

Lann-Glayo Care Limited

Keswick House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Keswick House is a residential care home providing personal care to up to 13 people. The service provides support to people living with learning disabilities and/or autism. At the time of our inspection there were 13 people using the service. People live in their own rooms but have full access to communal lounges and dining areas and use the communal kitchen to prepare their meals.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support

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; the policies and systems in the service supported this practice. People were encouraged to be independent and do what they could for themselves and work towards goals that were important to them. People were supported to engage in activities of their choice and encouraged to pursue their interests. Staff encouraged people to play an active role in arranging and attending health appointments and leading an active healthy life. Staff supported people to administer their own medicines in a safe way that enabled them to maintain independence over their health. People were encouraged to design and personalise their own bedrooms and were supported to purchase décor of their choice. Staff used different communication styles to ensure people fully understood them and they communicated in line with people's needs. Staff supported people in a way that was least restrictive to them and people were not unnecessarily restrained.

Right Care

People received compassionate support from caring staff. Staff treated people with dignity and respected their privacy. Staff supported people in a person-centred way and focused on their individual needs. People's support plans reflected a range of their needs and considered their preferences in detail to ensure their wellbeing was promoted. People received care that considered their diversity and staff supported them to meet their cultural needs. People were encouraged to pursue their interests and were supported with opportunities that enriched their lives such as going on holidays of their choice. Staff had safeguarding training and understood how to keep people safe. The service made safeguarding referrals to relevant authorities when needed. The service had a sufficient number of skilled and experienced staff to meet people's needs. Staff encouraged people to take positive risks. Staff were skilled at communicating with

people in a way they understood and in line with their needs.

Right Culture

People led independent and empowered lives because of the ethos led by staff within the home. Staff turnover was low which meant that people received consistent care from staff who knew them well and understood their needs. People were involved in the planning of their own care and took an active role in driving improvements in the quality of the service. People undertook roles in the service such as dignity champions and fire marshalls to promote a better quality of life. People were supported by staff who understood how to support people living with a learning disability or autism and were aware of their strengths and sensitivities. Staff focused on people's wishes, needs and preferences when providing care to people.

Governance systems in place were not always sufficiently robust to ensure effective quality checks were undertaken. The home was safe but required investment so refurbishment could be undertaken to make it a more positive sensory environment for people.

The registered manager acknowledged at the beginning of the inspection that they were aware the home needed updating and significant investment. We did not find any evidence that this was impacting on people at the time of inspection and people told us they were happy with their home.

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

Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published on 10 December 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

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 Health and Social Care Act 2008.

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

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Keswick House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Keswick House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and seven relatives. We also spoke with the registered manager, deputy manager and two care staff.

We looked at three care records in detail. We also looked at specific aspects of people's care records where we had identified risk and reviewed three medicine administration records (MARs). We also viewed three staff files.

We asked the registered manager to send us further evidence regarding recruitment, audits, infection prevention and control policy and training records following the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

The home needed some investment for refurbishment to be undertaken and some outstanding maintenance tasks had been identified and not addressed. The registered manager had already identified the actions needed and told us about the refurbishment required at the start of the inspection. Whilst it was apparent that the refurbishment was a priority, there was a high level of cleaning being undertaken at the home which mitigated the risk of spread of infection. We have also signposted the provider to resources to develop their approach.

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. Relatives did not have any concerns about the safety of people at the home.
- Accident and incident reports were completed where needed and safeguarding referrals were made to the local authority when required.
- When accidents and incidents occurred, the cause of the accident or incident was reviewed and learning points were identified to reduce the risk of reoccurrence. For example, where one person had fallen repeatedly, a rubber mat was bought to aid traction and their bed was lowered to reduce the risk of falls and

management reiterated the need to undertake regular checks to night staff.

- Staff had undergone safeguarding training and understood how to keep people safe. Staff were aware of the types of abuse and understood how to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place and risks to people were mitigated to reduce risk of harm to them.
- Staff understood risks to people and followed risk assessments to ensure risks to people were managed safely.
- Positive risk taking strategies were used to ensure people were able to continue to live as full a life as possible whilst risk was still being managed.
- Personal emergency evacuation plans (PEEP) were clear and personalised to each person and guided staff how to mitigate risk to people in the event of an emergency.

