Mr Gordon Nuttall

The Keepings

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 22 and 23 November 2016 and was unannounced. At our last inspection on the 1 September 2015 the provider was found to have areas of the service that required improvement and was given an overall rating of Requires Improvement.

The Keepings is registered to provide accommodation and support for 23 people who have conditions related to old age and /or dementia. On the day of our inspection there were 19 people living at the home. 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.

People told us they felt safe. Staff knew how to keep people safe from harm and knew who to contact where they had concerns. People received their medicines as it was intended on a timely basis.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which was identified as a requirement at our last inspection in September 2015. However further training was still needed to ensure staff had sufficient knowledge to protect people's human rights.

Staff were kind and compassionate and the environment of the home was warm and welcoming. Staff were not always able to get support when needed so people's needs were met.

People were able to make choices and decisions as to how they were supported by staff and what they had to eat and drink. People's privacy and dignity were not always being respected.

People's needs were assessed and a care plan put in place to show how people would be supported. However people's preference likes and dislikes were not consistently being sought so any activities planned could involve the things people like to do.

The provider had a complaints process in place so people were able to raise concerns and they were acted upon accordingly.

The provider installed a CCTV system to support them with the management of falls prevention, however there was no evidence of consultation with people about the use of the system within the home.

The provider carried out spot checks and audits however they were not always effective in identifying areas of concern within the environment.

The provider used a quality assurance survey to gather people's views on the service they received.

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 knew how to keep people safe and prevent them from being harmed.

There were enough staff available to support people.

People were given their medicines as they were prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always able to get the support they needed to meet people's needs.

While the provider was aware of the Mental Capacity Act 2005 they did not ensure staff had adequate knowledge to be able to ensure people's human rights were protected.

People were able to get sufficient to eat and drink when needed.

Is the service caring?

Requires Improvement

The service was not always caring.

While people's independence was encouraged their privacy and dignity was not consistently respected.

People were supported in a caring, compassionate manner.

People were able to share their views about the service and make choices as to how they were supported.

The provider did not make available sufficient information about advocates to support people where this may be needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support needs were identified as part of the pre-admission assessment process.

People's interest and hobbies were not consistently being assessed to ensure the things they liked to do were part of their planned activities.

People were able to make complaints and the provider had a system in place to log, respond to and investigate complaints received.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not ensured that consultation with people about the use of CCTV within the home had been inclusive and comprehensive.

The registered manager and provider carried out spot checks and audits on the service however these were not effective in identifying areas of concern.

The provider sought feedback on the service as a way of making improvements.

The Keepings

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 took place over two days 22 and 23 November 2016 and was unannounced. The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR) which they did. 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. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

On the day of our inspection there were 19 people living at the home. We spoke with nine people who were able to share their views with us, three relatives, four members of staff, this included care assistants, senior staff and the cook. We also spoke to the registered manager. We looked at the care records for four people, the recruitment and training records for four members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

A person said, "I've never been worried about anything. I feel quite safe". Another person said, "The environment is perfectly safe. Nothing is going to happen to you here". A relative we spoke with said, "I am definitely happy, he [person receiving the service] is safe". Staff we spoke with had a good understanding of how people should be kept safe. One staff member said, "I would report any concerns of abuse to the manager". We saw that training was available to staff so they knew how to keep people safe, which staff also confirmed to us.

The provider had an accident and incident process in place which staff were aware of. We found that where an incidents or accidents had taken place the appropriate information was being gathered about the accident and the registered manager had a system in place to monitor for any trends. Staff we spoke with confirmed that all accidents were recorded in the accident book and a copy of the accident report put on the person's care file. Staff were also able to explain how unwitnessed falls were handled and confirmed that the emergency services were contacted where people were found to have fallen.

The provider told us in their Provider Information Return (PIR) that risk assessments were in place and were monitored and reviewed monthly. We found that risk assessments were in place to identify where people were at risk and detail the appropriate actions required by staff to reduce the risk. We found that the appropriate checks and reviews were taking place. We saw that where people had poor mobility and had difficulty standing that appropriate equipment was being used to support them and reduce the risk of them falling. We also found that risk assessments were in place to ensure medicines were being managed safely. Staff we spoke with knew about people's individual risks and were able to explain what equipment was being used to support them.

