

Mr & Mrs S Plevey

Keer Sands Residential Home

Inspection report

Crag Bank Road
Crag Bank
Carnforth
LA5 9JE
Lancashire
Tel:01524 732060

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection visit at Keersands was undertaken on 07 October 2015 and was unannounced.

This is a care home for 10 people which feature eight single rooms and one double. All bedrooms have hand washing facilities and bathrooms and toilets are of easy access on both floors. There is stair lift access to the first floor. At the time of the inspection visit 10 people were living at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 28 May 2014 we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, we found the registered manager had systems in place to protect people from potential harm or abuse. Staff had a good understanding of how to

Summary of findings

report safeguarding concerns. People told us they felt safe and comfortable whilst living at Keersands. Risk assessments were in place to protect people from potential risks of receiving care and support.

People's medicines were safely managed and stored. Staff had received appropriate training which was regularly updated to ensure medicines were administered correctly.

We found staffing levels were sufficient in meeting people's needs in a timely manner. Staff told us their training supported them to work effectively and the registered manager had assisted them in their development. Personnel had been safely recruited to ensure people were protected.

People who lived at the home were given a choice at meal times and could have refreshments whenever they

wished. We observed this happened during the day of our inspection visit. One person who lived at the home said about the quality of food, "The food is always good. They do a lot of homemade cooking."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. People who lived at the home told us their relatives were welcomed at any time of the day.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were recorded in their individual care record. This was so staff could provide care and support to meet their needs and wishes. Activities were organised daily and trips out to the local community had taken place.

We found a number of audits were in place to monitor quality assurance. The manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and resolved.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Keer Sands Residential Home

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 team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

Prior to our unannounced inspection on 07 October 2015 we reviewed the information we held about Keersands.

This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. There had been no incidents or safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, three staff members and six people who lived at the home. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked care records of two people who lived at Keersands. We also checked one recruitment record of a staff member. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People who lived at the home we spoke with told us they felt comfortable, secure and safe. Comments included, "It's a lovely cosy home with people around, that makes me feel safe." Also, "I know a lot of people would like to come here we are always full. It is run by good people and I feel protected living here."

We found the registered manager and staff supported people to stay safe whilst reducing restrictions on people. People had the freedom of the premises and were not restricted to their rooms. For example one person enjoyed a walk daily and was encouraged to go out when they liked by the staff. A staff member said, "[resident] enjoys a walk she comes to tell us she is going out and how long they will be. It is what she enjoys to do and we support her to be independent."

Staff we spoke with about witnessing signs of abuse, were knowledgeable about the actions they would take if they witnessed anything they felt concerned about. Staff told us they had received training in safeguarding adults. Records we looked at confirmed this.

This was a small home for ten people and was sufficiently staffed to meet their needs. Staff we spoke with told us they were happy with the staffing levels. One staff member said, "We are a small home however it is like a big family we have time to spend with people and get to know them."

We had a walk around the building and found call bells were positioned in bed rooms close to hand so people were able to summon help when they needed to. We observed people did not have to wait long when they pressed the call bell for assistance. They were answered in a timely manner. One person who lived at the home said, "It's only a matter of a minute or so when people come to attend to me if I press the buzzer, they are very good."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were

safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines

Care records of two people contained an assessment of their needs. These included reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. For example risks covered medication, the environment and falls. Records were personalised and covered what actions the registered manager would take to manage risk. This confirmed the registered manager had systems in place to minimise potential risks of receiving care to people they cared for.

This was a small service with few accidents or incidents. However a record was kept when they occurred. Records looked at demonstrated action had been taken by staff following incidents that had happened.

We looked at one recruitment record of a staff member. All required checks had been completed prior to the staff member commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. A staff member told us they had previously worked in care however the registered manager ensured an induction training programme was provided as they commenced work.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered in the morning. We found medicines were administered at the correct time they should be. We observed the staff member ensure medicines were taken, by waiting with the person until they had done this. We also witnessed the staff member encouraging people to take their medicine whilst describing what the medication was for. One staff member said, "Anyone who gives out medication has had training."

Is the service effective?

Our findings

We arrived in the morning whilst people were having their breakfast. We observed staff supporting people when serving breakfast. People told us they felt staff were aware of their needs and the support they required. One person who lived at the home said, "It's nice and quiet here the staff are so good and the views are wonderful."

