

Edge View Homes Limited

Keo Lodge

Inspection report

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West Midlands
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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

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

The inspection was carried out by one inspector.

Service and service type

Keo Lodge 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, support manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with two health professionals and reviewed additional information the provider sent to us in relation to the inspection.

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.

Keo Lodge

Detailed findings

Background to this inspection

About the service

Keo Lodge is a care home that provides accommodation and personal care for up to 10 people with a learning disability and/or mental health diagnosis. Accommodation is provided over three floors with two independent living flats on the second floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. There were nine people using the service at the time of inspection. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were discouraged from wearing anything that suggests they were care staff when coming and going with people.

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

Staff had received training in safeguarding and knew how to keep people safe. The provider worked closely with outside professionals in order to manage risks well. Staff had been recruited safely and were well trained and supported to provide the best possible care for people. Medication was administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly

updated.

The provider and registered manager carried out regular audits to check the quality of the service and develop good practice. The leadership and culture of the service was to provide good quality personalised support to people. Staff had a clear vision of what was required of them and were focused on doing so.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take when people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening in the future.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people and contained clear and detailed guidance to staff on how to manage those risks.
- The provider managed risks in the community safely by working collaboratively with outside professionals. One person said, "The support I get is out in the community. This keeps me safe and the public."
- Risk assessments were updated regularly and reflected people's current support needs.

The provider used a traffic light system to guide staff on how people were feeling and how to manage those feelings and associated risks. For example, red strategies guided staff on how to manage risk behaviours and gave staff clear information on what signs to look for that might indicate behaviours that may cause risk to themselves and others, for example, the use of restraint or de-escalation techniques.

Staffing and recruitment

- There were enough staff to support people and we observed this in practice.
- There were recruitment processes and recruitment checks undertaken before staff were appointed, ensuring suitable staff were employed.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Staff received training in medicines and received regular competency checks to ensure their knowledge was current and up to date.
- The registered manager completed regular audits to ensure medication was administered as prescribed.

Preventing and controlling infection

- Staff supported people by following good infection control practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The provider had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people in the right way. For example, one person was staying at the home for a trial period and had just started staying overnight to see if the home was right for them and whether the provider could meet their needs.
- People needed to be closely monitored to ensure the safety of themselves and others. People told us they were supported to access the community with staff support and we observed this happen.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively, safely and in a way they wanted, whilst meeting the conditions of their treatment orders.

One staff member said, "I feel confident. We don't use restraint a lot. We talk to them [people] first and calm them down."

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.

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

- People were supported to eat a healthy diet and there was plenty of food available for them throughout the day.
- Where people had specific dietary requirements, staff knew these and could support them accordingly.
- There was a separate kitchen available for people to use if they wished to prepare their own food. We observed one person making a cake on the day of inspection.

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

- The service worked with other outside healthcare professionals as needed in order to support people. Feedback we received from health professionals we spoke with was very positive. One health professional said, "They [the service] manage risk and help people to develop and go forward."

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

- The home was clean and tidy and met the needs of people using the service.
- People's rooms were decorated to their individual taste.
- There was garden with designated smoking area which was used regularly.

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

- People had health action plans and hospital passports in place so that their needs were known when attending health appointments. These were also available in easy read versions to promote people's understanding of what the plans contained.
- The provider worked closely with multi-disciplinary teams to ensure people's needs were met.

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.

- People were able to make decisions about what they did and the support they received and we observed this throughout the inspection.
- Where restrictions were in place, these were discussed and agreed with people and they understood that some of the restrictions were required as part of their treatment. For example, being closely monitored.
- Mental capacity assessments were in place where needed and best interest's decisions recorded, for example, one person chose not to take their medication and staff had discussed with them the risks of not doing so.
- Staff had received training in the MCA and had a good understanding of the Act. One staff member said, "If they [people] make a decision, that is their freedom of choice."