People told us they felt there was enough staff. A person said, "I don't have to wait for anything. They [staff] take you to the loo right away". Another person said, "I ring when I'm ready to get up. Sometimes they're [staff] busy but I don't usually wait long". A relative we spoke with said, "There are always four staff in the lounge". Staff we spoke with told us there were enough staff. We found from our observations that there were plenty of staff available. There were four staff supporting people, a deputy and registered manager in the office along with two kitchen staff and a domestic. The registered manager also had in place a dependency tool to help decide the appropriate levels of staff based upon people's support needs. While the registered manager did not rely solely on the tool it helped them ensure the right levels of staff were in place. This was an improvement from our last inspection in September 2015 where the manager had no system to help them decide on the right staffing levels.

We found that the provider had a recruitment process in place that ensured only suitable staff were employed. The staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure staff were able to work with vulnerable people. The provider's recruitment process also included references being sought and potential staff identification being checked. This would ensure people were supported by staff who had been appropriately recruited and could support them safely and not put

them at harm.

A person said, "I might have an aspirin if I have an ache or pain". Another person said, "Yes they [staff] give me my medicines when they [staff] should". Staff we spoke with who administered people's medicines told us they could not do this until they had completed medicine training and that their competency to administer medicines was checked regularly. We were able to confirm this from the records we saw. We observed medicines being administered and this was done in a positive and sensitive way. People were asked if they wanted their medicines, water was provided to help them swallow tablets and staff explained what they were taking their medicine for. Staff were also seen re-assuring people who had forgotten the reason for taking their medicines.

The provider had an appropriate policy in place to give staff the guidance they would need when administering or managing medicines. We saw that the medicines were stored appropriately and securely so people could not access them. Where people lacked capacity and were unable to request medicines 'as and when required', we saw that guidance was available to staff to ensure these medicines were administered in a consistent manner where people lacked capacity. This was an improvement on our inspection in September 2015 where these systems were not in place. We found that where medicines were administered that an appropriate Medicines Administration Record (MAR) was kept. This showed when medicines were given to people, what dosage and which staff member had administered it. Where medicines had been added to this record and the person's prescription, we saw that this was done safely.

Requires Improvement

Is the service effective?

Our findings

A relative said, "Staff do all seem to have the right skills and knowledge and have gone through training". Staff we spoke with were able to confirm that they were able to access training to be able to support people appropriately. We found that a plan of training was in place for staff to complete but we saw no evidence of dementia awareness training being made available in the evidence we saw. A recently appointed member of staff we spoke with told us they had not received this training. The home had a high number of people living with dementia and it would be expected that staff would receive training in this area so they would have the specialist knowledge needed to support people with dementia appropriately and in line with current best practice. The registered manager told us that this training was available and they would ensure that in future it was identified on the training matrix as the one we were given did not have it on. They also confirmed the recently appointed staff member would be required to complete this training once they had completed their induction.

A member of staff said, "I do feel supported and I do receive supervision and I am able to attend staff meetings". We found that the right systems were in place to enable staff to get the support they would need. Staff files confirmed this. We found that staff were able to go through an induction process which involved them shadowing more experienced staff before they supported people on their own. The provider told us in their PIR that a three month induction process was in place for staff. As part of the induction process we saw that the care certificate was being used as part of the induction process. The care certificate sets out fundamental standards for the induction of staff in the care sector. This would ensure that staff had a consistent approach to how they supported people.

