

Keldgate Manor Estates Limited

Keldgate Manor

Inspection report

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Ratings

Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 July 2014. After that inspection we received concerns in relation to the care of one person. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Keldgate Manor on our website at www.cqc.org.uk.

This inspection took place on 10 March 2015 and was unannounced.

The service is registered to provide accommodation for a maximum of 35 people, some of whom are living with a dementia type illness. On the day of the inspection there were 28 people living at the home. Most people are accommodated in single rooms and some have en-suite facilities. The home is in Beverley, a town in the East Riding of Yorkshire. It is close to local amenities and has a car park.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager who was registered with the Care Quality Commission (CQC). 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 were recruited safely; checks were carried out to ensure that only people who were considered suitable to work with vulnerable people were employed. However, there are lessons to be learned from a safeguarding investigation that is being carried out at the home.

Staff undertook a variety of training programmes at the time of their induction to the role and then as refresher training. This included training on safeguarding adults from abuse. However, records of staff training needed to be more robust.

Summary of findings

Staff attended supervision meetings with a manager when they were able to discuss any concerns they had and their training needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service provided was not always safe.

The recruitment and selection of staff was satisfactory.

Staff had undertaken training on safeguarding adults from abuse. This ensured that they knew what action to take if they became aware of an abusive situation or allegation of abuse.

There were lessons to be learned from a safeguarding issue that had arisen at the home.

Requires Improvement



Is the service effective?

The service provided was not always effective

Staff undertook induction training and refresher training on a variety of topics that gave them the skills they needed to carry out their role effectively. However, improvements were needed to the way training was recorded.

Staff attended supervision meetings with a manager so that they were able to discuss any issues, including concerns about people who lived at the home and their own training needs.

Requires Improvement



Keldgate Manor

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 carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the quality of specific areas of the service.

The inspection took place on 10 March 2015 and was unannounced. The inspection was carried out by an inspection manager and an inspector from the Care Quality Commission.

Prior to the inspection we spoke with the safeguarding adults team and the quality monitoring team of the local authority who commission a service from the home. We did not request a provider information return (PIR) on this occasion as one had previously been requested in preparation for the inspection in July 2014.

On the day of the inspection we spoke with the registered manager, the care manager and relatives. We checked the records for staff who worked at the home, including recruitment records, supervision records and training records.

Is the service safe?

Our findings

Prior to this inspection we were informed by the registered provider about a serious safeguarding issue that had arisen at the home. The registered provider had contacted the relevant people as soon as they were made aware of the situation and the concerns raised were being investigated by the police and the safeguarding adult's team. Although the registered provider had taken the appropriate action as soon as the concerns were brought to their attention, there are lessons to be learned from the situation that arose. The registered provider and the Care Quality Commission are liaising closely with the police and the safeguarding adults team to ensure that people who live at the home are protected from the risk of harm.

On the day of this inspection we checked the recruitment records for staff who were working at the home. We found that prospective staff had completed an application form (and sometimes also provided a CV) that recorded their employment history, the name of their current employer, a declaration that they did not have a criminal conviction and the names of two employment referees.

Prior to people commencing work at the home, a Disclosure and Barring Service (DBS) check had been requested by the registered person. These checks were previously known as Criminal Record Bureau (CRB) checks. The purpose of these checks is to confirm that the person does not have any criminal convictions that would prevent them from working with vulnerable people. We saw that all staff employed at the home had a DBS or CRB check in place prior to starting work at the home.

The registered person had also requested two written references for prospective employees. Of the fifteen personnel records we checked, ten contained two written references that had been received by the home prior to the person commencing work. Three people had started to work at the home in 2000 or 2004, which was before there was a requirement to have two written references in place. One person had one written reference in place and a verbal reference had been obtained; details of the verbal reference had been retained in the person's records.

Another person commenced work before two written references had been received by the registered provider but they had a CRB check in place; we saw that the references were received shortly after their start date.

Information that had been obtained to confirm the person's identity had been copied and was held in personnel files.

The care manager told us that, for more recent appointments, they had contacted the referees to confirm the authenticity of the reference they had supplied. We saw evidence of this in personnel files.

We noted that, when staff were new in post, they were given a copy of the home's communication policy that advised them about effective communication. They were also required to sign a document that confirmed they understood the principles of confidentiality. This meant that the provider had made sure staff were aware of the home's policies on communication and confidentiality.

At the inspection in July 2014 we were told that all care staff had been given a workbook to complete on safeguarding adults from abuse. On the day of the inspection we checked staff personnel files and saw that the records for two care staff did not include certificates to evidence completion of this training. However, the registered person assured us that all staff had completed training on this topic as part of their induction training and then as refresher training, and that this was an administrative error.

Any safeguarding alerts submitted by the home had been retained. These were stored in a folder along with notifications that had been submitted to the Care Quality Commission. This provided a clear record of the concerns that had been raised at the home.

The registered manager told us that there was a handover meeting from one shift to the next. This information was recorded in a 'catch up' book. Staff who had been absent from work for a number of days were expected to read the 'catch up' book as well as attend the handover meeting to ensure that they were aware of the latest information about each person who lived at the home.

Is the service effective?

Our findings

We noted that, when staff were new in post, they were given a copy of the home's training manual that contained details of all training that would be available to them.

Each member of staff had a training and development plan in place. We compared staff member's training and development plans with the certificates held in their personnel files and saw that there were some discrepancies. However, we saw that most staff had completed training on fire safety and safeguarding adults from abuse. In addition to this, some staff had attended training on infection control, moving and handling, dementia awareness, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), medication, catheter care, empathy and understanding, reminiscence skills, risk assessment, diet and nutrition and basic food hygiene. We saw evidence to confirm that thirteen staff had attended fire safety training on 3 March 2015.

Although Keldgate Manor is not a nursing home, the registered manager is a nurse and has retained her registration with the Nursing and Midwifery Council (NMC). This meant that the registered provider had kept her practice up to date.

At the last inspection of the service we were told that staff completed induction training that included the topics of

person centred care, safeguarding adults from abuse, infection control, dementia awareness and pressure area care. We saw records in personnel files that confirmed people had undertaken induction training when they were new in post but noted that these did not include the details of the topics covered and did not always record the completion date.

Although staff records included information about induction and on-going training, these lacked clarity. We identified that this was an issue in respect of recording rather than the lack of staff training.

In the staff personnel files that we checked we saw records of staff supervision meetings. These are meetings where staff meet with a manager to discuss any concerns they may have about people who live at the home, any training needs they may have and their general well-being. Records evidenced that staff attended supervision meetings every one or two months and that this gave them the opportunity to have an open discussion with a manager.

We recommend that a training record for the full staff group is produced that records all mandatory training, the dates when this has been completed by staff and the date that refresher training is due. The recording of induction training needs to be more robust.