

Edge View Homes Limited

# Keo Lodge

## Inspection report

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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

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

This inspection was carried out on 18 May 2017, was unannounced and carried out by one inspector. There were ten people living in the home at the time of our inspection.

At the last inspection in July 2014, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. People were supported by staff that were able to recognise signs and symptoms of abuse and were able to raise their concerns. People were also safe because risks associated with their needs were identified and managed by staff in line with the management plans in place. There were sufficient numbers of safely recruited staff to meet people's needs. People were supported to receive their medicines as prescribed.

People were supported by staff that had the skills and knowledge to provide effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to have food and drinks that met their needs and that fulfilled individual preferences. People were supported to have their health needs met by a variety of healthcare professionals.

People were supported by staff that were caring and kind and that knew people's individual likes and dislikes. People were spoken with in a respectful and dignified way and their privacy was promoted as far as possible. People were supported to develop their independence to enable them to have greater control over their day to day lives.

People received a service that was responsive to their changing needs and wishes and that listened to the views of people so that the service could be adapted to meet their needs.

People received a good quality service that showed some elements of development towards an outstanding quality of service. The registered manager and provider provided good leadership so that people and staff were happy and were able to influence the direction of the service. The quality of the service was monitored regularly to ensure shortfalls were identified and addressed in a timely manner. There were good relationships with other professionals providing a service to the people living there.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Keo Lodge

## **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 checked 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 was a comprehensive inspection.

This inspection took place on 18 May 2017 and was unannounced and carried out by one inspector.

As part of our preparation for our inspection we checked the information we held about this service and the provider. This included notifications received from the provider about accidents, incidents and safeguarding alerts. A notification is information the provider is required to tell us about by law so that we can monitor the service and the safety of people.

We also looked at the provider information return that had been completed and returned to us as requested. This provides us with information about how well the service is being managed and what improvements have been identified by the provider. We used this information to inform our inspection.

During our inspection we observed the interactions between people and staff. We spoke with six people that lived in the home about the care and support they received. We spoke with six staff including the chef. We spoke with one visiting professional about the service provided. We looked at the care records of two people to check they received care as planned.

We spoke with the registered manager and the provider's representative and looked at other documents such as audits, complaints and records of information passed on at shift changes to look at the management of the service.

# Is the service safe?

## Our findings

We asked people living at Keo Lodge if they felt safe living there and they told us they did. One person told us they felt safe because, "Staff look after me. They keep me safe on the roads. They tell me to look out [for traffic]." Another person told us, "I feel safe. Staff are nice." Staff told us and training records confirmed that they received training on how to recognise abuse and keep people safe. Records we hold about the service showed that where concerns were raised the registered manager acted appropriately to keep people safe.

Risks associated with people's needs had been assessed and management plans were in place to minimise the risks. One person explained to us why most things in their bedroom were locked away in their wardrobe. They told us, "It's to keep me safe. So I don't hurt myself." Staff spoken with were knowledgeable about the risks to people and how they were to be managed. Risks were discussed with people and agreed management plans were put in place so that they knew what actions staff would take to keep them safe. For example people were able to tell us that their bedroom doors were alarmed so that staff were always aware of their whereabouts.

People told us that there were always staff available to support them. Staff told us there were enough staff to support people and if more staff were needed this was discussed with the registered manager. We saw that each person living in the home had a member of staff allocated to them so that they could be provided with monitoring and support as required. The registered manager explained staffing levels were based on the individual needs of the people who lived at the home. Staff told us that they were not allowed to work until employment checks were made with previous employers and the DBS check (Disclosure and Barring Service) had been received so the registered manager knew staff were suitable to work in the home.

Medication was managed safely and people received their medicines as prescribed. People told us they were supported by staff to have their medicines when they needed them. One person told us they were able to request pain relief when they needed it. This individual went on to tell us that they were happy for the staff to look after their medicines. We saw that another person, who was living more independently, was supported to take their medicines themselves with supervision from staff to ensure the medicines were taken. We saw that there were appropriate facilities available for the individual to store their medicines safely. Staff told us they were not allowed to support people to take their medicines until they had been trained. The Provider Information Return (PIR) told us that there had been three medication errors in the past 12 months and these had been identified in audits. We discussed the most recent error with the registered manager who had instigated an investigation straight away and was taking actions to ensure that the errors were not repeated. We saw that the errors had not impacted on the health of the individuals concerned.

