived here for 16 years and I am always looked after very well," and "If I had any worries I would talk to (name of registered person) or to staff at the day centre."

People told us they felt safe. People were protected from the risk of abuse because the registered person had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and the registered person had completed safeguarding training. They were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse in line with the multi-agency safeguarding procedure.

The registered manager supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding people's safety whilst they undertook some self-care tasks, such as preparation of drinks and ironing. This was promoting peoples independence to develop life skills. We also saw risk assessments had been developed in respect of participating in community activities, such as attendance at work placements. Risk assessments were regularly reviewed and changes made when necessary.

During the daytime some people were out at local centres or on work programmes. There were no additional staff working in the service, but the registered person was available at all times to support people. During times when the registered person was away, their family members provided support. They had suitable recruitment checks and many years' experience previously living and supporting people at the service.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents which had occurred or needed to be recorded.

The service had safe and effective procedures in place to support people in managing their finances. Each person had individual bank accounts. People had access to their own monies at all times. The registered person, with agreement from the person, withdrew an agreed amount of money from their account each month to spend on items or activities of their choosing. The person had signed their financial records when

drawing or entering money. Receipts were maintained for all cash purchases.

The exterior and interior of the building was clean, tidy and well-maintained. The service had no specialised equipment, for example hoists.

Is the service effective?

Our findings

People were supported by a registered person who demonstrated a good understanding of their needs. The registered provider spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and backgrounds.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to restrict people's liberty. 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 were being met. From discussion with the registered person it was noted that people using the service had capacity to make decisions and therefore applications at this time were not required.

People told us they enjoyed their meals provided by the service. They said they received a varied, choice and always had plenty to eat. The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. One person told us they got what they liked to eat and could have a snack if they wanted to. People had access to a range of hot and cold drinks whenever they wanted. People's preferences in respect of food were recorded in care plans.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. The registered person told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

The registered person had told people we would be visiting and explained the purpose of our visit. People were keen to talk with us and wanted to share their experience of living at Higher Keason. People had lived at the home for a number of years and told us they were settled and this was "our home" and "I don't want to be anywhere else, I am settled here." They felt part of the registered person's family and told us they were included in the family celebrations, such as Christmas and birthdays.

People told us the registered person was "very kind" and gave many examples of when kindness and sensitivity by the registered person had been shown. For example one person missed their dog so the registered person supported the person to walk their own dog. The person told us this meant a lot to them. One person told us how the registered person purchased a record player for them, as they loved to listen to vinyl records. People told us the registered person supported them with accessing medical appointments and encouraged them to participate in community activities

People told us that the registered person was flexible and "fitted in" with what they needed. For example one person did not want to attend an activity with the day centre on the day of our visit. The person said "I knew [registered person's name] wouldn't mind me staying at home for the day and changing my plans." This showed that the registered person accommodated people's wishes and preferences.

Routines within the service were relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining area. We saw they had freedom of movement around the service and were able to make decisions for themselves. For example making a drink and where they wished to spend their time..

People's care plans showed their styles of communication were identified and respected. People could all respond verbally and the registered person supported them to understand any information. Care plans and some documents used picture symbols as a visual tool to assist people's understanding.

Care records contained information about people's personal histories and detailed background information. This helped the registered person to understand what had made people who they were today and the events in their past that had impacted on them. The registered person was responsible for making daily records about how people were being supported.

People living at the service needed minimum support with personal care. In most instances they required prompting. The registered person respected people's privacy and dignity by knocking on bedroom doors before entering and by gaining consent before providing care and support. The registered person told us they felt it was important people were supported to retain their dignity and independence.

People told us their privacy was respected when they wanted to spend time in their rooms. One person showed us their bedroom which was personalised to reflect their individual tastes and hobbies. They told us they liked to spend some time on their own in their room and watch TV or listen to music. People were

smartly dressed and looked physically well cared for. People made their own choices in what to wear.

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. For example people told us they liked to catch the bus and go to the shops to meet friends.

People were supported to maintain relationships with families and friends. This was done by phone calls and meeting up with the person. The registered person ensured that family members were kept up to date with how their relative was at Higher Keason and if any changes to their support were needed. We saw evidence that family members had been invited and attended care plan reviews.

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance on how best to support people, for example if a person became anxious, how the registered person should respond so that the persons anxiety was lessened.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. People were involved in reviewing their care along with other interested parties. The registered person was invited and attended day care reviews with the person's permission. This allowed a continuity of care between the services. Where possible relatives were involved in the care planning process and were kept informed of any changes to people's needs. People had seen their care plan and had signed it to show they were in agreement with how their support would be provided.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and the registered person told us they were a good tool for quickly recording information which gave an overview of the day's events.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly went to the local church, church activities, day centres and clubs. People told us they felt they had the opportunity to raise any concerns with the registered person or with staff from the day centre if they needed too.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

People were comfortable and relaxed in the service. Comments from them included, "I love living here, it's my home" and "This is my family, I wouldn't want to be anywhere else." Both people felt they were involved in how the service was run and told us they were asked their views on the service.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered person that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

People and their relatives were consulted both formally and informally. People talked with the registered person and any other interested parties to discuss any plans or changes. Decisions were made individually and as a group about activities, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were surveyed. The last surveys completed showed people were very satisfied with the support being provided.

The registered person ensured that their training was up to date. They enrolled on courses with another care provider and completed courses such as safeguarding, medicines and mental capacity training. This also provided an opportunity for the registered person to meet with other providers and share knowledge on good working practise.

The registered person audited the service policies and procedures to ensure they reflected current good practice guidelines. The registered person was aware that reference to the Care Quality Commission needed to be amended on some policies as they still had our previous regulatory name on them.