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 found from our last inspection in September 2015 that training was not being made available to staff so they were able to understand MCA and DoLS. We found that improvements had been made and training had now been made available to staff since our last inspection and on the day of this inspection training was also taking place to further improve staff understanding and knowledge of the MCA. We spoke with the registered manager and staff who did not demonstrate a good understanding of the MCA and DoLS but having attended the training that was taking place on the day of this inspection their knowledge and understanding had improved. There was still a number of staff who did not attend the training and whose understanding of how people's human rights should not be restricted needed to be improved. We found that mental capacity assessments were still not being used to determine people's capacity. Where staff were acting in people's best interest we were unable to see evidence as to how these decisions were reached. Where a DoLS application may be required we saw no evidence that applications were being made to the

supervisory body to ensure the MCA was being adhered to consistently. The registered manager told us they would arrange for all staff to attend the training again to improve their understanding and knowledge and that mental capacity assessments would be carried where there were concerns about people's capacity.

We observed and heard staff consistently gaining people's consent before they supported them and where people were unable to give consent their knowledge of the person was used to gange whether they were consenting or not. We heard a staff member say at lunch time, 'I'm just going to put this apron on [person's name]. Is that okay with you?'. A relative said, "People's consent is always being sought. Communication here is good". Staff we spoke with told us that they would not support people without their consent. Staff also confirmed that relatives were spoken with so their knowledge of people would help them to know what people like to wear, eat and drink to be able to support people to make decisions where they were unable to give verbal consent.

People told us the food was enjoyable. A person said, "The food is very good. In fact it's excellent. There are usually two things you can have and if you don't like them you can have something else, like a sandwich". Another person said, "It's very nice food and we have a choice". A relative we spoke with said, "The meals are great I visit every day and I am offered a meal and a drink". Staff told us how they encouraged people to make choices as to what they had to eat and drink.

We observed staff throughout lunch time being available to support people. The cook was available and very engaging and spent time explaining the meal choices available ensuring people had what they wanted to eat. People were given a verbal and visual choice and people who were unable to express themselves were shown the two choices to enable them to make a choice. People were seen to be offered seconds. The lunch time was personalised to each individual and staff took their time to ensure everyone had to eat what they wanted. People were also seen to be given a choice of drinks with their lunch.

We saw that a breakfast menu was displayed so people knew what was on offer. We saw no menu displayed for lunch or dinner time. The registered manager told us the menu was usually written on the wipe board in the lounge but generally got wiped off by staff throughout the day. They confirmed meal options would be made available in a more permanent fashion with picture formats being used to illustrate the meal options available. We saw that nutritional risks were managed. Staff ensured the cook had access to vital information about people's dietary requirements, so where fluids needed to be thickened to reduce the risk of people choking this was done.

A relative said, "Health care is available as and when needed". Staff we spoke with told us that where people were not well a doctor would be called. We saw that details were kept on people's care records of a range of health care appointments that included when they saw a dentist, chiropodist, doctor or a nurse. We saw that healthcare professionals worked with the staff to ensure the support people needed was provided. We also saw that where a dietician or speech and language therapist (SALT) was required, staff were knowledgeable about their roles and responsibility to be able to seek their advice when needed for the benefit of people.

Requires Improvement

Is the service caring?

Our findings

People told us that their dignity and privacy was respected by staff. A person said, "I have my bedroom door shut. They [staff] don't knock; I don't mind. They pop their heads around the door to check I'm alright". The provider told us in their PIR that they promoted people's privacy and dignity and staff are expected to knock and wait before entering people's bedrooms. Staff told us they respected people's privacy and dignity. For example, knocking people's door before entering and covering people over during personal care tasks. Although we saw examples of kind compassionate care, staff did not always uphold and promote the privacy and dignity of people using the service. We observed a person returning from the toilet and as they walked into the lounge they were still adjusting their clothing. There were staff around but no one offered to assist the person or preserve their dignity in the communal area. The registered manager told us that this was the person's behaviour which staff were already fully aware of. We saw that people receiving treatment from a visiting healthcare professional were not situated in a suitable area in the home to receive their treatment that would give them an appropriate level of privacy, we saw that staff took no action to support the need for privacy.

While we saw practise that needed to be improved we also saw good examples of privacy being respected. For example one person told us that staff had provided them with a key on their request so they were able to keep their bedroom door locked when they were not in there. We heard a domestic approach the person seeking permission to go into their room for the linen.

