

Mr & Mrs A J Bradshaw

Keswick House

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Keswick House is a residential care home that was providing personal and nursing care. The service supports people who have a learning disability.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. 13 people were using the service at the time of the inspection. This is larger than current best practice guidance detailed in Registering the Right Support. The provider had started to work towards meeting best practice guidance and people were encouraged to increase their independence. The staff culture was changing, and they understood the importance of supporting people when they needed it, whilst prompting people to make their own choices. Further improvements were needed to mitigate the impact of the environment on people.

People's experience of using this service and what we found

The provider's legal entity was registered with us as a partnership and remained inappropriate at this inspection due to concerns that had been raised about the partnership. Action still needed to be followed to ensure the new company registration continued. Improvements were needed to ensure all systems to monitor the service were effective in identifying and mitigating risks.

Improvements to the environment were ongoing to ensure infection control risk were mitigated and the design reflected the needs of people. Staff knowledge and skills still required further development to ensure people received effective care.

We made a recommendation for the provider to seek guidance on the advance planning of people's end of life wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Improvements were still needed to ensure the policies and systems in the service supported this practice.

Risks to people's health and wellbeing were identified and managed to keep people safe. There were enough staff available to provide support in an unrushed way and to meet people's needs. People were supported with their medicines as prescribed.

People were involved in the planning and preparation of their meals and their nutritional needs were monitored and managed. People were supported to access health professionals and advice received was followed by staff.

People were supported by caring staff who respected people's choices. People were encouraged to make

choices and to increase their independence. People's privacy was upheld.

The service had started to apply the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service had started to reflect the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received support in line with their preferences and they were involved in the planning and review of their care. Goals were set by people with support from staff to help them achieve a greater independence. People accessed the community and were involved in activities which they enjoyed.

People, relatives and staff were able to approach the registered manager if they had concerns and the registered manager worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2019) and there were multiple breaches of regulation. At this inspection the service had made some improvements and there was one remaining breach of regulation. The service remains rated requires improvement.

This service has been in Special Measures since 06 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was planned to follow up on the concerns at the last inspection in line with our 'special measures' procedures. We needed to check that people were supported safely and whether the provider was meeting the Regulations.

We found improvements had been made. However, there were still improvements needed to ensure people received a good service in all areas of their care. We rated the key questions of Effective and Well led as Requires Improvement. The overall rating is Requires Improvement.

Enforcement

We have identified a breach in relation to ensuring directors are fit and proper persons at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Keswick House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and a specialist advisor. The specialist advisor had specialist knowledge of learning disabilities.

Service and service type

Keswick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable at the time of the inspection and we spoke with the acting manager at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the

service. We gained feedback from commissioners who have experience of working with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, the acting manager, senior care workers and care workers.

We reviewed a range of records. This included seven people's care records, daily records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, incidents and safeguarding.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and improvement plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At our last inspection the provider had failed to safeguard people from suspected abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvements had been made to ensure staff understood how to recognise abuse and to change the culture of the service, which ensured people were protected from suspected abuse.
- Staff's understanding of abuse within a care environment had improved and incidents of possible abuse had been documented and reported to keep people safe from continued harm.
- The systems in place to record and monitor incidents within the service had improved. The registered manager carried out monthly monitoring of incidents, which showed the action taken to safeguard people and reduce further incidents.
- The registered manager had implemented meetings with staff which were held at the start and end of the week. Staff told us these meetings had improved the communication of any concerns or issues, which included incidents and actions in place to reduce these. This demonstrated that learning was taken when things went wrong.

Using medicines safely

- People were given time to take their medicines and were encouraged to administer their own medicines. One person told us how they took their own medicine and the staff checked their medicines with them regularly to make sure the person was managing their medicines safely.
- The registered manager had implemented a new system to enable people to be involved in their medicine administration. For example; specially adapted medicine pots had been purchased, which allowed people to remove their medicines and take these independently whilst staff observed. People understood why they needed their medicines and what conditions they treated.
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered or prompted. Staff were trained to ensure they administered and stored medicines safely and people had received their medicines as prescribed.

