

Mr & Mrs A J Bradshaw

# Keswick House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service:

Keswick House is a residential care home that was providing accommodation with personal care. Keswick House accommodates up to 15 people in one adapted building. At the time of the inspection 13 people who had a learning disability were using the service.

We inspected this service within the principles of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. We found that people using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

### People's experience of using this service:

People had been placed at risk of continuing harm because staff had not recognised and reported incident of suspected abuse. The provider did not have effective systems in place to learn when things went wrong, this meant areas of poor practice within the service continued.

There was a lack of clear governance within the service and the provider did not have effective systems to consistently assess, monitor and improve the quality of care. This meant that concerns were not identified and rectified by the provider.

The provider did not have a clear plan or system in place to monitor the changes to the culture within the home to ensure they were following the principles of Registering the Right Support.

People were not always supported to have maximum choice and control of their lives. The registered manager lacked knowledge to ensure they supported people in line with legislation. Training received by staff had not always been effective because this was not used to change practice.

People felt cared for and were involved in daily choices about their care. However, improvements were needed to ensure practices promoted a caring and respectful environment.

Risks to people's health and wellbeing were identified and managed to keep people safe. There were enough staff available to provide support in an unrushed way and to meet people's needs. People were supported with their medicines as prescribed.

People were involved in the planning and preparation of their meals and their nutritional needs were monitored and managed. People were supported to access health professionals and advice received was followed by staff.

People, relatives and staff were able to approach the registered manager if they had concerns and the registered manager worked in partnership with other agencies.

Rating at last inspection:

Inadequate (report published 18th May 2019)

Why we inspected:

This inspection was planned to follow up on the concerns at the last inspection in line with our 'special measures' procedures. We needed to check that people were supported safely and whether the provider was meeting the Regulations.

We found continued concerns during the inspection and there were breaches in regulations. We rated the key question of well led as Inadequate. The key questions Safe, Effective, Caring and Responsive were rated Requires Improvement. The overall rating is Requires Improvement.

Enforcement:

At this inspection, we have identified breaches in relation to safeguarding people from suspected abuse, leadership and governance and ensuring people's consent to care and treatment was in line with legal requirements.

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:

The overall rating for this service is 'Requires improvement'. However, the rating for well led continues to be 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring 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 well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# 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. 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:

The inspection was carried out by one inspector and an Expert by Experience. 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 residential care home registered to provide accommodation and personal care for up to 15 people with a learning disability. The house is next door to another of the provider's services. At the time of the inspection 13 people were living there.

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 was unannounced.

#### What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information the provider had sent us along with other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with seven people who used the service and one relative. We observed care and support in communal areas to assess how people were supported by staff. We spoke with three members of staff. We

spoke with the registered manager and the provider.

We reviewed the care records for four people, which included how people's medicines were managed. We looked at documents that showed how the home was monitored and managed and recruitment records for four staff employed at the service.

# Is the service safe?

## Our findings

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

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. Regulations had not been met.

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

- At the last inspection improvements were needed to ensure people were safeguarded from suspected abuse and there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we took enforcement action to ensure the provider no longer allowed the person to work at the service and asked them to report to us how lessons would be learned.
- At this inspection, we found the steps the provider had taken were not effective and people remained at risk of abuse. Staff had received training, but discussions showed that they had failed to recognise potential safeguarding concerns and had not referred them to the local safeguarding authority for investigation. For example; daily records showed that incidents had occurred between people who used the service. One person had been kicked by another person who used the service and there were incidents of people using inappropriate language towards each other. The staff and registered manager told us they did not see this as abuse as people who used the service often had arguments between themselves. This demonstrated that people continued to be at risk of potential harm.
- The registered manager had not carried out an investigation to ensure people were protected from further harm and these incidents had not been referred to the Local Safeguarding Authority. This meant that action had not been taken to protect people from suspected abuse.
- The failure to ensure lessons had been learned showed us that the culture at the service had not changed and safeguarding matters were not dealt with in an open, transparent and objective way.

