Edge View Homes Limited

Keo Lodge

Inspection report

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Birmingham
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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced so no one at the home knew we were going to inspect..

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Keo Lodge provides a service for up to ten men who have a learning disability and/or mental health diagnosis. There were ten people living in the home at the time of our inspection. They have been discharged from hospital with restrictions that relate to where they live, their

Summary of findings

medication regime and being available for treatment and assessment. Accommodation is provided over three floors. Bedroom doors are alarmed so that the movements of people are known by staff.

We last inspected this service on 6 November 2013 when we saw that people received a good service. At this inspection we saw that there were no breaches in the regulations we looked at.

All the people we spoke with told us that they were happy with the support they received. We saw that people were involved in planning their care and were able to comment on the day to day care provided by making comments in their daily diaries and one to one sessions with staff. We saw that people were safe from harm because they knew the restrictions on their placements and how to raise concerns if they were unhappy. We saw that when people raised concerns these were dealt with quickly. We saw that people were told what actions would be taken or not taken as a result of their comments and the reasons for this response. This showed that people were kept informed about the actions taken.

There were robust recruitment procedures in place and staff were supported and trained to ensure that they were able to provide safe and appropriate care and support to people according to their individual needs.

We saw that everyone living at Keo Lodge had the capacity to make decisions about their care and support. People were able to make decisions about their day to day lives. People were protected from abuse and unnecessary harm because there were sufficient staff available to support them. Staff had received training and support that ensured that they had the skills and knowledge to support people safely and in a personalised way. Healthcare professionals told us that they were happy that the care and support people received met their needs. The support people received enabled them to develop their daily living skills and progress towards independent living where appropriate.

Staff responded to people's needs for reassurance and support as required. Staff were kind and caring and people knew what had been planned for the day and who was supporting them at different times of the day. We saw that sometimes physical interventions had been undertaken by staff to protect people. We saw that these incidents were monitored by the senior management team and other professionals to ensure that they were not occurring unnecessarily and putting people at risk of harm.

Staff respected people's privacy and dignity by always knocking on bedroom doors and asking for permission before entering. Although people needed constant supervision people were able to have privacy in their bedroom because bedroom doors were alarmed so that staff were alerted to their movements around the home.

We saw that people were supported to have their physical, mental and social needs met by staff working in the home and healthcare professionals including GPs, dieticians, psychiatric community nurses and inpatient treatment. People were supported to carry out their own personal care and develop their daily living skills. People were supported to maintain contact with the local community and people important to them. Relatives told us that they were able to visit at times that suited them so that their relationships were maintained.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service. This meant that people were benefiting from a service that was continually looking how it could provide better care for people.

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.

People living at the home, relatives, staff and visiting professions told us people living at the home were safe. Systems in place ensured that there were sufficient staff on duty to keep people safe and ensure their needs were met. People were encouraged to comment on the care and support they received.

Good

Is the service effective?
The service was effective.

People were supported to have their physical, mental and social needs met with support from staff that had the skills and knowledge to carry out their roles effectively. People were supported to have a varied, healthy diet that met their needs.

Good

Is the service caring?
The service was caring.

People were supported by staff that understood their needs and who were able to support them in a way that was kind, caring, reassuring and compassionate. People were treated with respect and dignity and encouraged to maintain relationships that were important to them.

Good

Is the service responsive?
The service was responsive.

People's individual needs were responded to and they were supported to develop their skills and spend their time doing things they were interested in. People were encouraged to express their views about the quality of care provided and their comments were responded to quickly.

Good

Is the service well-led?
The service was well led.

The registered manager and senior management team ensured that people using the service were at the centre of the planning of the service and their views were used to plan improvements and monitor the quality of the service. People were able to raise concerns which were addressed appropriately.

Good

Keo Lodge

Detailed findings

Background to this inspection

This inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor that supported us had experience and knowledge in the provision of services for people with a learning disability.

Before our inspection we looked at the information we hold about the service. This included notifications received from the provider about accidents, incidents and safeguarding alerts. We had not received a completed provider information request at the time of our inspection. This is information we have asked the provider to send to us about their assessment of the service.