Assessing risk, safety monitoring and management

- People were encouraged to take positive risks. One person said, "I do quite a lot for myself. Staff guide me if I'm not sure about how to do things." Another person said, "I like doing things for myself. Staff help me downstairs to the laundry in case I slip and hurt myself." A relative said, "My relative is doing a lot more from themselves and staff have been helping them to try to do more for themselves."
- Staff knew people well and explained how they supported people in line with their positive risk

management plans.

- Risk assessments were in place to support positive risk taking and support plans provided staff with guidance on how to support people if they displayed behaviour that may challenge. This ensured people were supported by staff in a consistent and safe way.

Staffing and recruitment

- People told us there were enough staff available to help them when needed, which included accessing the community when they wanted. One person said, "The staff are always about if I need them, at weekends too because we go out quite a bit."
- We observed people were involved in daily living activities to promote their independence. For example; people had access to the kitchen and prepared their own meals. There were enough staff available to provide encouragement when people needed this.
- Staff told us there were enough staff and where there were staff shortages the staff covered shifts to ensure people received support from a consistent staff team.
- The provider had followed safe recruitment procedures to ensure people were supported by suitable staff.

Preventing and controlling infection

- The home was clean and free from mal odours. People told us they were involved in keeping their home clean. One person said, "I keep my room clean. I help with the hoovering and washing up."
- Staff told us and we saw, they used Personal Protective Equipment (PPE) to ensure the risk of infection was minimised.
- The provider was aware the environment needed improvement to ensure infection control was maintained, such as renovation of the bathrooms. We saw an environmental audit, which included renovation of the bathrooms to decrease the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection the provider had failed to follow the requirements of the MCA. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 11. However, some further improvements were needed.

- The registered manager had started to complete mental capacity assessments. The assessments contained people's ability to make an informed decision on a specific area of their care. However, there were still a large amount of assessments to be completed in other areas of people's care such as, medicines, bed rails and financial decisions.
- The acting manager told us they had plans to complete the remaining assessments within three months.
- People's consent was gained and recorded where they had the capacity to do so. Staff gained people's consent before they provided support.
- The registered manager and acting manager had received further training in the MCA to increase their knowledge. The acting manager displayed an increased knowledge and understanding on the MCA and their responsibilities.
- Staff we spoke with had a good understanding of MCA and how they needed to support people to make decisions. Where people were unable to make certain decisions, staff explained how they supported people in their best interests.
- Where people had an authorised DoLS in place staff understood how they needed to support people in the least restrictive way.

Adapting service, design, decoration to meet people's needs

- Improvements were still needed to ensure the environment was adapted to ensure people's independence was promoted. For example; the laundry facilities remained in the basement of the service, which meant people were unable use these facilities freely and without staff.
- At the last inspection the provider told us they had plans to create a laundry that was accessible to people independently. This was recorded on the provider's environmental plan. However, this had not yet been completed.
- Improvements were needed to ensure the environment was homely and promoted people's dignity. For example; large noticeboards were on the walls in the kitchen area which contained details of the staff on duty and appointments that people were attending. The bathrooms contained water temperature checks, which had been erected on the walls, which did not promote people's dignity.
- The acting manager told us, and we saw people used the notice boards to identify the staff that were due to be on duty each day and what their plans were. However, the provider had not recognised this did not promote a homely and dignified environment for people and had not considered an alternative way of people accessing this information.

Staff support: induction, training, skills and experience

- At the last inspection improvements were needed to ensure the training staff received was effective.
- Staff knowledge in safeguarding and MCA had improved which ensured people were receiving support that met their needs and protected them from suspected abuse.
- Staff told us supervisions were used to assess their knowledge of safeguarding and MCA. This had been effective in updating their knowledge and how they supported people.
- Improvements were still needed to ensure staff received other training to ensure they had up to date knowledge to support people effectively. For example, staff had not received learning disability awareness to ensure they were supporting people effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started to use the service. Assessments had been completed with people and contained details of people's preferred ways of receiving support.
- Some improvements had been made to follow the principles and values of Registering the Right Support. For example, people's independence was encouraged, and staff practice had changed to ensure they promoted people's choices and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in the planning and preparation of their meals. One person said, "We all do the menu and decide what we all want in residents' meetings and we try different things. We choose, and staff help by writing it down for us. We all take turns in preparing a meal. I like that." Another person said, "I choose what I want to eat and when I want it."
- We observed people preparing and making their own meals and drinks when they chose to. Staff were available to prompt and encourage people when needed.
- Staff understood people's nutritional risk and how to support people in line with guidance received from professionals. For example; one person was at risk of choking, care plans gave guidance on how staff needed to support this person, which was followed in practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend health appointments such as; G.P's, nurses, dieticians and occupational therapists to ensure their health needs were monitored.
- Staff encouraged people to follow advice received from healthcare professionals to maintain their health and wellbeing.