We looked at training records for staff members. Records showed members of staff had completed their identified mandatory training courses for 2015 which included, first aid, moving and handling and safeguarding adults. One staff member said, "Training is offered all the time." Staff told us they were also encouraged by the registered manager to further their skills by obtaining professional qualifications. For example one staff member told us they had completed a national vocational qualification (NVQ) to level 3. The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people.

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. They could also discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete

MCA and DoLS training was in place. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled to assess people's ability to make decisions for themselves.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The care staff were responsible for the preparation of food. All staff that were responsible for preparing meals had completed their 'Food and Hygiene' training. This was confirmed by talking with staff and looking at training records. On the day of the inspection visit lunch consisted of corned beef hash and fresh vegetables with homemade peach crumble and custard. Everyone we spoke with enjoyed their lunch. A staff member said, "There is always a choice if people don't like the meal." This was confirmed by talking with people who live at the home. Comments about the quality of food included, "The food is always good. They do a lot of homemade cooking."

The staff informed us an extra member of the staff team comes in part time in the mornings. This is only to prepare homemade cakes and meals. "One member of staff said, "We do a lot of home baking." This was confirmed by talking with people who lived at the home.

The kitchen area was clean and tidy with cleaning schedules available for staff to follow to ensure the kitchen area was cleaned daily. We observed people were offered drinks throughout the day and mealtimes were unhurried and relaxed. People were able to choose where they wished to have their meals. For example two people had their lunch in their room as it was their choice. One person who lived at the home we spoke with said, "I go to the dining room for lunch. However at tea time if I am watching a film or something I prefer it in the lounge or my room wherever I am watching the television."

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from doctors when people required treatment.

Is the service effective?

Documentation was updated to reflect the outcomes of professional visits and appointments. The registered manager had ensured people's ongoing needs were maintained by having access to other services.

Is the service caring?

Our findings

This was a small service with ten people living at the home. People were supported by staff who were experienced, caring and understanding of their individual and collective needs. A staff member said, “We are a small family run home with a few residents which helps get to know people and care for them better.” The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people who lived at the home.

We arrived during breakfast and observed people having and receiving breakfast of their choice. The atmosphere was relaxed with people coming and going in the dining room. One person said, “I have mine in my room a nice piece of toast and tea it’s lovely.” We witnessed examples of staff displaying a caring attitude towards people. For example one person wanted to chat with a staff member in the dining area whilst having their breakfast. The staff member stayed with the person until they had finished and escorted them to the lounge area. We spoke with the person who lived at the home and they said, “They are so kind I do enjoy their company.”

During the day we observed staff knocking on bedroom doors before entering and addressing people as they wished to be known as. One person said, “They talk to me with respect and call me how I want to be called, we all know each other well.” We observed staff engaged with people in a friendly and caring manner. We discussed dignity in care and respect with staff. They demonstrated a good understanding of the principles of care and awareness of how to treat people. One staff member said, “Treat people how you wish to be treated yourself.”

We observed one member of staff supporting a person to move around the building using a walking aid. The staff

spoke gently to the person reassuring them of the process and encouraging them to walk to the area they wanted to be. The person being supported said, “I can manage but it reassures me when [staff member] helps me.”

Throughout the day we saw people could move around the building and make decisions for themselves in some cases with staff support. We observed routines were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in other areas of the building. Staff were always available to support people who required assistance.

Staff had information written down of people's preferences whilst living at the home in their care records. This included religious needs, social preferences and food likes/dislikes. In our discussions with staff, it was clear they were aware of how to use a care approach that met with people's needs and wishes.

The two care records we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so staff could provide care to meet their individual needs and wishes. The care plans evidenced involvement of the person, who were able, to contribute in the formulation of their plan of care. People were happy in the way staff supported them and the way their care was provided.

Prior to our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. We received no negative comments or concerns about the service.

The service had details in documentation provided to people and their families about access to advocacy services. This ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People were supported by staff who were experienced, and had a good understanding of their individual wishes and needs. The registered manager encouraged people and their families to be fully involved in their care. A staff member said, “We get a lot of visitors and keep people informed of their relatives care and any changes that might need to be done.” During the visit no relatives visited the service. However a survey completed by relatives told us they were happy with the care their relative received. They said the staff and registered manager had a good understanding of their relatives needs.

