

# Livability

# Keefield

## Inspection report

Keefield Close  
Keefield  
Harlow  
Essex  
CM19 5SW

Date of inspection visit:  
02 February 2016

Date of publication:  
09 March 2016

Tel: 01279635933

Website: [www.livability.org.uk](http://www.livability.org.uk)

## 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

Keefield is a purpose-built care facility providing personal care and accommodation for 10 people. The service consists of two bungalows each accommodating five people.

There is a registered manager at Keefield. 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 found that care was provided by a long term staff group in an environment which was friendly and homely. Staff knew people well and positive caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways, including verbally, and through physical gestures or body language.

The service had a robust recruitment process in place and we found staff to have received an appropriate induction, supervision, appraisal and training which allowed them to fulfil their roles effectively. Staff had received all essential training and there were opportunities for them to study for additional areas of interest. Team meetings were held monthly and staff had regular communication with each other at handover meetings which took place twice daily.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that some people had aspects of their freedoms restricted. The registered manager was seeking authorisation for people under the Deprivation of Liberty Safeguards legislation.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They also had access to healthcare professionals as and when required.

Care plans provided comprehensive information about people in a person-centred way. People's personal histories had been recorded and their likes and dislikes were documented so that staff knew how people liked to be supported.

Complaints were dealt with in line with the provider's policy and relatives told us that they could raise their opinions and discuss any issues with the registered manager or any other staff member who was on duty.

Most people living in the service had limited verbal communication and were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. People had their own bedrooms which they could personalise as they wished. Staff supported people to access the local community and take part in a range of activities of their choice.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly checked if people were happy and safe living at Keefield.

## 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.

Staff told us they understood how to recognise abuse or potential abuse and knew to whom to report concerns.

There were enough staff on duty to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision to support them in their roles.

Staff were trained and supported to meet the needs of the people who used the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

Specialist diets were catered for

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

### Is the service caring?

Good ●

The service was caring.

People experienced positive, caring relationships with staff.

Staff went to great lengths to provide person centred care.

Privacy and dignity was consistently maintained and staff were respectful when providing care and support to people.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care that was responsive to their needs.

People were encouraged and supported to access services and activities in their local community.

People had access to a clear complaints procedure and had the opportunity to talk about their experiences of care and/or concerns about the service.

### **Is the service well-led?**

The service was well led.

People living at Keefield spoke highly of the management team.

The registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people living at Keefield

**Good** ●

# Keefield

## **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.

The inspection was undertaken by one inspector on 02 February 2016 and was unannounced. We reviewed the information we held about the service. We looked at information received from statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our visit we spoke with one person who used the service. Most people living in the home were unable to speak with us, so we observed interactions between staff and people in the home. We spoke to four relatives during our inspection visit. We also spoke to the registered manager, four care staff and a social care professional.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

We spent time observing the interactions between the people living in the home and the staff supporting them as most people were not able to communicate verbally. We saw that people were relaxed and comfortable around staff, and that they responded well when staff approached them using physical touch. Staff told us how they ensured people living in the home were safe and protected. Staff told us they would report any concerns immediately to the shift leader or manager. One told us, "If I suspected abuse I would go to the shift leader straight away. If I was not happy with the response I would go to the manager." There was information on display including contact details of the local safeguarding team so staff knew who to contact. Staff were clear that they would escalate concerns if no action was taken. One staff member told us, "If I was concerned that action was not being taken, I would go to the local authority."

Relatives said, "[Name] is very safe and the staff understand him" and, "You cannot wish for anything better." Another person said, "He is very safe." A visiting professional who visits the service also told us, "People are safe at Keefield."

Computerised care records showed that people had personalised risk assessments to help staff to support people in a way that minimised risk but also promoted independence. The risk assessments were clear, and were regularly reviewed. Care records also included care plans related to specific health needs, one file had clear guidelines for managing seizures. Risk assessments included manual handling, bed rails and personal evacuation plans. A copy of a personal evacuation plans was also kept next to the fire panel.