- Health action plans were in place to ensure people's health needs were monitored and staff understood people's specific health needs.
- Hospital and dental passports were completed which contained information about people's needs. This ensured people received consistent care when they were being supported by other agencies.
- Staff received a handover at the start of each shift, which ensured that any important information about people was passed on to staff. This ensured people received consistent care in line with their changing needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who we spoke with told us staff were caring towards them. One person said, "I like living here. It's nice. The staff are nice to me. It's all good." Another person said, "The staff are very nice. I can tell them anything and they listen."
- Relatives told us staff were caring towards their relative and they had observed caring interactions when they visited the service. One relative said, "My relative is very happy and they are very at home. They are always smiling, and staff have a lovely caring way with my relative." Another relative said, "The staff are very caring towards my relative and my relative would definitely say if they were unhappy."
- People were comfortable approaching staff who took time to chat with people about their day and how they were. Staff complimented people on their appearance, which made people smile and talk about their outfits.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices about their daily life. For example; people told us they chose what they wanted to do, and we saw people making choices throughout the inspection.
- One person said, "I decide what I want to do. I get up when I want to, I can have a lie in if I'm tired. Everything really and staff never force me to do anything I don't want to."
- Staff had a good understanding of people's individual ways of communicating. For example; staff spoke slowly and clearly and used short questions to enable people to make choices for themselves.
- Person centred plans had been developed with people which were in pictorial format to ensure these met people's understanding.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity. One person said, "The staff treat me well and speak with me in a nice way."
- People's independence was promoted. One person explained how they made their breakfast and chose their meals. Another person told us how they kept their room clean and washed their clothes with some support from staff. They said, "The staff are helping me to be more independent."
- Relatives told us they had noticed their relatives were more involved in their care and were becoming more independent. One relative said, "We have noticed [relative's name] is encouraged to do a lot more for themselves, which is good to see. They are going out a lot more too."
- Staff were looking at new ways to increase people's independence to enable them to have more control over their lives. For example; staff were supporting people to have more involvement in their medicines and

people were setting goals to help them achieve a greater independence.

- People told us they enjoyed time to themselves in their rooms. One person told us they liked to spend time listening to their music and this was respected by staff. This meant people's right to privacy was upheld.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- Some people had funeral plans and preferences in place for their wishes after their death. However, not all people's advance wishes had been gained.

We recommend that the provider seeks guidance to ensure people's end of life preferences are sought.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the planning of their care which ensured their preferences were met. One person said, "I talk to my keyworker and tell them what I want to do and what I like. They listen and help me do the things I want to."
- People made goals, which showed what they wanted to achieve and were supported to achieve these with support from staff. Each goal was broken down into steps, which was reviewed with the person and their keyworker. For example; one person's goal identified from discussions was to manage their finances better, the reviews showed this had been achieved with support and advice from staff.
- People were involved in reviews of their care, which meant people's needs were discussed and changes implemented when required.
- Staff knew people well and understood people's preferences and supported people in line with their wishes. Staff told us improvements had been made to the way they supported people. One staff member said, "We are working differently now and encouraging people to do more for themselves, listening to people and making sure they get the support they want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had guidance to follow to enable them to communicate with people effectively and staff were actively seeking ways to help people express themselves. For example; one person had difficulties communicating verbally and staff understood how to phrase questions to help them communicate. Staff were working with this person to increase their ability to communicate and had plans to introduce assistive technology to help them.
- People had person centred plans which had been developed with them and in an easy to read format to