During our inspection we looked around the home because we had received information about bedroom doors being alarmed and we checked to ensure this was an assessed requirement to keep people safe. We spoke with six people who lived in the home, five members of staff, the registered manager, two senior managers and two visiting professionals. Following our inspection we spoke with two relatives, one staff and one visiting professional by telephone so that we could get their views about the service provided. We looked at the care records of three people and carried out general observations throughout our inspection to get a view of the care and support people received. Other records we looked at included staff recruitment files, staff training records, staff rotas, menus and quality assurance records to enable us to assess the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The six people we spoke with all told us they were happy with the service provided. Two relatives we spoke with told us that they felt that their relatives were happy living at Keo Lodge. One relative told us, "I have no doubts he is supported well. It's been a positive move. He's never said he has had any bad experiences." A visiting professional told us the staff were, "Calm and gentle". This showed that people were happy with the support provided at the home.

Training records showed and all the staff spoken with confirmed that they had received training in safeguarding vulnerable adults and were aware of the whistle blowing and restraint procedures. We saw that on occasions staff used physical interventions to maintain the safety of staff and other people in the home. Staff described how they managed behaviours safely in accordance with people's assessed needs and respected people's dignity. We saw potential incidents managed well by staff who spoke calmly to an individual and diverted their attention. A doctor and social worker who visited the home told us they were kept informed of any incidents and they checked records and saw that incidents were managed appropriately. This showed that physical interventions were used appropriately. The relevant people were notified of incidents so that incidents could be monitored ensuring that people were protected from harm.

Care records showed that risk assessments had been undertaken so that people were protected from unnecessary harm. We saw that there were risk assessments in place for health issues, behaviours, activities and visitors to the home and we saw that staff were knowledgeable about them. Three visitors to the home told us that staff ensured that on arrival they were escorted to the area of the home they needed to be in. If an incident arose during their presence actions were taken to ensure that people's afety was maintained.

The registered manager told us that no one that lived in the home was the subject of Deprivation of Liberty Safeguards (DoLS) as everyone had capacity to make decisions. There were some restrictions on people's lives but these were agreed under mental health regulations. For example, one person had to agree to leave their telephone for safe keeping in the office overnight. Other restrictions on people included being available for treatment and subject to continual supervision by staff during the day time. People had contracts and risk assessments on their care files to show that the reasons for the restrictions had been explained to them. All the people and relatives we spoke with understood the restrictions in place and why they were required.

A social worker told us and people spoken with confirmed that they were able to go out as arranged and there were always enough staff available to support them. Staff were allocated to support people on at least a one to one basis so that people were supervised. Male and female members of staff were available to provide support according to people's expressed preferences. Two members of staff told us that there were enough staff on duty to keep people safe and extra support staff were available if needed to cover staff shortages. This meant that people were supported by sufficient numbers of staff that were known to them and who knew their individual needs.

Information we received from the provider following incidents in the home suggested that medicines were sometimes used on an 'when required' basis to help people calm down. We looked at the management of medicines to see how regularly medicines were used to manage behaviours and ensure safeguards were in place. We saw that medicines were used occasionally only and other methods of helping people to calm down and reduce behaviours that challenged the staff before medicines were offered. We saw that protocols that enabled "as and when required (prn)" medicines to be administered in a consistent manner required more detail. For example, there were details about how many times in any 24 hour period the medicines could be given but did not provide details of the behaviour, or length of time the behaviours were to be exhibited before the prn medicines were to be given. However, staff we spoke with knew how and when the medicines were to be given. This meant that there was a risk people may not be supported in a consistent manner. One person we spoke with told us they got their medicines as required and that they had been able to choose whether or not they looked after their own medicines. We saw that there were systems in place for the safe storage and administration of medicines. The appropriate professionals were informed if people refused to take their medicines. We carried out an audit of two people's medicines and saw that the amounts tallied with the records showing that they

Good

Is the service safe?

had received their medicines as prescribed. This meant that people were supported to take their medicines as prescribed and protected from the risks of poor mental health outcomes.

The provider had a safe recruitment and selection process. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records bureau check as well as a check on the register of people unsuitable to work with vulnerable people. This meant that the provider was making appropriate checks before staff started work.

Good

Is the service effective?

