

Mr & Mrs S Plevvey

Keer Sands Residential Home

Inspection report

Crag Bank Road
Carnforth
Lancashire
LA5 9JA

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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 ●

Summary of findings

Overall summary

This is a care home for 10 people which features 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. The home is situated in a rural area outside Carnforth. There is parking facilities available with views of the countryside on all sides. At the time of the inspection visit nine people lived at the home.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 26 October 2017 and was unannounced.

People who lived at Keersands told us staff were kind and caring towards them. For example one person said, "They are so kind as you can see I need help and they do it so gently and confidently. They are lovely people."

We observed during the inspection visit staff and the management team providing support to people to the bathroom and sitting chatting with them. We witnessed staff being kind and respectful throughout the day. One person who lived at the home said, "Very kind and caring people."

Keersands had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care and when outside the building. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The management team had sufficient staffing levels in place to provide support people required. People told us staff were responsive and available when they needed them. One person who lived at the home said, "We are a small family friendly home everyone is looked after by staff who know what they are about."

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The management team had systems to protect people from unsafe management of their medicines. Recordkeeping was completed correctly and we found staff responsible for medicines were trained and competency tested by regular auditing of medication procedures.

Care records we looked at were informative and reviewed on a regular basis. They were up to date to ensure people received the right care and attention.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who lived at Keersands told us they had choices of meals and there were always alternatives if they did not like what was offered on the day. We observed at lunchtime people who required support were attended to in a sensitive, caring manner. Comments about the quality of food included, "Excellent no one can grumble." Another person said, "The home made biscuits and cakes everyday are truly lovely."

We found people who lived at the home had access to healthcare professionals and their healthcare needs had been met.

People who lived at the home told us they enjoyed a variety of activities and games which staff organised. These included board games, skittles and reminiscence afternoons. One person who lived at Keersands said, "I did some baking at the weekend and really enjoyed it."

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people who lived at the home the best support possible.

The registered manager/owner had information with regards to support from an external advocate should this be required by people who lived at the home.

The registered manager/owner had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints. One relative said, "Never had to complain this is a wonderful home."

The registered manager/owner used a variety of methods to assess and monitor the quality of the service. These included, staff and 'resident' meetings. In addition audits were carried out to ensure the service provided for people continued to improve and be monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Keer Sands Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection visit took place on 26 October 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included five people who lived at the home, a relative and two staff members. We also spoke with the registered manager/provider. Prior to our inspection visit we contacted the commissioning department at Lancashire county council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection visit we observed care practices and looked at how staff interacted with people in their care. This helped us understand the experiences of people who lived at Keersands.

We looked at care records of two people, staff training documents, three staff recruitment records and arrangements for meal provision. We also looked at records relating to the management of the home and

medication records of people who lived at Keersands. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with people who lived at the home and a relative about safety and if they felt safe and secure in the care of staff and management team at Keersands. Comments received were all positive and included, "I feel so relaxed and so safe and protected by wonderful people who work here." Also, "There is always someone around the place to make you feel safe." A relative we spoke with said, "A lovely place with kind people that provide a safe environment for people to live."

The registered manager/owner had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice.

Care plans looked at contained risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments were up to date and provided instructions for staff members when delivering support to people in their care. These included moving and handling assessments, medication and mobility assessments.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during breakfast and lunch time round. We saw the medicine trolley was shut securely whilst attending each person. People were treated sensitively when they required assistance. We observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed.

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the management team had systems to protect people from the unsafe storage and administration of medicines.

We had a walk around the building and found it to be clean and tidy. Staff received infection control training and they had appropriate equipment to maintain good standards of cleanliness. Hand sanitising gel and hand washing facilities were available around the building. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

The management team followed their policies and procedures to recruit staff suitable to work with vulnerable adults. We found staff recruitment records contained required background checks, such as references and criminal record checks obtained from the Disclosure and Barring Service. We noted staff files contained documented evidence employees completed induction training. They also contained an individual training record that was ongoing, to support staff in their new roles.

We discussed staffing levels with the registered manager and observed how staff managed their daily routines. We found sufficient staff available to meet the needs of people who lived at Keersands. For example one person who lived at the home said, "You don't have to wait if you need someone, there are plenty of people around and [registered manager/owner] is always there." During our inspection, we observed staff were patient and responded to call bells quickly.

Is the service effective?

Our findings

We observed during the inspection visit good interaction between staff, registered manager/owner and people who lived at Keersands. Personnel had an understanding of the needs of people that led to effective care support for them. For instance one person who lived at the home said, "We know each other like a second family because there are only a few of us. We know each other so well and that is a good thing."

