

Mr & Mrs L J Majtas

Key West Residential Home

Inspection report

203 Tamworth Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 22 December 2015. The service was registered to provide accommodation for nine people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection nine people were using the service. Our last inspection took place in June 2013, and at that time we found the provider was meeting the regulations.

There was a registered manager in post. 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. The service was also registering another manager with us to support the service. The registered manager is also the provider for this service. Another manager had been recruited and they were in the process of registering with us, so they could jointly manage the service.

The provider and manager were not clear on their understanding and responsibilities in complying with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We observed

Summary of findings

some people lacked capacity in certain areas; appropriate assessments had not been completed to show how people were supported to make those decisions.

The provider determined the staffing levels on the number of people living in the home and the level of support they required. Staff had been trained to support people's needs and on-going training was provided often directed by the staff through their supervision. People felt safe within the service and staff understood their role in ensuring people were protected from abuse or poor practice.

Staff knew people well, many of the staff had been working at the service for a long time so people received consistent care and support. People were responded to in a kind and friendly manner and respected for their decisions. Risk assessments were in place to ensure people's safety was maintained.

Medicines were managed safely and in accordance with good practice. People received food and drink that met

their nutritional needs and had a choice of the foods they wished to eat. Staff had made referrals to healthcare professionals in a timely manner to maintain people's health and wellbeing.

Staff were caring in their approach and they created a warm homely environment which people told us they liked and enjoyed. People felt confident they could raise any concerns with the provider and manager. There were processes in place for people to express their views and opinions about the home.

The provider and manager had systems in place to monitor the quality of the service. This was an area they were planning to expand on to support the service. People and their relatives had provided feedback on the service to drive improvements and personalised support. The provider had a 'hands on' approach in quality assurance to ensure good practice was maintained. Staff felt supported and respected by the provider.

You can see what action we told the provider to take at the back of the full version of the report.

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 was safe

Risks assessments had been completed to identify and minimise the risks to people's safety. People felt safe and secure and relatives felt confident that people who used the service were safe. Medicines were managed and administered safely. There was sufficient staff to meet people's needs and the provider's recruitment procedures were suitable.

Good



Is the service effective?

The service was not always effective

People were not always supported to make decisions and where there was a lack of capacity staff had not followed the requirements under the Mental Capacity Act 2005. Where people had their liberty deprived, the appropriate authorisations had not been applied for. Staff received on-going training to maintain their skill levels to support people. People received appropriate and timely support for their health needs. People told us they enjoyed the food and they were supported to maintain their nutritional needs.

Requires improvement



Is the service caring?

The service was caring

Staff knew people well and had positive caring relationships with them. People were able to make choices about their day and where support with dignity and respect from the staff. People were supported to maintain relationships which were important to them.

Good



Is the service responsive?

The service was responsive

People received care that met their individual needs. Care plans were reviewed and updated to reflect any changes in people's needs. Stimulation was available and people enjoyed the activities that were on offer. There was a complaints policy available and people felt able to raise any concerns they may have and considered that they would be responded to effectively.

Good



Is the service well-led?

The service was well led

The service had effective systems in place to monitor and improve the quality of the care people received. People and their relatives had been encouraged to be involved in the development of the service.

Good



Key West Residential 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.

Our inspection was unannounced and the team consisted of one inspector. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to help formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, the manager and two visiting professionals. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe. One person said, “They lock the doors for my safety.” Another person told us, “I feel safe, the owners are very protective.” One relative we spoke with said, “I know my relative is safe here.” The staff had recently received training in safeguarding and knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, “We need to look after their wellbeing and keep them safe from harm.” This meant the provider ensured people were kept safe and protected from harm.

Risks to people’s safety were assessed and where risks were identified the care plans we looked at had plans in place to guide staff on how to minimise the risks. For example one person had a high risk of skin damage; their plan identified the need for the person to sit on a specialist cushion. We observed staff supporting the person to sit on the cushion and explain the reason it was being used.

People told us there were enough staff to support them. One person told us, “I have only had to pull my cord once, and they came promptly.” We observed staff were able to respond to people as they requested assistance. For example one person asked for support to sit in the dining area, the staff assisted the person using equipment, providing verbal guidance to give support and reassurance. The manager told us the staff numbers are linked to the needs of the people. Recently staff numbers in the morning had been increased because two people had additional

needs. Staff we spoke with felt there was enough staff. One staff member said, “We have enough staff and extra staff are on duty when we go out or have a party.” Another staff member said, “We support each other, we don’t use agency staff, to maintain the continuity of care for people.”

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking character references and carrying out checks with the Disclosure and Barring Service (DBS). One staff member said, “I completed all the checks even though I was already working in the care field.” The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people’s safety.