The above evidence shows a continued breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- Improvements were needed to some areas of the environment to ensure infection risks were minimised. For example; an upstairs bathroom needed maintenance to ensure this area did not pose an infection risk to people. The registered manager told us they were aware of this and had plans to renew this bathroom. However, there was not a specific plan in place to show when this was to be completed.
- People lived in an environment that was clean and they told us they had started to take responsibility for maintaining their bedrooms and communal areas.
- Staff told us, and we saw that protective equipment was used to ensure the risk of cross contamination was minimised.

### Staffing and recruitment

- At the last inspection improvements were needed to ensure there were enough staff available to promote people's independence within the service. At this inspection, improvements had been made.

- People told us they were now involved in some daily living activities within the service.
- We observed people were involved in daily living activities to promote their independence. For example; people had access to the kitchen and prepared their own meals. Staff were available to provide encouragement when people needed this.
- At the last inspection improvements were needed to ensure staff were recruited safely. At this inspection, improvements had been made.
- Recruitment checks had been completed and risk assessments had been carried out when required, to ensure people were supported by suitable staff.

#### Assessing risk; Safety monitoring and management

- Improvements had been made to the way risks were managed. People were encouraged by staff to be independent and risk assessments were in place to support positive risk taking.
- Support plans were in place to provide staff guidance on how to support people if they displayed behaviour that may challenge. This ensured people were supported by staff in a consistent way.
- Staff knew people well and explained how they supported people in line with their risk management plans.

#### Using medicines safely

- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they administered and stored medicines safely.
- Guidance was available to ensure people received their 'as required' medicines as prescribed. Staff had a good understanding of when people needed their medicines and the records showed people received their medicines as prescribed.

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations had not been met.

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 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 principles of the MCA were not consistently followed to ensure people were supported to make decisions about their care.
- People's consent to care and treatment and best interests decisions were not obtained in line with the MCA and DoLS. The registered manager told us where people were unable to make decisions for themselves, their family members had signed to consent to their care. For example, for staff to administer medicines, or support them with equipment.
- We saw that two people's capacity to consent had not been assessed to determine if they could make the decision for themselves and there was no record of how the decision had been made in their best interests. Furthermore, the provider had not checked whether the family member had the appropriate legal authority to make the decision on their behalf. This meant we could not be sure people's rights were being upheld.
- The registered manager had made applications to the local authority for DoLS. However, some of the applications were refused as these people did not lack capacity to understand decisions about their care. This showed the registered manager lacked knowledge and insight of DoLS and was not working in line with the principles of the MCA.
- The registered manager told us that they felt they lacked understanding in the MCA. This meant people were at risk of receiving care that was not in their best interests.

The above evidence shows the provider was not consistently working within the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, improvements were needed to ensure the environment met people's needs. At this inspection, further improvements were needed.
- The provider had started to make improvements to the décor with the involvement of people who lived at the service. One person told us they had chosen the colour of their bedroom and they proudly showed us their newly decorated room.
- People were able to move more freely around the communal areas of the service and we observed people using the kitchen facilities to prepare and eat their meals.
- Improvements were still needed to ensure the environment was adapted to ensure people's independence was promoted. For example; the laundry facilities remained in the basement of the service, which meant people were unable to be involved in this daily living activity. We discussed this with the provider at the last inspection and we were told they would create a training kitchen to enable people to be involved in this activity. However, this had not been completed at the time of the inspection and there was not a clear plan to show when this would be available to people.

Staff support: induction, training, skills and experience

- At the last inspection, improvements were needed to ensure staff had the knowledge and skills to provide effective support. At this inspection, improvements were still needed.
- Training provided had not always been effective. For example; staff had received safeguarding adults training, but they had failed to recognise and report signs of possible abuse that had occurred at the service.
- Staff told us that their training was completed on-line and a workbook was completed which was assessed externally. However, the registered manager did not carry out any observations or checks to ensure staff had understood the training and put it into practice to provide effective care.