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 has 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

- People were cared for by kind and caring staff. One person told us, "The staff are very good." A relative said, "The staff are very nice, lovely, very polite, very helpful."
- People were treated with respect and were reassured and kept informed about what was happening. For example, one person wanted to know how they would be able to manage their own own money and staff explained clearly to them how this would be done.
- Our observations showed that people were supported by a regular team of staff who knew them well. People interacted easily with staff and were comfortable around them.
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.

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

- People were involved in the reviews of their care and the outcomes people wished to achieve were recorded in their support plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed how staff always knocked before entering people's rooms and asked permission to enter. We saw that one person did not like their door to be knocked and the provider had fitted a bell to ring instead.
- The provider had recently appointed a Dignity Champion to ensure people's dignity was respected.
- People were supported to be independent and supported to access the community with staff supervision. People at the home had been given job roles. For example, one person at the home was the groundsman which he told us he enjoyed.
- The service had two self-contained flats to support people to live more independently.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and contained detailed information about people's life history, individual support needs and what outcomes they would like to achieve. One person told us, "I have been involved in my support plan." A health professional said, "[Name of person] has made great progress, he has exceeded my expectations."
- Handover meetings were held with staff when starting a new shift to ensure staff had the most up to date information on people's changing needs.

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.

- The provider was aware of the accessible information standard and we saw some good examples of how the provider ensured people's individual communication needs were met. For example, one person had pictorial signs on their door to show how they were feeling on that particular day. Documentation was produced in easy read format to enable people to understand their own support plans and policies and procedures within the service.

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

- People had their own daily activity programme to enable them to take part in activities that they enjoyed. One person said, "I am free to go out when I like." A relative said, "[Person] goes out regularly. They are content with their life."
- The service provided in-house activities to entertain people such as bingo and Karaoke.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to speak to if they had any concerns. One person told us they had recently complained about a situation they had experienced with another resident but said, "I feel confident they [management] will deal with it."
- One person used the complaints procedure as a way of communicating with the service to let them know what was working for them. The management team had always responded respectfully and in a way the person could understand. The registered manager told us, "[Name of person]'s behaviour has really

improved by communicating in this way."

- The registered manager explained how they used the complaints procedure to drive forward improvements.

End of life care and support

- There was no-one receiving end of life support at the time of inspection, however, people's end of life wishes had been discussed and were recorded in their care plans to ensure their wishes and beliefs at the end of their life would be respected.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People we spoke with spoke positively about the service. One person said, "I like living here."
- Health professionals we talked to spoke highly of the service. One health professional said, "We have a good relationship with the home. Managing risk and communication is good."
- All staff we spoke with told us how much they enjoyed working at the home. One staff member said, "I love it here. I like everything, I like what I do, I just like coming here. I get on with everyone. I love my job."

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 registered manager and provider understood their legal requirements within the law to notify us of all safeguarding incidents.

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

- Spot checks and medication competency checks were carried out regularly on care staff in order to ensure they were providing good quality care for people.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The service was very well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly motivated.

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

- The registered manager constantly looked for new ways to motivate and engage people. For example, they had introduced an award scheme where a certificate was given to people when they had done something well and this had really worked for one particular person living at the home. A health professional commented, "This is a real positive breakthrough and definitely a technique I shall be adopting in the future."
- Regular meetings were held with people to find out their views on what was working and what could be done differently. One person told us, "I get involved in resident meetings."
- The service carried out regular surveys to obtain feedback about the home. Feedback we saw was positive. One comment from a recent survey sent to relatives stated, "Staff are very polite and supportive,

there is always someone at hand if you seek advice, staff are always available."

- Feedback received from a professional working closing with the service praised the staff and in particular, the management for their dedication, professionalism and knowledge. They stated, "I cannot praise the staff and facilities enough at Keo Lodge."
- Regular staff meetings were held in order for care staff to share their views.

Continuous learning and improving care

- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or areas for improvement to help further improve people's care.
- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- The provider had an action plan in place to further improve the quality of the service. For example, bedrooms were to be checked at least every two weeks to identify any maintenance issues.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. One health professional we spoke with told us, "They [Keo Lodge] are a good resource for me. They [people] work really well with staff there."