People told us that staff were kind. A person said, "The girls [staff] are lovely". Another person said, "It's lovely here. I couldn't be happier anywhere else. They're all very kind. I get on with everyone". A relative said, "Staff are caring, friendly and polite. It's like a family atmosphere and I am made to feel welcome". Staff we spoke with told us they would always treat people with compassion and kindness. Our observations were that staff were kind and caring. Staff smiled a lot and engaged people by acknowledging them. An off duty member of staff had taken the trouble to visit the home with her puppy and made sure she introduced her puppy to all the people. Who were excited and enjoyed stroking and puppy. People were supported by staff to mobilise efficiently and gently with reassurance. We saw staff talk with people by kneeling down to their level so they had eye contact and laid a reassuring touch on a hand or arm as a way of showing kindness.

We found that people were dressed appropriately for their age and to their liking, for example, some men were dressed, as they preferred, in a shirt and tie. Ladies had their hair done how they wanted by a hairdresser and men were either clean shaven or had neatly trimmed beards and moustaches. A relative said, "My wife is always very well presented".

We found that people were able to share their views both in terms of how staff supported them but also being able to meet regularly with the registered manager. These meetings allowed people to feel involved in the running and management of the home as well as being able to share their views on planned improvements. The registered manager confirmed that people were encouraged to share their views on meals menus and planned works to the home.

We saw that people were enabled to do as much as they could for themselves. A person said, "I wash myself, staff only help". Relatives we spoke with told us that people's independence was promoted by staff and they were able to live as independently as they could. A staff member said, "I do encourage people to do what they can for themselves". We saw people doing things independently without staff intervention, but staff were on hand if needed.

We found that while the registered manager told us that an advocate service was available when people required it, we saw no evidence of this. Staff we spoke with told us that they were aware of an advocate service to support people. There was no information about an advocate service in the service users guide or the provider's statement of purpose or displayed clearly in the home. People and relatives we spoke with were unaware of this service, however we saw that relatives were actively involved with the people we spoke with and where these people needed support this was provided by their relative. Where people did not have support from a relative an advocate would have been a good service to support people in situations where people needed this kind of support. The registered manager told us they would ensure that information about the availability of an advocate was put in the service user's guide, that it would be displayed more prominently around the home and that it would be discussed in the reviews taking place shortly.

Requires Improvement

Is the service responsive?

Our findings

A person said, "I am able to watch football on the television". Staff told us they knew about people's interest and hobbies and were able to give us examples of what some people like to do. We found that information about people's interest and hobbies were not part of the pre-admission assessment process. This meant that people's interest and hobbies were not consistently being sought so any activities planned could involve the things they like to do. We found that one person living in the home was a keen amateur artist and a dedicated area in the main corridor was used for displaying their pictures and sketches. We saw an activity taking place during the morning where people were asked to pick from a choice of two activities what they wanted to do. During this activity the staff were very engaging with people. However we saw no visible activity plan to show the various choices of activities that were on offer to people that day or across the week. Once the activity had finished people were just left to go back to sleep. With a plan in place people would have had a choice of other things to do that interested them. The activity we saw was not linked to what people like to do as the assessment process did not identify their interest or hobbies. At our last inspection of this service in September 2015 the lack of an activity plan was identified as an area for improvement. The registered manager told us that while activities did go on they were not part of a clear recognised plan of activities and improvements were still required as there was no activity plan in place to show the choices available.

We found that before people were admitted to the home that an assessment was carried out so the home could be sure that they could meet the person's support needs. We also saw that a care plan was put in place to show how staff would support people. A relative said, "An assessment was carried out which I was involved in". Another relative said, "There is an assessment and care plan in place". Staff we spoke with were able to confirm where these documents were kept and that they were able to access them when needed. We found from our discussion with staff that they knew people's support needs and whether people had any specific requirements. For example, if people were at risk of choking or used a wheel chair.

We found that people were able to share their views and make decisions as to how they were supported. Where people lacked the ability to do this staff were aware of people's likes, dislikes and or preferences and relatives were involved in making decisions on behalf of people. We saw that where reviews took place and people were unable to take part due to their lack of capacity that relatives were spoken with. The relatives we spoke with all told us they were invited and attended reviews.