Staff told us that they were able to fully access care records. Records of all accidents and incidents were also kept with computerised care records. The service had a system to record, monitor and manage accidents and incidents and learn from them so they were less likely to happen again.

We saw people had access to equipment so they could be supported safely and effectively. Care records indicated that assessments had been sought by the appropriate professionals to determine what equipment was needed for people.

Monthly maintenance checks were completed for basic premises safety including gas and electrical items.

The registered manager told us staffing was based on the needs of people living in the home, and had been increased recently to include a full time lifestyle worker. They told us this increase had meant that people were going out into the community more frequently. During our visit staff were available to meet people's needs, and people did not have to wait before they could be supported. There were enough staff to engage in activities with people, for example staff were involved in 'active support' a project to fully engage people in daily activities. Staff told us that they are a small service and work as a team. Relatives told us "There are enough staff but they can be stretched sometimes, especially at weekends." And "I sometimes think they could do with an extra pair of hands, but they are very good."

The provider's recruitment process ensured risks to people's safety were minimised. They obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any

information about them. The DBS is a national agency that keeps records of criminal convictions. Records confirmed that staff did not start prior to this information being received by the service.

There were systems in place to manage people's medicines safely. Staff confirmed and we saw evidence that only the senior staff who had been trained and assessed as competent administered people's medicines. Medicine administration records (MAR) charts had been completed correctly and there were no omissions of the staff signatures which confirmed that staff had administered the prescribed medicines. Medicines no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that all medicines received into the home were accounted for. People who were prescribed medicines to be used 'As required' (PRN) had clear guidance in place to inform staff of when and how to use these. Although the manager carried out regular audits of medication we did not see an audit carried out by the pharmacist provider, the manager told us she had requested this.



# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that when people lacked the capacity to make certain decisions, decisions are made in their best interests using all relevant people including family, relevant professionals and in some cases advocates. We saw some people had restrictions placed on them as they could not leave the home without support. The staff told us that these people would not be safe and needed support. An application to lawfully restrict their liberty had been made and staff understood how to keep people safe whilst these applications were being processed to restrict their liberty.

Staff had a good knowledge of people's complex needs. One member of staff told us, "All staff are now sensory trained and are using that knowledge with people." A relative told us "[person's name] loves water and they support her with sensory baths."

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said they were fully supported by the registered manager and that there were good opportunities for attending additional training to enhance their knowledge. Staff has have recently undertaken sensory training and one staff member told us "Sensory training has really helped me with individuals; it has helped improve my skills in communication." Another member of staff told us "The company invests in individuals and encourages us to proceed." A third member of staff told us "the training has helped improve my skills and I feel supported."

Training undertaken by staff included moving and handling, health and safety, mental capacity training, safeguarding awareness, palliative care, medication safety and food hygiene. There was a programme in place to ensure staff received relevant training and all refresher training was kept up to date. Staff received regular supervision and an annual appraisal from the registered manager and shift leaders. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Staff demonstrated a good understanding of people's needs. They said that they looked and listened for signs and clues through observation to ensure people's needs were met. This meant that when people had limited communication their needs were still met.

People were supported to eat and drink and people ate their meals together. Adapted equipment was

provided to one person to enable them to remain independent when eating. People were assisted to eat in a dignified way and staff assisted people individually. The atmosphere was relaxed and staff spoke to people as they supported them.

We spoke to the Chef who had good knowledge of the specialist diets required for individuals, she also was able to talk about people's preferences and designed the menu with individual preferences in mind. Although there was only one main choice at lunchtime alternatives were available for anyone who did not like the choice on offer. Four people who used the service with PEGs (percutaneous endoscopic gastroscopy) were supported by trained staff and there were clear protocols in place. A PEG is a way of introducing food, fluids and medication directly into the stomach.

People's healthcare needs were identified by the service and people were supported to attend regular appointments with community nurses, dentists, GPs, chiropodists, dieticians and other services as required. Staff knew and understood people's conditions and health needs, and were able to tell us how these were being met. At lunch, staff noticed that one person was not their usual self and spoke to the shift leader about asking for an appointment to be made for the GP.