Our findings

All the people we spoke with, two relatives and two visiting professionals told us that the needs of people were met effectively. One relative told us, "I have no doubts that he is supported well. Extremely good service." One visiting professional told us, "The service has been able to set up strong boundaries. He is settled and happy." We saw that people were supported to remain as independent as possible. One person told us, "Staff have my money. I can get the money when I want. I cook my own meals and I chose my own bedding. I like my room and I have what I need. I'm happy enough but I want my own flat." This showed that the service had been effective in supporting people to be independent.

We saw training was planned appropriate to staff's role. For example, during induction, staff members were trained in mental health, managing behaviours that challenged, auitism and physical intervention skills. New staff members were given time to work with experienced staff so that they got to know people's needs and so that people had an opportunity to get used to the new staff. Care staff told us they received regular updates in training covering topics such as safeguarding people, infection control and food hygiene. This meant people were supported by staff who were appropriately trained and skilled.

A visiting professional told us, "He (the person) had benefited from the placement. Behaviours had calmed. He had been given stability and led a much more age appropriate lifestyle. The placement was working for him." Three staff spoken with confirmed that they had received training in managing behaviours and physical intervention so that they were able to support people effectively. A member of staff told us about the triggers that upset people and actions they would take to de-escalate situations and the physical interventions that could be used to protect people. A visiting social worker told us, "He (the person) has made a lot of progress. He is able to identify when he feels unsettled and ask for medicines to calm himself." A member of staff told us and records confirmed that staff received effective support and supervision to carry out their roles effectively. This showed that staff had the skills and knowledge to support people effectively.

All the care files we looked at contained health action plans that detailed the professionals involved in meeting people's health needs and the support people needed with individual health issues. During our inspection we saw an individual supported by staff attend an appointment. On their return it was explained to a new staff member how health records were completed so that outcomes were clearly recorded. A nurse visited another person in the home. Staff told us and records confirmed that visiting health care professionals administered injections to keep people well. This meant that people were supported to have their health needs met appropriately.

One person told us, "The food is very good here, I get enough to eat, you are welcome to join us for lunch and try it out yourself." A member of staff confirmed that they ate meals with people and the food was good. They told us that individual dietary needs were met, for example, vegetarian meals were available. Menus in place showed variety and choices at each meal time. A member of staff told us and a visiting professional confirmed that people were guided towards eating a healthy diet and a dietician had been involved to support one person. We saw that people's weight gain or loss was monitored so that any health problems were identified and people's nutritional needs were met.

Good

Is the service caring?

Our findings

We saw that interactions between people and staff were caring and relaxed. Staff chatted with people and supported them when they needed reassurance. For example, we saw that staff reassured a person about a new staff member who would be supporting them later in the day. We saw that when one person had been admitted to hospital a member of staff stayed with them during their inpatient stay. This meant that the individual had continuity of care from staff who knew how to reassure and support them. This showed that people were supported by staff that were caring and aware of people's emotional needs.

Staff we spoke with told us and records showed that following incidents of physical intervention people were supported to compose themselves and take control of their situations. For example, records showed that following an incident staff supported the individual to have a cup of tea and a cigarette which helped them to calm and settle down. We saw that staff were aware of signs and symptoms of people becoming upset and agitated so that they could support people with their anxieties compassionately. A professional visitor to the home told us, "Staff are on the ball. They know people's triggers. In the community they pre-empt situations," and "Staff will steer people away if behaviours begin." This ensured that situations were pre-empted so that people were prevented from becoming upset where possible and efforts made to preserve people's dignity.

All the people we spoke with were aware of why restrictions such as having their bedroom doors alarmed were in place. Care records looked at showed that people had been involved in writing care plans and they were regularly reviewed and updated so that staff had up to date information about people's needs. People had signed their care plans as evidence of being involved in writing the care plans. People had daily diaries and one to one books where they were able to record their feelings. These were then discussed with staff to ensure that people felt happy about their care and treatment and if they wanted to make any changes to the support or the way in which support was provided. This showed that people were involved in making decisions about their care and had opportunities to share their views with a variety of people.

A staff member told us that they always knocked on bedroom doors and waited to be invited in. During our inspection we saw this to be the case. We also saw that the design of the building promoted people's dignity because each person had en-suite facilities in their bedroom. During our inspection we heard a member of staff tell a relative that they would find a place for them to meet in private. A visiting professional told us that they were always provided with a private space to chat with people. This showed that people's privacy was respected.