The provider told us in their PIR that a complaints procedure was in place and any complaints received were logged so that trends could be monitored. A relative said, "I would know who to complain to but I have never had to". Another relative said, "I had to complain when we first came to the home but this was resolved and there has been no problems since". Staff we spoke with told us they would refer all complaints to the registered manager. This was an area identified at our last inspection in September 2015 for improvement, which the provider had now improved. We saw that a complaints process was in place with the associated logging system so we could see how complaints were managed and trends monitored. While there had not been any complaints received the registered manager told us that complaints could now be logged and where there were trends they could be monitored.

Requires Improvement

Is the service well-led?

Our findings

We found that the provider had CCTV installed within the lounge, dining room and corridor areas of the home. The registered manager told us the system was installed to try and manage the high levels of unwitnessed falls that were taking place in these areas of the home. The registered manager told us that since the CCTV was installed that they were now able to review the events leading up to unwitnessed falls. This enabled them to make better decisions as to how people were supported after a fall. The registered manager had no evidence to show how people were consulted leading to the installation of the CCTV. We found that the while a relative we spoke with confirmed they had received a letter and was consulted with; people we spoke with were less assured. A person said, "I don't know anything about the cameras. It's not nice to know you're being filmed but I'm not really bothered". The registered manager decided to turn the CCTV off during the inspection process and advised that they would carry out a consultation process again and have all the information available as evidence to show how people were consulted with before the system was turned back on.

At our last inspection in September 2015 we identified concerns with the replaced carpet in the lounge which was patterned and could have caused difficulties for people with dementia due to impaired vision or perception difficulties. While the carpet had not been replaced we did not observe any difficulties for people during the inspection.

Relatives and staff we spoke with all told us they felt the home was well led. Relatives told us that the home was clean, tidy and the environment was homely. One relative said, "The staff are helpful and always respond to my requests or concerns". Staff told us they were able to get support when needed from the registered manager.

People we spoke with told us they liked the home and it was nice and warm. We found the environment of the home to be cosy. Staff spoke to people using their first names and we saw that people responded to them in a warm positive manner.

People told us they knew who the registered manager was and relatives we spoke with only had good things to say about them. Staff told us the registered manager was visible around the home was always available when needed and they could approach them about anything. We saw that there was a clear line of responsibility which staff knew and staff were able to explain what actions they would take in an emergency. The registered manager was seen interacting regularly with people and we observed them comforting and reassuring a person who was unable to speak and say how they felt.

We found that a whistleblowing policy was in place. Staff we spoke with confirmed they were aware of the policy and its purpose in being able to raise concerns about people's safety anonymously.

It is a legal requirement that our last inspection the overall rating is displayed within the home for people and visitors to the home to see. On arrival to the home we found that the provider had displayed their last inspection report but had not displayed their overall rating. Once we identified this to the registered

manager the overall rating was displayed.

The provider told us in their PIR that checks and audits were carried out. We found that the registered manager carried out regular audits and checks around the home. Staff we spoke with confirmed that they saw the registered manager walking about carrying out spot checks and audits on the home. At our last inspection carried out in September 2015 we were told that the provider also carried out checks and audits but at the time there was no evidence to support this. We saw at this inspection evidence to show that the provider's checks and audits on the service were now being recorded and used along with the registered manager's checks to identify concerns within the home. Some of the checks and audits being carried out were not always effective in identifying risks or areas of concern. In addition to the issue of inaccessible call system in some bedrooms which the registered manager undertook to address we found that in some bedrooms windows were not permanently restricted. This meant some windows could have restrictors disengaged and be opened very wide potentially putting some people at risk of falling.

A relative said, "I have had a survey questionnaire to complete". Another relative said, "I have had a questionnaire and the home's improvement plan was discussed at residents meeting". We saw that surveys were being used to gather views on the service. The information gathered was analysed to identify where there were concerns to be actioned.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents and safeguarding alerts.