People told us they received their medicines as prescribed. One person said, “They look after my medicines, as I might forget.” One person explained how staff had supported them following an operation to ensure they received their medicines in accordance with the guidance. The person told us, “I have confidence in the staff.” We observed people received their medicines correctly and that staff who administered medicines were trained to do so. We observed staff followed protocols for administering medicines prescribed on an ‘as required’ (PRN) basis to protect people from receiving too little, or too much medicine. The provider carried out medicines audits to ensure stock was maintained to meet people’s needs.

Is the service effective?

Our findings

The provider and manager were not clear on their understanding and responsibilities in complying with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We looked to see if the provider was working within the principles of MCA. Staff confirmed some people who used the service may lack the capacity to make certain decisions. Care plans we looked at did not show how people were supported to make decisions. Staff we spoke with did not demonstrate an understanding of the process to follow when people lacked capacity. They had not completed any mental capacity assessments and where people had not got capacity there were no assessments to confirm the decision had been made in the person's best interest. For example one person was not able to sit at the dining table due to their disability; the decision for the person had not been assessed as being in their best interest. We spoke with the registered manager and provider about this who confirmed that, mental capacity and best interest decisions had not been completed. This meant that people's rights under the MCA 2005 were not addressed.

This evidence demonstrates a breach of the HSCA Act 2008 (Regulated Activities) Regulations 2014 Regulation 11.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and any authorisations to deprive a person of their liberty were being met. The provider had not made any application to the local authority in relation to DoLS. One person expressed a clear wish not to be in the home, but an application to deprive that person of their liberty had not been made. The registered manager and provider

confirmed that the person did not have capacity to make a decision about their safety when out and if the person tried to leave the building, then they would not be free to do so. This demonstrated that the provider had not always considered if people were being restricted unlawfully. The manager acknowledged the need for all staff to receive up to date training to cover both MCA and DoLS and to enable them to complete the appropriate assessments to ensure people's safety and appropriate consent.

This evidence demonstrates a continued breach of the HSCA Act 2008 (Regulated Activities) Regulations 2014 Regulation 13.

People and relatives told us that they felt the staff had good knowledge to support them. One relative said, "They know my relative's needs." Staff had received training in a range of skills to support the care they provided. The provider and manager encouraged training and one staff member told us they had completed a course they had identified for themselves during supervision. The staff member was funded and supported to attend the training. They said, "It was really useful and I can share the knowledge with colleagues." Staff told us they received supervision and we saw records that confirmed they had received this on a regular basis. The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees and had registered with the local college. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The home had an induction programme for new staff which entailed staff being trained in mandatory skills before working alongside experienced staff. Records showed this induction programme had been followed.

People told us they enjoyed the food. One person said, "The food is nice, ample for me." Another person told us, "You can always ask for an alternative if you don't like what is on the menu." For example the person had noted it was faggots, so they asked for toad in the hole and we saw this was made for them. One relative told us, "The food is excellent, my relative's eating has improved since coming here." People had been asked what they liked to eat and we saw preferences were noted in their care plans. One person confirmed they had received the choices they had

Is the service effective?

requested. We saw records which showed people's weight was monitored. For example one person had lost weight and they had been referred to a healthcare professional who provided supplements, the person had then increased weight and the supplements noted as no longer required. This showed the provider supported people to maintain their nutritional needs.

People were supported to maintain their health and wellbeing. We saw that referrals had been made to

healthcare professionals when needed across a range of health needs. The service was supported by a weekly visit from the local GP practice to observe and maintain people's needs. We spoke with one visiting health professional who told us the staff worked closely with them and followed their advice to ensure they provided effective care to people. They told us, "The staff follow through everything we advise, any queries they don't hesitate to contact us."

Is the service caring?

Our findings

People and their relative's told us they were treated with kindness and compassion. One person said, "It is so friendly here, the staff are gems." Another person told us, "You can have a bit of fun with the staff." We observed laughter and friendly banter throughout the day with people. One relative said, "The staff are really caring." We saw staff knew people well and were attentive to their needs. For example one person asked to have their hair washed; this was done and then set in rollers. Staff told us that they considered the people they cared for as part of a family and that they tried to make it feel like the person's own home. One staff member told us, "It's their home; we need to make them feel comfortable." Another staff member said, "I love to see the person smile, I know I have done something nice for them."

Independence was encouraged and supported. For example one person asked to have a walk around the home, staff provided some guidance to ensure the person's safety. Another person regularly went out of the home independently; they used a mobile phone to keep in touch. We observed the person going out and heard the communication between the person and staff regarding the arrangements. This ensured their safety without removing the person's independence.

People made decisions about their daily routine such as what time they got up and went to bed, and what they wanted to wear. One person told us, "I get choices about

what I want to wear." For example the person told us they had chosen the beads to wear with their outfit. Another person told us they had got up later. "There is no pressure to get up, it's up to you." Staff we spoke with told us it was important to give choices. One staff member said, "There are lots of opportunities to give choice, with food, clothes etc." We heard one person was asked if they wished to wear an apron, they declined and this was respected. We observed other examples through the day where people were asked about their needs, and their choices were supported and respected.

