

Kevindale Residential Care Home

Keegan's Court Residential Care Home

Inspection report

The Grange
Kerry Lane
Bishops Castle
Shropshire
SY9 5AU

Date of inspection visit:
31 January 2019

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10 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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: Keegan's Court 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. Keegan's Court accommodates up to 19 older people who require support with their personal care needs. At the time of this inspection, 16 people were living at the home.

People's experience of using this service:

- ☐ People told us they felt safe living at the home and with the staff that supported them. However, risks to people were not always monitored or mitigated. People received their medicines when they needed them however, the arrangements for recording medicines could place people at risk. Free standing wardrobes had not been secured which meant they posed a potential hazard to people.
- ☐ People were supported by adequate numbers of staff who were safe and competent to work with them.
- ☐ People were protected from the risks associated with the control and spread of infection.
- ☐ Staff understood the importance of ensuring people's rights were understood and protected.
- ☐ People's health care and nutritional needs were monitored and understood by staff.
- ☐ People told us staff understood their needs and were kind, caring and compassionate.
- ☐ People had opportunities for social stimulation and were able to maintain links with the local community.

Rating at last inspection: This was the first inspection of the service since it registered with the Commission in November 2017.

Why we inspected: This was a scheduled inspection to provide the service with a rating.

Enforcement / Improvement action we have told the provider to take: Please see the 'action we have told provider to take' section towards the end of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will request an action plan from the provider detailing how and when they will address the shortfalls found at this inspection. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may

inspect sooner.

More information is in Detailed Findings below.

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Keegan's Court is a care home. People in care homes receive accommodation and nursing or personal care. 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.

Notice of inspection: The inspection site visit was unannounced. It started and ended on 31 January 2019.

What we did: Before our inspection visit, 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. We also reviewed information we held about the service such as statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health

and social care services. No concerns were raised by the professionals we contacted.

During the inspection we spoke with 10 people who lived at the home to ask about their experiences about the care provided. The registered manager and home manager were available throughout our inspection and we spoke with the cook and two care staff. We also observed how staff interacted with people. We looked at three people's care and medication records, two staff recruitment and training records and records relating to the management of the home.

Is the service safe?

Our findings

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

RI: 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.

Using medicines safely

- People received their prescribed medicines when they needed them. However, the procedures for recording medicines could place people at risk. Where staff had handwritten details about people's prescribed medicines on the medicine administration record (MAR), there were no systems to check the entry was correct. On one person's MAR chart staff had incorrectly recorded the strength of the dose as milligrams rather than micrograms. Whilst the correct dose had been administered to the person, the failure to check handwritten entries against the prescribed medicine could place people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Health and safety checks were carried out which included hot water temperatures and fire safety checks. However, we found free standing wardrobes in people's bedrooms which had not been secured to the wall. The wardrobes were easy to move which meant they could pose a risk to people. We brought this to the attention of the registered manager who told us they would get their maintenance person to secure the wardrobes without delay.
- Risks to people's health were assessed and plans were in place to manage identified risks. These included reducing the risk of falls, pressure damage to the skin and risk associated with malnutrition and dehydration. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- Each person had a personal evacuation plan (PEEP) which detailed how to support them to evacuate the building in the case of an emergency.
- Equipment used by people had been regularly serviced by external contractors to ensure they remained safe and well maintained.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. A member of staff said, "I've had my training and I would definitely report any concerns. I know they would be taken seriously." Another member of staff told us, "We are here to protect the residents. I would report to you (CQC) or the police if I had to."

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs and to help keep them safe. A person who lived at the home said, "I feel very safe here. If I need the staff I just ring my bell and they are here." A member of staff told us, "We always have enough staff. There are no problems meeting residents needs and we get

lots of quality time with people."

- The provider's staff recruitment procedures helped to ensure people were supported by staff who were safe to work with the people who lived at the home.

Preventing and controlling infection

- The home was clean and smelt fresh. Staff had access to adequate supplies of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were observed to dispose of PPE after assisting a person.

Learning lessons when things go wrong

- The home manager told us there had not been any significant accidents. They told us that any learning from accidents or incidents would be monitored and shared with staff to reduce the risk of reoccurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ A person who lived at the home told us, "All the staff are very good and I am very well looked after." Another person said, "I don't have any concerns about the way the staff look after me. They are all very good and I don't want for anything." Staff were knowledgeable about the people they supported and we observed them chatting to people about their family members and things that were important to them.
- ☐ The home manager told us they visited people to assess their needs and aspirations before a placement at the home was offered. The information from the assessment helped to formulate a plan of care to meet the person's needs. However, the home manager said they did not formally document the assessment as they always completed a plan of care based on the information they had gathered. The home manager acknowledged the need to review this.

Staff support: induction, training, skills and experience

- ☐ A person who lived at the home said, "All the carers are very good and seem well trained." Staff told us they were provided with the training and support they needed to meet the needs of the people who lived at the home. One member of staff said, "I had a really good induction when I started work and got loads of training. I had lots of shadow shifts so I could get to know the residents. I didn't have to do anything until I felt confident." Another member of staff said, "The support is amazing. [Name of home manager] is so approachable. You don't have to wait for your supervision; you can discuss anything anytime."