Staffing and recruitment

- People were supported by staff who knew how to keep them safe.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks were undertaken and any concerns identified were explored and risk assessments put in place to mitigate risk to people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staffing levels were sufficient to meet people's needs. One relative told us, "There are enough staff and they have managed so well in the pandemic." Clear contingency arrangements were in place for staffing in the event that emergency cover was needed.

Using medicines safely

- People's medicines were administered to them safely and medicine administration records (MARs) were completed appropriately by staff.
- People's medicines were stored safely. Where people administered their own medicines, risk assessments had been completed and regular checks were undertaken to ensure people were able to manage their medicines safely and independently.

Visiting in care homes

- Relatives and friends were able to visit people in the home and visiting policies were compliant with current government guidance. One relative told us "We can visit when we like, recently they said we didn't have to do a lateral flow test before as we had done previously but we must still wear masks."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs were assessed effectively and were regularly reviewed to ensure they remained up to date. Where one person was finding budgeting difficult, their needs and goals were reviewed and the person agreed to have their weekly spending money reduced so they could manage it more effectively.
- Outcomes were identified and clear goal setting was in place that was focused around meeting people's wishes and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs effectively.
- People were supported by staff who received effective supervision that was tailored to ensure their development needs were identified and addressed.
- Staff received appropriate training to ensure they had the knowledge to meet people's needs effectively.

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

- People were involved in devising weekly menus of their choice and some people bought their own groceries. People told us there was always enough food available.
- People chose what they would like to eat and were flexible to eat and drink when they wanted to.
- Where people required support to eat or to cut up their food, they were supported in line with their care plans.
- People were educated around food choices to encourage them to maintain a healthy diet.

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

- Staff worked closely with health professionals to ensure people received effective care. For example, where eating was causing one person to cough, a speech and language therapist (SALT) referral was made and staff followed the SALT guidance to provide effective care.
- People were involved in decision making around their health and this was included as part of the care planning process.
- People were supported to make health appointments when needed and were supported to attend appointments where they were unable to attend independently. One relative told us, "Doctors, dentists and optician appointments are sorted out by the home and they manage that well."
- One person had put on weight so strategies were discussed with them to maintain a healthy weight. They chose to do additional walking to address this and this was included as part of their goal setting.

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

- People lived in a home that had been personalised to meet their needs.
- People chose their own design and decoration of their rooms and were involved in the ordering and buying of personal items for their rooms. For example, one person had been supported to order the carpets of their choice.
- People were able to access the communal garden and communal lounge area. They were also able to spend time in their rooms if they wanted to spend time on their own.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for specific decisions where required including those related to budgeting, health decisions and independent living. We saw that mental capacity assessments regarding the use of CCTV had not been documented but this was addressed immediately by the registered manager when we raised it and mental capacity assessments and best interest meetings have now been completed where required. Where decisions were made in people's best interests, these were applied in the least restrictive way.
- People were supported to maximise their ability to make decisions. For example, where one person had difficulty processing information, information was provided to them in a way that enabled them to make decisions by giving yes or no answers.
- People were asked for consent before undertaking tasks with them. Staff asked people if they consented for us to view their care records during the inspection.
- DoLS authorisations were in place where it was in people's best interests to deprive them of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they were supported by staff who treated them well. One person told us, "We are always happy here. Staff are nice."
- People were supported by staff who treated them with empathy and cared for them. One relative told us that when a person had received bad news during a time when government guidance meant family could not be there to support them, staff prepared the person for this and comforted them. The relative told us, "They are so caring."

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

- People were fully involved in making decisions regarding their care. People were supported by staff to determine what outcomes they wanted for their care and plans were put in place in line with their wishes.
- People were supported in the way they wanted to be supported and were given time by staff to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves where able. One person told us, "Staff support us but also let us do what we can for ourselves."
- Staff were patient when trying to promote people's independence. One relative told us, "My relative isn't very independent but one of the carers takes so much time trying to teach them how to pick suitable clothes to wear."
- People were supported to find employment opportunities when they wanted to work. One person had also taken on the role of fire safety and supported a staff member to do weekly fire safety checks.
- People were supported by staff who respected them and treated them with dignity.
- One person who lived at the home had been appointed as a dignity champion. They had a good understanding of what this role entailed and told us they spoke with other people who live at the home to make sure they're OK and feel respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in all aspects of planning their care. People kept their care plans in their rooms and showed and told us in depth about the plans in place around their care.
- People's protected characteristics were considered as part of the care planning process. For example, where one person was religious and they attended a place of worship, information related to their religious preferences was included in their care plan.
- People's care was planned in a way that was personal to them and was adapted to meet their individual needs. For example, when people had experienced emotional distress, staff educated them and used pictures to help them understand how to manage their emotions. One person told us this had made them understand their feelings better.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were communicated with in a way that was compliant with the Accessible Information Standard. Documentation was written in an easy read format and pictorial aids were used where needed to ensure people could communicate effectively.
- Staff worked closely with people to ensure they fully understood their communication needs. One relative told us, "My relative is non-verbal but staff seem to know what they want. If they cough, they know they want a drink. There is one carer who is working on different ways to know what they want."