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

- People's needs were assessed before they started to use the service. Support plans had been developed with people which ensured their preferences and needs were met in all areas of their support.

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

- People told us they were involved in the planning of their meals. One person said, "We talk about the food we like and then I help to do the shopping. I enjoy going shopping."
- People were involved in making their own meals and staff were available to encourage and give advice where needed. One person showed us pictures of meals they had made and told us how they enjoyed cooking their own meals.
- People's nutritional needs were assessed and followed by staff. For example; one person needed their food preparing in a certain way because they had difficulty swallowing. We saw food was prepared in line with the guidance received to reduce this person's risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they received a handover, which ensured that any important information about people was passed on to staff. This ensured people received consistent care in line with their changing needs.
- Hospital and dental passports were completed which contained information about people's needs. This ensured people received consistent care when they were being supported by other agencies.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend health appointments such as; G.P's, nurses, dieticians and occupational therapists to ensure their health needs were monitored.
- Staff encouraged people to follow advice received from healthcare professionals to maintain their health

and wellbeing. For example; one person had been advised to eat a healthy diet to help them maintain a healthy weight. Staff encouraged this person to make healthy choices and they had been successful in losing weight.

- Health action plans were in place to ensure people's health needs were monitored and staff understood people's specific health needs.

# 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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations had been met.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection improvements were needed to ensure people were treated in a caring, dignified and respectful manner. At this inspection improvements were still needed.
- Incidents of potential abuse had not always been recognised by staff and the registered manager, which meant that people were at risk of not being cared for in a kind and respectful way.
- However, people who we spoke with told us staff were caring towards them. One person said, "[Name of staff member] gives me a hug when I am upset, and it makes me feel better." Another person said, "I like the staff, they help me. I have no worries I like living here."
- Relatives told us staff were caring towards their relative and they had observed caring interactions when they visited the service.

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

- Although people were not always supported to make complex decisions about their care in line with legislation, staff encouraged people to make choices about their daily life. For example; people told us they chose what they wanted to do, and we saw people making choices throughout the inspection.
- Staff had a good understanding of people's individual ways of communicating. For example; staff spoke slowly and clearly and used short questions to enable people to make choices.
- The registered manager had started to implement pictorial care plans to ensure these were in a format that met people's understanding.

Respecting and promoting people's privacy, dignity and independence

- Improvements had been made to ensure people's independence was encouraged and promoted by staff.
- People told us they were involved in the service. One person told us they regularly prepared and cooked meals at the service. Another person proudly told us about the meals they had cooked and showed us pictures. They said, "I really enjoy cooking and I clean and dust my own room, I like to keep it tidy."
- We saw people freely accessed the kitchen areas and prepared their own meals and staff were available when people needed encouragement and prompting to increase their independence.
- People could access their rooms when they wanted time alone and people told us they had keys to their rooms, so they could be assured other people did not access their rooms. This meant people's right to privacy was upheld.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations had been met.

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

- People's care plans had been reviewed and more personalised plans had been developed, which were in a pictorial format. People were also supported to set goals for daily living skills. However, it was not clear how staff encouraged people to achieve these.
- The registered manager had updated people's care records with their involvement to ensure they received care in line with their preferences. However, improvements were still needed to ensure the information was consistent across all records. For example; one person's dental and hospital passport did not contain the same information that was recorded in their care plans. This meant this person was at risk of inconsistent support.
- People told us they accessed the community regularly and were involved in the things that they enjoyed. One person said, "I like to go to church and I work there too. I really enjoy it, look I have a uniform." Another person was excited to be going to a local club which they enjoyed.