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

- ☐ People told us staff always sought their consent before assisting them. One person said, "I am never made to do anything. The carers always check I am happy before they help me with anything." We observed people moving freely around the home; choosing where they wanted to spend their time.
- ☐ 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.

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

- ☐ People told us they had enough to eat and drink and their preferences were understood and respected. One person said, "The food is marvellous and you always have a choice." Another person told us, "You never go hungry here and the staff know what I like."
- ☐ People's nutritional needs were assessed and specialist diets were catered for. For example, the cook told us they made cakes and puddings which were suitable for diabetics. They also explained how they enhanced the calorific value of food for people who were at risk of malnutrition.

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

- ☐ People's health care needs were monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified. For example, one person was seen by a district nurse the day after staff noticed a sore on their back. Staff followed their advice and treatment and the sore soon healed.

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

- ☐ There were aids and adaptations to assist people to mobilise around the home. These included ramps, handrails and a shaft lift which gave access to bedrooms on the first floor. Décor and furniture helped to promote a homely environment.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ A person who lived at the home told us, "It's very good here. I have my own routine which is important to me. The staff respect that and I do as I please." Another person said, "I make my own decisions about the help I need and what I want to do." We read the care plan for a person who was visually impaired. This detailed how staff should support the person to make decisions such as what they wanted to wear by offering choices and describing items of clothing.

Ensuring people are well treated and supported; equality and diversity

- ☐ A person who lived at the home said, "All the staff are so kind. They are wonderful. It feels like a family community here and I feel part of it."
- ☐ Staff interacted with people in a kind and respectful manner and we saw people responded positively. For example, by smiling and actively seeking staff interaction.
- ☐ People were supported to practice their faith and to maintain contact with the people who were important to them.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us staff were respectful and respected their right to privacy. One person said, "I can spend time on my own when I like. Staff always knock on my door."
- ☐ People had their own bedroom which they could personalise in accordance to their taste and preferences.
- ☐ We heard staff offering people assistance with personal care in a discreet and dignified manner.
- ☐ People's care records were securely stored and staff did not discuss people in front of others.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People told us staff knew what was important to them and understood their preferences. One person said, "The staff will do anything to help you. They have got to know me and my family really well." Another person told us, "The staff know me well. They know my routines and they know what I like to eat and drink." A member of staff said, "It's like one big happy family here. Because we are a small home we get time to really get to know people, their family and what's important to them."
- ☐ People's care plans contained information about their preferences. For example, the importance of looking smart. We observed people looked well-groomed and were dressed in accordance with their preferences.
- ☐ People were supported to continue with their interests and were provided with opportunities for social stimulation. For example, one person told us how they liked to walk into town every morning. Another person was supported to attend a local club which they had attended before they moved to the home.
- ☐ People were provided with information in a format which met their needs. Staff supported one person with a visual impairment to choose and access talking books. The home manager told us information would be provided in formats, such as large print, where required.

Improving care quality in response to complaints or concerns

- ☐ People told us they knew how to make a complaint if they had any concerns. One person said, "I recently raised concerns about a member of staff and [name of home manager] has written to me telling me what they are going to do."
- ☐ People were provided with a copy of the provider's complaint procedure when they moved to the home.

End of life care and support

- ☐ When we visited there was nobody receiving end of life care.
- ☐ People's care records contained information about people's religious preferences and their preferences for emergency lifesaving treatment.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ There was a registered manager in post. However they had appointed a home manager to oversee the day-to-day running of the home. Whilst the home manager had informed the registered manager of significant events which had occurred in the home, the registered manager had failed to inform us in accordance with their legal responsibilities. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. These included deprivation of liberty authorisations, and death notifications.

This was a breach of Regulation 16 and 18 of the Care Quality Commission (Registration) Regulations 2009

Continuous learning and improving care

- ☐ There were audits and checks to monitor the quality of the service people received. However, these did not always identify shortfalls. For example, audits failed to identify the shortfalls we found in the management of people's medicines and free-standing wardrobes which had not been secured.

This was a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The home manager had informed professionals and people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- ☐ The home manager demonstrated a good understanding of the needs of the people who used the service. Their passion for ensuring people received a service which met their needs and preferences had been cascaded and adopted by the staff team.
- ☐ There was clear direction for the whole staff team in a supportive culture of openness and transparency.

Staff felt valued and motivated to do their work. Staff considered that the team work in the home was excellent.

- ☐ Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

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

- ☐ People felt valued and their views were encouraged. There were regular meetings where people were informed of any changes, forthcoming events and their views were sought regarding the menu and activities. Annual surveys were sent to people to seek their views on the quality of the service provided.

- ☐ The home manager had established good links with the local community which benefitted the people who lived at the home. These included local churches, schools, pubs and clubs. There were regular events at the home which were attended by the local community and people's friends and relatives.

Working in partnership with others

- ☐ The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's and district nurses.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to inform the Care Quality Commission when a person was subject to a Deprivation of Liberty Authorisation
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks associated with the management of their medicines because of inadequate recording. Regulation 12 (1) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance procedures were not effective in identifying shortfalls.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to inform the Care Quality Commission about the death of a person who used the service.

The enforcement action we took:

We issued a fixed penalty notice against the provider as they had failed to inform us of deaths which occurred at the service.