People told us staff respected their privacy. One person said, "Staff are very respectful, no one comes in without knocking, they are very discreet." Staff we spoke with told us they respected people's dignity, by using a towel to cover them up when providing personal care and always knocking before entering. We observed when staff approached people to ask if they required support with personal care they spoke quietly in their ear.

Relationships that mattered to people were encouraged. We saw the staff greeted visitors and welcomed them, provided seating and refreshments to enable them to be with their relative. Relatives told us they could visit whenever they wished and they were always made welcome. One relative said, "You're always welcome with tea, chat and smiles." We heard staff talked with people about their family links relating to visits from the previous days and the forthcoming seasons celebrations with family and friends.

Is the service responsive?

Our findings

People told us staff knew how to support them. One person said, “Staff here know my every need.” One relative we spoke with said, “They know my relative’s needs, they can make [name] smile, so I know everything’s alright.” The care plans we saw reflected the person’s preferences to how they wish to receive their care. For example it showed food choices, which side of the bed the person preferred to use and the type of pillows they liked. Staff we spoke with were able to tell us about people’s needs and reflect on the individual. We heard free flowing conversations in relation to the local area, people’s previous employment and aspects of their life. The home had clear signage to guide people to areas of the service and to provide identity for their own individual room. This showed us that the staff knew people and they were able to use this information to engage and support people’s needs.

We observed staff being responsive to people’s needs. For example one person asked to be repositioned as they were not comfortable and they were supported to change position. A care plan we reviewed showed the staff responded to a person who exhibited behaviours that challenged. They had completed a chart to map the situations when the incidents occurred and any triggers which may have linked to the behaviour. A referral had

been made to the mental health team for guidance and support. Staff told us about the guidance which had been provided and how they had been implementing and documenting how they were managing the behaviour. This showed the provider knew people’s needs and ensured they received the care they required to support them.

There were activities to stimulate people within the home. Some were planned activities; others were spontaneous depending on how people felt. We observed a therapist providing hand massage and Indian head massage to people. The therapist told us they came every fortnight. “People enjoy the therapy, especially the hand massage as it’s ‘face to face’ and you can engage in conversation as well.” People told us they went out on outings and played games like dominoes. One person said, “There are things if you want them, it’s very relaxed.”

People and their relatives told us they felt able to raise any concerns and if they had a complaint, it had been dealt with. One person said, “I have no complaints, I know how to and I have seen the poster.” One relative told us, “The owner is approachable, however I have no complaints.” We saw there was a complaints policy and details were displayed in the reception. There were several letters of thanks one said, ‘To the most wonderful people in the world, words cannot express our thanks to how you look after [name].’

Is the service well-led?

Our findings

There was an open and friendly atmosphere and people and their relatives told us they were happy living at the service. One person said, "It's lovely, like a guest house." One relative told us, "It's lovely I could not wish for a better place." The staff told us they enjoyed working at the service. One staff member said, "It's so friendly here, everyone gets on." Another staff member said, "We have a great team."

Staff told us they felt supported by the provider and the manager. One staff said, "You can go to them with any concerns work or personal and they support you." The staff team had all been at the service for many years, which they attributed to the support they received from the provider. The therapist who supported people also attended once a month to provide back and shoulder massages for the staff team. One staff member said, "Its shows [name] appreciation for the work we do and a lovely treat." The therapist confirmed this support was provided on a regular basis. We observed a staff member received a shoulder massage whilst we were there.

The provider lived at the location and told us, "I observe the quality and standards of the home every day as I am around." Staff we spoke with confirmed that the provider was always available. One staff member said, "They are 'hands on' and provide guidance daily."

The manager and provider carried out audits such as checking the accuracy of care plans to ensure the quality and safety of the service, and make improvements where required. For example one person had, had several falls and been referred to a health care professional for guidance and equipment.

The provider had completed a survey in relation to people's feedback on the service. The findings from the survey were displayed in the reception and focused on what the service did well, things people had asked to be improved and the action the provider had taken. For example one person had said they did not know how to make a complaint. The complaints information was now clearly displayed and relatives we spoke with understood how to raise any concerns. Two people in the survey had commented on the decoration and carpets. The provider had recently had the lounge redecorated and recarpeted. This showed that the provider listened to people's views and took action to resolve any concerns raised and improve the quality of the service.

The service planned to expand the questionnaires they used to reflect feedback from professionals and staff. The professionals we spoke with told us the staff were friendly and worked well together to ensure people's needs were met. One professional said, "Staff here are respectful and go above and beyond to support the individual."

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration. The provider had recently received a fire safety assessment which required a new fire door to be fitted and a review of the personal evacuation plans. We saw these had been completed within the agreed timescales. This showed the provider ensured people who used the service were supported in a safe way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were not supported to ensure their own safety and assessments had not been requested from the local authority under the Deprivation of Liberty Safeguards.