Care plans included comprehensive information related to dependency, support needs, daily activities, eating, emotional well-being, finance, health, mobility, personal care, continence, consent, safety, sleep and end of life needs.

The service consisted of two bungalows with easy access for people who required support with a wheelchair. Aids and adaptations were in place throughout the service. Bedrooms were decorated and contained lots of personal items relevant to the individual's choices and preferences. There was a sensory garden to the rear of the property, and a sensory room in the day centre. The service employed a Lifestyle Worker full-time and this enabled service users to experience a variety of opportunities and activities. The service had plans in place to have a new sensory bath fitted and upgrade the shower room.

## Is the service caring?

### Our findings

We spoke with one person who was able to discuss their care with us. One person told us, "I like it here." Where people were unable to answer questions we observed the interaction from staff and support they received. We saw staff understood people's body language, non-verbal communication and gestures. This assisted communication between them. We spoke with relatives who were complimentary about the care and support their family member received. They told us their family members were treated with kindness, respect and dignity. One relative told us, "I find it lovely here and staff are friendly. We are very involved; they consult me and treat me as family." Another relative told us "I was very lucky to get in, it is a small homely place and I can visit at any time." A third person told us it's brilliant, you cannot wish for anything better."

Staff were also very positive about Keefield. Staff told us, "It is a lovely home." Another said, "It is a lovely environment, one of the most peaceful places I have worked in." While another staff member said, "We work as a team at Keefield." and, "It is the best job I have ever had."

On the evening of our visit the service was holding a friends group meeting that included relatives and friends of people who use the service. The friends group was active in raising funds for events, activities and equipment at Keefield and had recently been nominated for an award by the trustee's for their contribution in this area.

We observed care and staff interactions with people. Staff talked to people and engaged them in activities frequently. We saw people were comfortable and relaxed and gave signs of enjoying staff engaging in activities with them. The service had recently started an active support programme committed to fully engaging people in daily activities. Active support champions worked with the staff team to include people in everything they did, and used the slogan 'nothing about me without me'. We were able to see people involved in helping with the washing, and one person who was very positive about the fact that he had signed his own name.

There is was a positive atmosphere at the service and staff had good relationships with individuals, a keyworker system was in place to promote these relationships.

We were able to observe a resident's meeting on the day of the inspection, the lifestyle worker chaired the meeting and the manager and staff also attended. The lifestyle worker had recently introduced folders that will be kept in people's rooms; she supported a person who could not see to feel the folder to enable the person to be involved in the meeting. The new sensory bath that is due to be fitted was also discussed and people had been involved in choosing the bath. The manager used an iPad to show a picture of the new bath to people at the meeting, and staff used lots of physical touch in a supportive and reassuring way with people who had sensory impairments.

The service had positive relationships with families who were supported to remain fully involved in the care of their loved ones. There was a visitor's policy in place and visitors were welcomed in accordance with each person's wishes and preferences.

There were dignity champions at Keefield to promote good practice, the champions worked with staff to ensure dignity and privacy was promoted, practiced and monitored day to day. Staff also attended training in disability awareness and diversity.

## Is the service responsive?

### Our findings

The registered manager and the staff team spoke with real knowledge of people's individual needs and wishes. For example, one person had a real interest in churches and the lifestyle worker supported him to go to different churches where she told us, "He is very calm during these visits." Another person loved water so was supported to have sensory baths.

An assessment of the care and support people needed was carried out prior to moving in to the home. Care records included information which meant they were individual and centred on the person. Their likes, dislikes, individual needs and wishes, their personal history and who was important to them were all recorded. The plans were reviewed taking into account changes in people's needs.

Relatives we spoke to told us they were involved in people's reviews. One said, "We are always involved". Detailed guidelines were in place such as how a person liked to be supported with individual needs and wishes. Staff knew people well and we observed good communication taking place throughout the day. For example, the lifestyle worker spoke to a person to let them know that they would be going bowling and when.

