

Kevindale Residential Care Home

Keegan's Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keegan's Court Residential Care Home is a care home providing support with personal care needs to seven people at the time of this inspection. The home can accommodate a maximum of 19 older people. Accommodation is provided in an adapted building providing 15 beds and two bungalows in the grounds, each providing two beds.

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

Systems to assess, monitor and mitigate risks to people's safety and well-being had improved. Further time is needed to ensure improvements are embedded and can be sustained over time. People were protected by the provider's staff recruitment procedures. Staff received the support and training they needed to meet people's needs. People received their medicines when they needed them from staff who were trained and competent to carry out the task. Infection, prevention, control procedures had improved and helped to protect people from the risk of infection.

People received a service which took into account their needs and preferences. However, further improvements were needed to ensure people's religious preferences and wishes for care at the end of their life and following death were understood and met by staff.

Improvements had been made to ensure the service was effectively managed. Systems had been introduced to monitor the quality and safety of the service provided. The provider worked in partnership with others to achieve good outcomes for people. These included health and social care professionals and stakeholders.

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 inadequate (published 26 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed, staffing, person-centred care and good governance.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2021. 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 was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; safe, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keegan's Court Residential Care Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Keegan's Court Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Keegan's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff which included the provider, who is also the registered manager, the deputy manager, operations manager, a senior carer, carer and the cook. 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.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures and quality monitoring were reviewed.



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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and 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 12.

- At our last two inspections the provider had failed to ensure people were protected from risks associated with scalding, environmental risks and risks related to evacuation from the home in the event of an emergency. Some improvements were found at this inspection. Environmental audits were carried out to ensure risks to people were minimised. However, these had not identified an uncovered radiator in a bedroom and two unguarded wall mounted heaters. We discussed this with the provider at the time of the inspection and they gave assurances that this would be addressed.
- At our last two inspections we found risk assessments associated with people's health, well-being and personal care needs had not always been considered or regularly reviewed. Care plans were not always developed to manage known risks. At this inspection we found the provider had taken appropriate action to ensure risks to people were assessed and managed. These included risks associated with eating and drinking, mobility and skin integrity. Care plans contained information for staff about how to manage and mitigate risks to people.
- Bath and shower hot water outlets were now regularly checked to ensure they remained within safe limits. Warning signage was in place for wash hand basins where required. Regular checks and flushing of outlets were carried out to reduce the risks associated with legionella.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which provided staff and emergency services with information needed to enable them to evacuate people safely in the event of an emergency. Regular tests and servicing were carried out on fire detection systems and firefighting equipment. Staff had received up to date fire safety training.
- Moving and handling equipment had been serviced by external contractors to ensure it remained safe to use.

Preventing and controlling infection

- At our last two inspections we found the provider had failed to assess and manage risks associated with the control and spread of infection. At this inspection some improvements were noted.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the laundry room had been painted, we could not be assured that the walls had an impermeable coating. There was broken sealant around the sink and the floor covering was worn and stained. This meant there was an increased risk of the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- At the last inspection the provider was maintaining a record of accidents and incidents, however they were not recording actions taken to reduce the risk of reoccurrence. At this inspection improvements were found and the provider was able to demonstrate learning from incidents and had implemented systems to reduce the risk of the incident happening again.

Using medicines safely

- The provider had taken action to address the issues we raised at the last two inspections. Protocols and systems had been introduced to record the administration of topical medicines. Records showed people had received their topical medicines when they needed them.
- People's medicines were managed and administered by staff who were trained and competent to carry out the role.
- Medicines were stored securely and there was a record of all medicines entering and leaving the home. This meant there was a clear audit trail of medicines held at the home.

Staffing and recruitment

At our last inspection the provider had failed to ensure people were protected by staff recruitment procedures. This was a breach of regulation 19 (fit and proper persons employed) 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 19.