The registered manager/owner had developed an individual training schedule for each staff member. Training courses included infection control, safeguarding, first aid and medication. This was also followed up by regular staff supervision and appraisals that ensured staff were encouraged to continually develop their skills. A staff member said, "You know what it is like always some training going on no problems with developing skills through training here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We found people were given their preferred choice of meal and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and one person who required a soft diet as they experienced swallowing difficulties. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and people took their time with their meal. Comments about the standard of food were all positive and included from people who lived at the home, "Excellent no one can grumble." Another person said, "The home made biscuits and cakes everyday are truly lovely." In addition a third person we spoke with said, "Do you know what, I get a little hungry in the middle of the night sometimes. [Cook] will make me up a little parcel full of homemade biscuits for my room and gives it to me every day. That is so nice and that is how you are treated here, with kindness."

Keersands had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A relative visiting the home told us they were very good at keeping them informed if anything was wrong with their relative's health.

We looked around the building and found it was appropriate for the care and support provided. There was a

lounge area that looked over the countryside. One person who lived at the home said, "We have wonderful views of the lakes and countryside it is a lovely location." Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. People had access to the grounds which were enclosed and safe for them to use. In addition a conservatory was available separate from the main building for the use of people who lived at the home.

Is the service caring?

Our findings

Although this was a small home we observed staff and management team approaching people who lived at Keersands in a kind, respectful way. People who lived at the home and a relative told us they experienced good standards of care and support. During the inspection visit we witnessed staff being caring and supportive to people. For example one person needed assistance to their room, the staff member addressed the person in a friendly way and helped them gently to their feet and escorted them, talking with the person all the way. We spoke with the person who was supported who said, "They are so kind, as you can see I need help and they do it so gently and confidently. They are lovely people." A relative told us they were very happy in the way the service treated their relative and commented on how wonderful the home was.

The registered manager and staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the management team for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each person as an individual.

Care records we looked at showed people and their relatives were involved in their care planning. We saw evidence of this by people signing they agreed to care they were receiving. A relative said, "They tell me if they need anything and always contact us if any changes that may need amending to my [relatives] care."

Staff and registered manager demonstrated an understanding of people's needs. For example we discussed care of people at the home. Staff were able to discuss their needs and what support was required individually. A staff member said, "We are a small family run home so we do get to know people well."

We observed examples of staff respecting people and showing sensitivity when supporting people with care needs. For example we observed staff knocked on people's bedroom doors before entering and addressed people in their preferred name.

The management team were able to describe end of life care of people and ensure people were comfortable and well cared for. For example this included discussions and consultation with professional health teams.

When we walked around the building we found bedrooms were personalised to the persons' choice. For example family and friends pictures and photographs were on their walls. The registered manager and staff encouraged people to make their personal space like their own home.

The registered manager made available information about advocacy services to people who lived at the home. This included details about what support advocacy provided and their contact details. Therefore people could access this if they required support to have an independent person to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home and a relative we spoke with said staff and the registered manager/owner were responsive to their care needs. For example a relative said, "Whenever I ask for information about [relative] the manager responds straight away." We observed staff during the day responding to requests made of them by people who lived at Keersands. People told us they were happy with their care and the support given to them by staff.

Care plans we looked at were reflective of people's needs and their support preferences. Areas such as people's food choices and activities had been recorded. In addition the staff supported people with their religious choices. This ensured people received care that was provided with a person-centred approach. For example one person who lived at the home said, "I am a Christian and they respect that, they organised a vicar who comes to see me regularly. It makes me feel good."

With Keersands being a small home activities were generally chosen daily by the people who lived at the home. They were varied and included, board games, bingo, skittles and memory games. In addition in the summer months people went out into the countryside for walks, if required assisted by staff. One person who lived at the home said, "I did some baking at the weekend and really enjoyed it."

There was a complaints procedure document which was on display around the building for the attention of people who lived at the home and their visitors. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. People who lived at the home knew how to complain. One person who lived at the home said, "I know the routine and would raise any issues if needed to but don't."

The management team at Keersands had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital they called this a 'hospital passport'. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication family details, medical history and current medication.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way the management team organised and run the home. For example one person who lived at the home said, "The owner is very good and her daughter run the place very well. It does run like clockwork. A lovely home to live in."

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

The registered manager had procedures in place to monitor the quality of service they provided. For example they completed regular audits such as medication, care plans and infection control. A recent kitchen audit identified some missing daily fridge temperatures. This meant accurate recording of safe temperatures may not have been correct. The audit clearly identified the issues and what action was taken to ensure they were not missed in the future. This showed the auditing system was effective and the service was monitored and improvements made where necessary.

The management team held regular staff meetings for various roles. Staff we spoke with told these were useful to discuss any issues and continue to improve the service for people who lived there. In addition 'resident' meetings were held. One staff member said, "We have just had a meeting yesterday and it gives us a chance to get together and discuss things."

On display in the reception area of the home was their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.

The management team worked in partnership with other organisations to make sure they were followed current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.