There was a complaints procedure in place, Staff spent time with individuals getting to know them and how they communicate. The staff used their observation skills when people were unable to communicate verbally to ensure that people were "listened to" and action was taken.

We saw a complaint that had been made earlier and it had been dealt with according to the company procedure and in a timely manner. Relatives knew how they could make a complaint, they told us, "I did complain about the bedding not being ironed but it was sorted straight away."

The registered manager took the concerns of others seriously and responded appropriately to issues raised with them.

The service employed a Lifestyle Worker full-time and this enabled service users to experience a variety of opportunities and activities. Each person had an individual folder detailing their interests and the life style worker designed a programme focusing on people's individual interests. People were supported to go ice skating, bowling, Monday clubs, music sessions, shopping, film clubs and local community clubs. The lifestyle worker told us they were currently developing individual sensory bags and boxes. People were also involved in sensory sessions involving taste, smell, sounds and sight. A sensory room was used regularly on an individual basis. The service currently uses a normal bath, adding sensory items but a new sensory bath is due to be delivered very soon.

Staff and relatives spoke very positively about this new role, a staff member told us "The life style worker gives 100% with different individuals and a relative told us "They go out a lot, to church and to clubs." The lifestyle worker told us about a person who was deaf and blind but likes to go on a bus to feel the vibration, and another person who likes to go on a train. The local vicar has also started to come in to do some prayers and readings. People were asked for their feedback about the vicar coming in at the residents meeting. The manager told us that the lifestyle worker had also been nominated for award for her person centred work with individuals.

An active support project is also taking place at the service encouraging individuals to participate in daily living skills, a senior member of staff is now an active support champion, coaching staff to include people in everything they do, the champion told us "We work in partnership and strive for excellence at Keefield." We saw examples of people being encouraged with daily activities during our visit. A group of people were helping staff pair socks, and staff told us that people went out to the local shops regularly to buy personal items.

## Is the service well-led?

### Our findings

The provider had effective systems in place to monitor the quality and safety of the service. Records demonstrated regular audits were carried out at the home to identify any shortfalls in the quality of care provided to people using the service. This enabled the managers to have oversight of the service and to remedy any risks which might affect people's health, safety and well-being.

The home had a registered manager in place; they were supported in running the service by a deputy manager. We were also shown an audit that is undertaken by the providers Quality and practice Development Team; this audit mirrored the Care Quality Commission key lines of enquiries. The manager told us that an action plan is developed following this audit and progress and improvements made are reported on monthly.

Staff understood their responsibilities to share any concerns about the care provided at the service. They described a positive culture where they felt able to speak out if they were worried about quality or safety. Staff told us they were very happy working in the service and spoke positively about the manager. A staff member told us "The manager is very supportive." and, "the manager is very approachable and easy to get along with." Relatives were also positive about the management team and told us, "The manager is very good and friendly" and, "she is very good and would deal with anything.

Staff told us they were encouraged to attend training to develop skills and abilities and one staff member told us "We get the right training for the job." Staff said they were regularly asked for their views about people's care in staff meetings and supervision meetings. They also showed that staff views were valued, listened to and taken seriously and acted on when required. Staff understood their roles and responsibilities and consistently followed the provider's aims and values for people's care. All of the staff we spoke with described a positive and inclusive culture at the home. They were proud to work there and spoke about the importance of striving to make a difference to the quality of people's care and their daily living arrangements.

People and their relatives were invited to complete an annual questionnaire about the quality of the service. The manager held a meeting with relatives to discuss the results of this survey and create an action plan to address any concerns.

Keefield has created a 'Friends of Keefield group' that includes relatives and staff. This group meet regularly to fund raise for additional resources for the service, the purchase of a karaoke machine was discussed at the residents meeting.

The manager attended monthly Hub Meetings with other managers from Livability to share and learn. The manager also discussed proposed plans to convert a kitchen into a small office so she is more accessible to people who use the service and staff.