- Staff recruitment files showed that references had been obtained before the staff member commenced employment. Checks had also been obtained from the Disclosure and Barring Service (DBS) to check the applicant was suitable to work with the people who lived at the home.
- Application forms only requested details of the past five years employment. A full employment history would help to explore any gaps in employment and the suitability of the applicant. We discussed this with the provider during the inspection and they agreed to address this. Progress will be followed up at the next inspection.

At our last inspection the provider failed to ensure people were supported by staff who were skilled and

competent in their role. This was a breach of regulation 18 (staffing) 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 18.

- Staff told us they now received regular supervisions where they were able to discuss their role and any training needs. A member of staff said, "Things have really improved, and I feel very supported."
- Assessments had been introduced to monitor staff skills and to check they were competent in the tasks they performed.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable in their surroundings and with the staff who supported them. One person said, "I like it here."
- Staff knew how to recognise and report any signs of abuse and they told us they would not hesitate in reporting concerns to ensure people were safe.

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 remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure people received care and support which was personal to them. This was a breach of regulation 9 (person-centred care) 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 9 however, some improvements were needed.

- Important information about people's preferred daily routine and hobbies and interests had been recorded however information about people's religious preferences had not been completed.
- People's preferences during their final days and following death had been recorded in a plan of care. This put people at risk of not receiving personalised care and support as they neared the end of their life and following death. The provider told us they would take action to ensure this was addressed
- Care plans showed that people were now involved in the planning and review of the care and support they received.
- Care plans had been regularly reviewed to ensure they were reflective of people's needs and preferences.

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.

- Care plans were in place which provided staff with information about any communication or hearing difficulties people may have. Care plans had been regularly reviewed to ensure they remained reflective of people's needs.
- We were informed that information could be produced in accessible formats such as large print where required. People had access to large print books and we observed one person reading during our inspection.

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

- External entertainers have started to visit the home again and people have enjoyed various musical events.

- Staff continued to try and engage people in various activities each day. During the inspection one person was enjoying a puzzle with staff support. Staff were observed spending quality time with people during our visit.
- People are now able to enjoy visits from their family and friends.

Improving care quality in response to complaints or concerns

- A complaints procedures was clearly displayed in the home.
- The provider told us they had not received any formal complaints but would ensure any concerns brought to their attention would be investigated.

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 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.

At our last three inspections the provider was unable to demonstrate safety, or the quality of the service provided was effectively managed. This was a breach of regulation 17 (good governance) 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 17. However more time is needed to ensure improvements are embedded and can be sustained over time.

Continuous learning and improving care

- At our previous inspections the provider had failed to assess and monitor the quality and safety of the service and failed to make improvements to the service provided. At this inspection improvements had been made however more time is needed to ensure that improvements and systems have embedded and can be sustained over time.
- The provider had introduced audits which included staff and people's records, the environment, equipment and accidents. This meant there were systems to identify and mitigate any risks or shortfalls.
- Policies and procedures had been updated to reflect changes in legislation. For example, the Infection Prevention Control policy (IPC) had been updated to reflect the COVID-19 Government guidelines.

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

- The provider was also the registered manager. Since our previous inspections the provider had appointed a deputy manager and an operations manager to ensure the home was effectively managed when they were not at the home.
- Staff were provided with opportunities to discuss their role or performance through regular supervision sessions.
- The provider had taken action to ensure staff were appropriately trained and skilled in their role.
- The provider had informed us of significant events in the home in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were now involved in planning and reviewing the care they received.
- People and their relatives were provided with opportunities to express their views on the service they received through satisfaction surveys. The results of a recent catering survey had been positive.

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

- Systems were now in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being.

Working in partnership with others

- Staff told us they had good support from visiting professionals such as doctors and district nurses.
- Care plans showed that people saw other healthcare professionals to meet their specific needs. These included speech and language therapists and mental health professionals.
- Feedback from the local authority and commissioners confirmed the provider worked in partnership with them to improve the standards and quality of care provided.