aid their understanding. The acting manager told us they were in the process of updating other information such as complaints to ensure these were accessible to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they took part in activities and interests they enjoyed. One person said, "I enjoy swimming, going to the pub and going to discos. The staff come with us and we have fun." Another person said, "I like to go to the Church where I meet my friends. I really like fishing and I go with [provider's name] at the weekend when the weather is nice."
- Relatives had noted an improvement in people's social activities. One relative said, "My relative tells me everything they have been doing when they come to visit. There has been an improvement and they are going out a lot more and enjoying doing the things they like."
- Opportunities for people to work within the community were promoted. One person told us how they enjoyed their job and took pride in explaining what they did at work. Other people had the opportunity to work. However, they told us they were happy being at home, which staff respected.
- People were supported to maintain contact with family and friends that were important to them. People visited family and stayed overnight if they wished. Relatives told us they were always welcome at the home and were invited to special events such as birthdays and Christmas.

Improving care quality in response to complaints or concerns

- People told us they felt able to approach the staff or the registered manager if they needed to raise any concerns. One person said, "I tell any of the staff or [registered manager's name] if I am upset or unhappy. They chat to me and it gets sorted."
- Relatives told us if they had needed to raise any issues these had been acted on immediately to make improvements. One relative said, "The registered manager is very approachable, if we have any concerns they are always available to talk to. They listen and have always acted on our concerns."
- The registered manager logged any complaints received at the service. The logs showed how the complaint had been investigated and the actions taken to make improvements.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective governance systems in place to mitigate risks to people and to ensure there was a clear plan to improve people's support in line with the principles of Registering the Right Support. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made some improvements and they were no longer in breach of regulation 17. However, further improvements were still needed.

- At the time of the inspection the provider company still consisted of a partner that had been named in a substantiated safeguarding against a person who uses the service.
- Following the concerns raised after our inspection on 06 November 2018 actions were taken by the registered partnership to ensure this partner was no longer involved in the carrying on of the regulated activity.
- However, at the time of this inspection the new business entity and registration of the new company had not been finalised and the partner remained as part of the provider's company registered with us.

This above evidence demonstrates that the provider was not meeting the requirements of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented systems to monitor the service. Whilst some audits had been effective in identifying and rectifying issues improvements were still needed to ensure these were imbedded and effective in all areas. For example; medicine audits had not identified that 'as required' protocols did not consistently contain detailed guidance for staff to follow.
- The registered manager had an action plan in place, which contained details of the improvements needed and the planned schedule for these to be completed.
- The provider did not have an effective system to ensure the registered manager was carrying out their responsibilities and working in line with the action plan. This meant that they did not always have a clear overview of the service.
- We will assess the effectiveness and sustainability of the improvements made at our next inspection.

Continuous learning and improving care

- Improvements were still needed to ensure staff had the skills and knowledge to support people effectively. The acting manager told us they were scheduling training to take place regularly to ensure staff were given

the opportunities to continually learn and develop their skills.

- Staff told us they received regular supervisions, which discussed their development and areas of support were reflected upon such as safeguarding procedures and MCA. Discussions with staff showed that this had been effective as their knowledge had improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements had been made to the culture within the service.
- Relatives had recognised improvements to the way their relatives were supported. One relative said, "I can see the improvements. Staff do things differently now and my relative is proud to be doing more for themselves."
- Staff told us they had changed the way they supported people and encouraged independence.
- One staff member said, "The improvements have been a real learning curve and we understand how important people's independence is to them. We were working in old ways and the changes have been so beneficial for us all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff told us they were able to approach the registered manager who acted on any concerns raised.
- The registered manager had ensured the rating of the last inspection was on display which promoted openness.
- Notifications had been forwarded to us (CQC) as required. This enables us to have a clear and open view of the events that have happened at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people during keyworker meetings and resident meetings. People were an integral part of these meetings and the resident meetings were chaired by people who used the service with support from staff. Minutes showed that people's views had been acted on.
- Feedback was gained from relatives through questionnaires. The feedback we saw was positive and regarded staff as caring and thoughtful.
- Staff told us home meetings were held twice a week to discuss any changes in people's needs, incidents and the registered manager ensured staff understood their roles and responsibilities. One staff member said, "The home meetings are really good, and it has meant the communication has improved."

Working in partnership with others

- The registered manager continued to work in partnership with other agencies to ensure improvements were made to people's care and people's changing needs were met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership The current partnership does not fully meet the requirements of a fit person to carry out the regulated activities.