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 were supported to engage in activities of their choice including music, crafts and activities in the garden.
- People attended local community groups and accessed local pubs and shops if they wished.
- Staff supported people to go on group holidays, both in the United Kingdom and abroad, if they wished and people chose where they wanted to go.
- People were supported to maintain relationships with their families. Relatives visited them at home and they were supported to visit relatives outside of the home.

Improving care quality in response to complaints or concerns

- People had been provided with a pictorial complaints policy to explain how to make a complaint or raise a concern in way they understood.
- Where a concern had been raised, the registered manager addressed this immediately with a relative.
- People and relatives told us they were confident that complaints and concerns would be addressed. One relative told us, "The registered manager is very approachable and happy to talk about any concerns we might have."

End of life care and support

- People's end of life preferences had been discussed with them in depth. An index explaining specific words regarding end of life care had been provided to people to ensure they fully understood.
- End of life plans were in place which included people's wishes at that time of their life including funeral plans and flowers and music they wanted. Plans also included how people would like to be communicated with at that time of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Audit processes and systems in place were not always sufficiently robust to ensure effective oversight of the home.
- Environmental audits were in place but these had not always been updated to show when actions had been addressed. The registered manager acknowledged that some maintenance tasks remained outstanding and had not been addressed in line with timescales on the environmental audit.
- Accident and incident records were stored in people's care files immediately after being reviewed by the management team and no further audit was undertaken of these records. Whilst we did not see any evidence where appropriate action had not been taken and there had been no impact on people's safety, the lack of further audit meant there was a risk some accidents and incidents may be missed. No processes were in place to analyse patterns and trends of accidents and incidents occurring at the home.
- Mental capacity assessments had not been documented for the use of CCTV in the home. People did not express concerns regarding the CCTV but checks had failed to identify that mental capacity assessments in relation to this specific decision had not been completed. We discussed this with the registered manager who confirmed they would ensure consent was formally sought and mental capacity assessments were documented where needed. The registered manager has provided evidence this has been completed since the inspection.
- Robust medicines audits were undertaken regularly to check on the quality of medicines storage and administration.
- Staff were clear about their roles and understood how to provide good quality care to people they supported.

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

- The management team promoted a positive culture within the home which was person centred and focused on promoting positive outcomes for people. One relative told us, "The ethos of the place is amazing."
- Staff were encouraged to be open and honest and enjoyed working at the home.
- The registered manager and deputy manager were visible within the home and staff found them approachable.

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

- The registered manager and staff were open and honest with people when things went wrong. One relative told us, "They are very honest with me and if there is anything untoward, they ring me up."
- The registered manager was open and transparent regarding the investment needed for actions to be completed in respect to refurbishment and maintenance of the home.

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

- People were encouraged to provide feedback regarding the home. People had been provided with questionnaires in a format they could understand which they had completed to provide input regarding the home.
- Relatives were also sent questionnaires which they used to provide feedback to the home.
- Where people visited their relatives, relatives were encouraged to continue to engage with the provider. One relative told us, "They had a diary with them and would use that to ask us different things and we were happy to reply."

Working in partnership with others; Continuous learning and improving care

- The management team encouraged staff to raise concerns and report incidents.
- When things went wrong, the provider involved other professionals and worked closely with them to learn and improve the care provided to people. For example, when a person did not understand the need to self-isolate due to a positive COVID-19 test, the management team worked closely with other agencies to develop strategies to reduce the impact on the person's wellbeing.
- The provider put actions in place to learn where concerns had been identified by other agencies working alongside the home.