Improving care quality in response to complaints or concerns

- People told us they were able to approach staff and the registered manager if they had concerns. One person said, "I can talk to [registered manager's name] if I am not happy."
- Relatives told us that they were able to raise any issues with the registered manager or provider and they were confident these would be dealt with. One relative said, "I have raised a few things and it always gets sorted. I can approach [registered manager's name] they always help."
- The provider had a complaint policy that was in a pictorial format to aid people's understanding. However, we were unable to assess the effectiveness of the provider's complaints system because the registered manager was unable to locate the complaint folder.
- We will assess this at our next inspection to ensure complaints were managed in line with the provider's policy.

End of life care and support

- The registered manager had started to discuss people's end of life needs to ensure people were supported in line with their wishes at this time of their lives.
- These discussions were ongoing, and we will assess these at our next inspection to ensure this important information was gained and recorded for all the people who used the service.

# 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection improvements were needed to ensure people there were receiving care in line with the principles of Registering the Right Support and governance arrangements were effective in mitigating risk to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements were still needed and the provider remained in breach of this regulation.
- Following our last inspection, staff had received training in safeguarding and dignity in care, to ensure safeguarding lessons were learned and staff provided support underpinned by the values of Registering the Right Support. However, this training had not been effective. Staff had failed to recognise and report concerns that compromised people's dignity and wellbeing and placed them at risk of potential abuse. Furthermore, we found the language staff and the registered manager used did not always demonstrate staff respected people's dignity. For example, incidents were described as people "bickering" amongst themselves and people "telling tales". This showed us the values of dignity and respect were not fully embedded at the service. Systems had failed to identify this inappropriate language.
- There was a lack of effective governance systems in place to monitor the service and mitigate risk to people. There continued to be a lack of accountability within the service and it was unclear who had overall responsibility to ensure regulatory requirements were met. Breaches in regulations had continued, which placed people at risk of harm.
- There was not an effective system to record, investigate and monitor accidents, incidents and safeguarding concerns. For example; we identified a number of incidents that had been recorded on people's behaviour charts and daily records. However, these had not been identified because the registered manager did not have a system in place to monitor these records, which meant action had not been taken to reduce the risks of a reoccurrence. As a result of this, people had been placed at risk of ongoing harm.
- Environmental risks had not been consistently acted on to mitigate risks to people. A home audit had been carried out in January 2019 but this had not been kept under review and had not ensured that actions such as covering radiators and hot water pipes had been completed in a timely manner. The provider told us that the radiator covers were on order but this was four months after the concern had been identified and meant that people were at risk of ongoing harm.
- People had not been protected from the risks associated with hot water. For example; the registered manager monitored the water temperatures within the service. However, we saw that temperatures above the provider's safe maximum limit had been recorded, but action had not consistently been taken. The

temperatures continued to be at an unsafe level. This meant this system had not been effective in protecting people from potential harm.

- The registered manager lacked understanding of the Mental Capacity Act 2005. The provider had not ensured enhanced training was provided to enable the registered manager to fulfil their responsibilities in line with the Act. This meant that people's rights were at risk of not being upheld.
- We found breaches in regulations had continued, which had placed people at risk of ongoing harm and the provider's other services had failed to meet Regulations. This showed that lessons had not always been learned systems in place to monitor and mitigate risks to make improvements to people's care.

The above evidence shows a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had displayed their rating of the last inspection within the service.

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

- People and relatives told us they felt able to approach the registered manager. One person said, "I like [registered manager's name] I can talk to them. We have a laugh." A relative said, "The manager is very approachable, and I can raise any issues I have with confidence he will sort them out."
- Staff told us they could approach the registered manager who was supportive and gave advice if needed.

Working in partnership with others

- Although we identified the service had not fully engages with the safeguarding authority, the registered manager worked in partnership with other agencies to ensure people's needs were met. For example, if people's needs had changed the registered manager had contacted other professionals for advice and guidance.

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 11 HSCA RA Regulations 2014 Need for consent  People's consent to care and treatment and best interest decisions were not obtained in line with the Mental Capacity Act 2005. Staff did not understand the requirements of the legislation to ensure people's rights were upheld.