## Is the service effective?

### Our findings

People told us they received the support they needed. We saw that people were generally able to be responsible for their personal care needs but needed some prompting with the tasks of daily living. We saw one person being supported to clean their bedroom. People needed to be closely monitored to ensure the safety of themselves and others. People told us that they were helped to have some private time in their bedroom however, they had to inform staff when they were leaving the bedroom so that their whereabouts were known. This was a condition of them living in the home. People told us they were supported to access the community with staff support and we observed this happen. We saw that staff had the skills and knowledge to support people safely and in the way they wanted whilst meeting the conditions of their treatment orders.

Staff told us they had opportunities to undertake training which helped them to deliver the care and support people needed. This included induction training when they first joined the staff team. Training included areas such as; first aid, specific health needs such as epilepsy and how to support people who on occasions expressed their feelings in a way that could challenge the staff.

A visiting professional told us that they were kept informed of incidents that had taken place but for the individual they were monitoring these were few in numbers. We saw the registered manager kept records of the training staff had undertaken. In addition to training staff told us they had the opportunity to keep up to date with current good practice through discussion with the other professionals involved in people's care. Staff also used regular staff meetings and one-to-one meetings with their line managers as opportunities to reflect on their care practices, so people would continue to receive the right care and support.

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. We checked whether the service was working within the principles of the MCA. 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 majority of people living in the home had capacity and were able to consent to their care and any restrictions in place. Where people did not have capacity we saw that decisions made in their best interests were documented.

Throughout our inspection we saw that people were able to make decisions about what they did and the support they received. We saw that records reflected the views of people being supported in the home and regular meetings were held with people to discuss what was working and what could be done differently. We saw that restrictions in place were discussed and agreed with people and people understood that some of the restrictions were required as part of their treatment. For example, complying with their medication regimes and being closely monitored.

People told us they were able to choose what they wanted to eat and drink, and were encouraged to help

prepare some of their own drinks and meals. We saw that one person was going out and would be eating out in the community. Other people ate meals prepared by the cook and other people did their own cooking. We saw staff ask people to make a choice about what they wanted to eat on the day of our inspection. We saw people help themselves to drinks when they wanted them. People told us they enjoyed the meals at the home and our observations confirmed this. One person told us that the menu needed to be changed. We discussed this with the chef who told us that they would be discussing changes for the menus with people so that seasonal changes could be made to the menus.

People told us staff helped people to maintain their health. People told us staff supported them to see their GPs quickly if they were unwell. One person told us he was supported to go to the GP surgery when needed. Staff also supported people to attend regular appointments with health care professionals. We spoke with a visiting professional who spoke very positively about the support the person they were working with had received. This was because the staff had supported the individual to be less anxious, leading to a better quality of life and having their medicines reduced. People had health action plans and communication plans 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. We saw that people's general health was monitored through 'Well Men' checks, dental checks and monitoring of general health conditions.

## Is the service caring?

### Our findings

All the people we spoke with told us staff were caring and they got on well with them. People were comfortable and relaxed around staff. Staff took time to chat to people about things which were important to them. People were treated with kindness and we saw that they were reassured and kept informed about what was happening. For example, we saw that one person was planning to go out but they became anxious in the community. Staff explained when it was best for them to take their PRN (as and when required) medication for them to feel less anxious. Staff spoke warmly about the people at the home and took pleasure in helping people to develop their independence and confidence. We saw that staff made efforts to ensure that people had private time even when they were under close observations and this was increased in conjunction with the agreement of other professionals ensuring that people's human rights were maintained as far as possible.

Staff told us how they were able to build relationships with people living at the home. One member of staff we spoke with told us they started to build relationships with people and get to know their likes and dislikes before they started to work with them. This was done by working alongside people's regular staff. There was a stable core staff team so that there was continuity of care for people who had anxiety or were on the autistic spectrum. Staff knew how people liked their care to be delivered and shared information across the staff team so people would receive their care in the way they wanted. Staff provided reassurance to people when they needed it, in the ways which individuals living in the home preferred.