People informed us they were encouraged to participate in a range of activities which kept them entertained and occupied. With this being a small service there was no set activity programme. However people were asked daily what they would like to do. For example activities included trips out, games, bingo sessions and individual interests of people living at the home. One person who lived at the home said, “I do join in because I like the bingo sessions.” Another person said, “Many times we go out with the staff or manager to Silverdale or Morecambe. I quite enjoy that.” A member of staff told us they try and put activities on in the afternoons and keep a record of what they have done and who participated in them. They said, “There is only a few who join in but it’s their choice and we ask what they would fancy doing daily.”

Care records we looked at were developed from the assessment stage to be person centred, which meant they involved the person in planning their care. Also where appropriate relatives had an input. The details demonstrated an appreciation of people as individuals. The care plans were detailed and organised. One staff member said, “We keep records up to date and ensure as much information is contained in their care plans as possible.”

Care records of people contained information for staff on how identified needs can be met and taking into account all expressed wishes and preferences. Throughout the care plan there was repeated reference to, choice, preference, what individuals disliked and enjoyed. There was also a section on personal history and life experiences. This meant staff were able to get to know people better which helped build relationships between staff and people who lived at the home.

We found the complaints policy the provider had in place was current and had been made available to people who lived at the home in documentation provided for people and their relatives. This detailed what the various stages of a complaint were, what timescales were involved to resolve the complaint and how people could expect their concerns to be addressed. A person who lived at the home said, “I know what to do if I had a complaint but I never have had one.”

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. This was confirmed by talking with people who lived at the home and staff. One staff member said, “Friends and family come and go as they please they are always welcome. Relatives comments in a recent survey completed made comments about visiting their relatives. One said, “I come when I please the staff don’t mind and always offer me refreshments.”

At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. However, people and their relatives told us they had been made aware of how to comment about their care if they chose to.

Is the service well-led?

Our findings

Staff and people who lived at the home told us they felt Keersands was well managed, and like a 'family home'. One person said, "[The registered manager] is brilliant, nothing is too much trouble." Another said, "We are just part of the family." A staff member said, "[registered manager] is so supportive and helpful."

People who lived at the home told us the atmosphere was relaxed and calm. We observed staff were not rushing around and witnessed the registered manager supporting carers in their role. One staff member said, "The manager lives on site and just mucks in with everybody."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other.

We observed during the visit interaction between the registered manager, staff and people who lived at the home. People told us the registered manager was always around supporting staff and spending time talking and supporting people. Comments included, "[registered manager] will just call in and ask if anyone fancies a drive out. The other day we went for a drive and she treated us all to ice cream it was lovely."

People who lived at the home and their relatives were encouraged to be involved in the continuous development of the service. For example relatives were encouraged to complete surveys sent out to pass their views on how they felt the service was performing. The results of relative surveys for 2015 were positive. Some comments included,

"Always welcomed at any time and offered a cup of tea." Also, when asked if the staff keep them informed of the welfare of their relative one reply was, "Yes they keep us up to date with any issues concerning [relative]."

Regular staff and 'resident' meetings were held to discuss any issues within the home. Issues looked at included the minutes from the previous meetings. Staff meetings discussed training, care reviews and the well being of the people who lived at the home. We found evidence in staff/resident meeting minutes the registered manager followed up identified issues to ensure these were managed effectively. For example food was discussed at 'resident' meetings and menu changes were implemented on suggestions made by people attending the meeting.

Although this was a small service records were kept of staff handover meetings daily. These meetings discussed the day's events to staff coming on duty and kept people informed of any issues or information staff should be aware of. This kept staff up to date with information concerning people so they could provide the best care with the information received from the previous staff. One staff member said, "I know it is a small home but any information helps and the system works well."

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place and covered areas such as, care plans of people who lived at the home, the cleanliness of the building and medication audits. We found actions had been taken following an audit. For example it was felt that staff required extra medication training following spot checks of observation of staff administering medicines and record keeping. This showed the service continuously monitored their performance and made improvements where necessary so people received the best care and support possible.