Good

Is the service responsive?

Our findings

We observed that when one person wanted to go outside for a cigarette and their allocated staff was busy another member of staff who was writing up records took them for a cigarette so that the person did not have to wait. This showed that staff prioritised people's needs over other tasks that could wait.

We saw that people were supported to develop their independence and daily living skills such as cooking and laundry and moved into self-contained flats when appropriate. One person we spoke with told us that they were able to live more independently in the self-contained flat but had support from staff when needed. People's behaviours and mental health were monitored so that when agreed with the multi-disciplinary team people were supported to go out into the local community alone for short periods of time. One member of staff told us that information was exchanged between staff at shift changes so that they were aware of how people were feeling and any changes to their needs so that they could respond appropriately. Care records we looked at included details about people's mental, physical and social needs so that staff were aware of the actions that needed to be taken so that people's needs were met. There was information about what personal care tasks people could do for themselves and where they needed support so that their independence was promoted.

We saw people going out on different activities at different times during the day. One person told us, "I am going into Birmingham to do a bit of shopping and have lunch. I will be back later, my sister is visiting." Another person told us, "It's a lovely day I will watch a bit of television and then have a sit outside in the sun." A member of staff told us that they were supporting one person to go out later in the day to place a bet as they did this every day. Two relatives told us that they could visit people in the home or people were supported to visit their family homes. This meant that people's social and daily living skills were supported and responded to in an individualised way.

People were regularly asked if they were happy with the support they received and told how they could raise any concerns they may have. We saw that there was a complaints log which showed that the majority of concerns recorded were from people that lived in the home. The responses showed that the actions taken or not taken were explained to people in a timely manner. We saw that there was a complaints procedure on display so that people could raise concerns however the procedure needed accurate information about who people could contact outside the organisation to raise any concerns they wanted to refer their concerns to an independent person. We saw examples of and a member of staff told us that daily diaries and one to one support records were completed by people who received a service. This meant that people were able to comment on whether their needs were being met.

Meetings were held with people on a regular basis to seek their views about the service. Records we looked at showed that issues discussed included activities, health and safety, menus and complaints and these were taken into account when planning any improvements. As a result of the latest meeting we saw that the chef had been invited to attend the next meeting to discuss the meals with people.

Good

Is the service well-led?

Our findings

There was a senior management team to support the registered manager and ensure that people who received a service were at the centre of the way the service was managed. A visiting professional told us, " The registered manager has brought a greater level of consistency. The management team give a firm structure." A person living in the home told us, "Yes I see the manager around, she is okay, she talks to me".

We saw that staff were motivated and open with people about what was happening and knew how to raise concerns or highlight poor practice.All the staff spoken with told us that they were confident that any concerns would be listened to and acted on by the manager.

We saw that there were opportunities for people to provide feedback about the service and possible improvements. We saw that a survey had been completed recently by people who lived in the home. We looked at a sample of four completed surveys. They all said that people were happy in the home but there were some improvements that were identified and these included cleanliness and the décor of the environment and some comments about staff attitudes. This meant that people had opportunities to provide feedback about the service and suggest possible improvements.

We saw that there were monthly visits by the provider's representative and we saw that shortfalls in the service had been identified. For example, we saw that some care plans were very lengthy, information was difficult to access and the 'de-brief' section of some incident records had not been completed. The manager and senior management team present at the inspection were aware of this and we saw that action plans were in place to address issues such as the introduction of a new care plan format.

Records showed that if there were concerns about staff abilities they received appropriate support to enable them to improve and staff confirmed that this occurred. We asked to look at the actions taken regarding an allegation that one worker had been un professional during an incident. We were told the issue had been addressed but the records were not located so we were unable to verify this. This showed that although actions were taken to improve practices in the home records to evidence the actions were not always available.

We saw that records were audited by a senior manager so that they were aware of the numbers and types of of incidents that had occurred and took any action needed to reduce the risk of a re-occurrence. This meant that systems were in place to the number of incidents that occurred and ensured that people were protected from unnecessary actions. A member of staff told us that following a number of incidents where one person triggered the fire alarm it had been identified that one member of staff needed to be by the front door to prevent people from leaving the home whilst the incident was addressed. This showed that lessons were learnt from incidents and systems were put in place to protect people and ensure good practices to protect people.