People told us they were encouraged to make decisions about their daily care. This included decisions about what they wanted to wear, what they wanted to buy and how the home was decorated. The registered manager confirmed that people had been involved in choosing pictures to be displayed on the walls.

People were treated with respect and dignity. Staff explained how one person had been supported to re-establish contact with a family member now they were less anxious. We saw that staff knocked on bedroom doors before entering and one staff told us how one person had had a bell fitted and staff had to ring before entering the bedroom. We saw that some people had a key to their bedroom but other people told us that they did not want one.



## Is the service responsive?

### Our findings

Staff listened carefully to people and took time to respond to people in a way which made them feel valued. Staff spoke warmly about the people at the home, and took pleasure in seeing people being independent and increasing their confidence levels. Staff spoken with said there was a good, stable staff team and this helped people to build trust in the staff team. Some people were able to express a preference of the staff that supported them. However, some people were not able to make that choice as they could be a risk to some staff. We saw that one person was kept informed about the staff that would be on duty during each shift as this helped them to manage their anxiety. He was informed as soon as possible if there was to be an unexpected change so that he was able to prepare for the change. Staff knew how people liked their care to be delivered and shared information across the staff team so people would receive their care in the way they wanted.

Some people living in the home were unable to go into the community without a member of staff to escort them. One person told us that they were escorted by staff that walked a short distance away from them whilst they were in the community to facilitate their need to feel unsupervised. Staff told us about another person who had progressed to having short periods of unsupervised time in the local community. Other people had been supported to move to more independent living either in the self-contained flats in the service or in the community. This showed that the service was responsive to people's needs and the service was flexible when supporting people to have their needs met whilst ensuring their safety.

We saw that support plans were personalised and written for the individual and included advice given by external agencies such as psychologists, so people continued to receive the care and support they needed. Information about people's changing needs was shared at staff handover meetings. In this way, staff had the most up to date information on people's care needs, so people continued to receive consistency of care as their needs changed.

People told us they were supported by staff to do things they enjoyed. One person told us how they enjoyed going shopping or for a meal with staff, or sometimes just watching dvd's in their bedroom. Another person we spoke with smiled when they talked about some gardening and maintenance jobs they had done in the home. People were being supported by staff to do things they enjoyed throughout our inspection.

There was a complaints procedure that was accessible to people. We saw that one person liked to have all their comments and concerns recorded and this was facilitated and the records showed what actions had been taken by the provider in response to the issues raised. We saw that the complaints procedure was available to people in an easy read format they could understand more easily.

People were involved in monthly meetings with their main carers to discuss what had gone well that month, any concerns or worries and if they were happy with the service they received. This meant that people were able to decide what they did on a daily basis and received support to raise any concerns so that the concerns could be addressed for them.

## Is the service well-led?

### Our findings

People we spoke with said they got on well with the staff and the registered manager. A visiting professional told us they had seen the person they supported, develop and become more confident because of the care and support they received. The staff had developed good relationships with other professionals involved in people's care so that if needed there was a quick response for people living at Keo Lodge.

We saw senior staff and the registered manager chatting to people in a relaxed way throughout our inspection. Staff told us the senior staff and registered manager provided clear guidance to them, so they knew what was expected of them to ensure that people received the appropriate care and support. Staff told us that they enjoyed working at the home. One staff member said this was because all of the staff were encouraged to work together to make sure the people living at Keo Lodge received a good service.

There was a registered manager in post who met their CQC registration requirements. 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. We saw that the registered manager was accessible to staff, known to the people living there and showed genuine care for people and desire to make improve the service with an aim to provide outstanding care. The registered manager worked closely with other locations run by the provider, by sharing information and examples of good practice, to ensure that staff understood the best ways of caring for the people they supported. In addition the registered manager told us that people were being included in the running of the home. This included being involved in the employment of new staff and using people's skills in the home such as one person carrying out small maintenance jobs in the home. People spoken with confirmed this. This showed that the service was continually improving and showing that they working towards achieving the characteristics of an outstanding service.

We saw both the registered manager and the provider's operational team had systems in place to check the quality of the service. These included regular internal audits, checks in care plans and the administration of medicines. We saw that issues such as medication errors were identified and actions were taken to address the shortfalls. We also saw checks were regularly undertaken on incidents, complaints and keeping people safe. The rating was displayed in the home.