

Mr & Mrs S Plevy

Keer Sands Residential Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Keer Sands Residential Home is a residential care home providing accommodation for people who require personal care. The home can accommodate 10 people. The service provides support to older people. At the time of our inspection there were 10 people using the service.

Keer Sands Residential Home is an adapted building surrounded by farms and fields. The home has 2 floors with a stair lift, lounge, dining room, an external conservatory, and a rear yard. There are 8 single rooms and 1 double room. All bedrooms have hand washing facilities with bathrooms and toilets in easy access on both floors. All rooms have a view of farms and countryside.

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

People were safe. We found systems and processes to manage risk were robust and kept people safe. People and their relatives also confirmed they felt safe. One person told us, "I can recommend it to anyone. Have no fears about this place, it's wonderful." All family members we talked to told us the service was safe, they had no cause for concern, and they wouldn't have their family member anywhere else.

Medicines were managed safely. The medicines practices were good, and all medicines paperwork was current. We found the medicines storage area was also very tidy and managed well. We found 2 minor gaps in medicines practice and these were repaired during the inspection. The registered managers focused on supporting people with the least restrictive options to prevent people from being over-medicated.

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 protected from abuse. There were robust systems in place to keep people safe from abuse and staff were trained to respond to any abuse they might see.

Staffing was safe. We found the staff recruitment and training was good and enabled staff to support people with exceptional care.

The prevention and control of infection was good. Systems were in place and staff followed current guidance to keep people safe.

The registered managers and staff worked to learn lessons and make improvements to keep things from going wrong in future.

The whole staff team in the service ensured people were well-treated, supported, and respected. This was evident throughout the inspection. Staff were confident, skilled, and exceptionally caring. Staff were

empowered to use their caring natures to improve the lives of people in the home.

People were supported by staff to be involved and express their views and making decisions about their care. This was done with empathy and was done by knowing the people well and watching for new changes in behaviours. The staff then worked to get ahead of any problems to ensure people didn't have heightened anxieties.

All people were supported with privacy, dignity, and independence. Staff worked with people to anticipate needs and problem solve so people remained individuals and to encourage full engagement.

The registered managers promoted a positive culture that was person-centred and empowering. This led a dedicated staff team to take initiative and actively support people with very good care.

The service staff and managers worked exceptionally well with others. Other health professionals provided unanimous positive feedback regarding the service.

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

Rating at last inspection

The last rating for this service was good (published 17 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, caring, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to outstanding based on the findings of this inspection.

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

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 caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Keer Sands Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

The inspection team consisted of 1 inspector and 1 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

Keer Sands Residential Home 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. Keer Sands Residential Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. We used all this information to plan our inspection.

During the inspection

We spent 1 day on site observing the provision of care. We spoke with 7 people who used the service and 8 family members. We spoke with 5 members of staff including 1 of the registered managers and care workers. We reviewed a range of records. This included 3 people's care plans, 3 staff files, and a variety of records relating to the management of the service, including health and safety and quality assurance. We requested documentary evidence of management oversight to review remotely following the inspection site visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Health and safety checks were performed, and certificates held for relevant checks, although we noted window restrictors missing. Many windows did not open fully due to the age of the building or plant growth. The registered manager acted during inspection to order the window restrictors and they were installed following the following week.
- Risks were assessed, monitored, and managed well. There were risk assessments in place for individual needs of people. These were held within their care plans which staff had access to, ensuring support was delivered in a way to reduce risks.
- People were supported during any accidents and incidents. All staff were confident in supporting people in emergencies with support from their on-call system and were confident in how to record and report the events.
- The premises were safe. There was an emergency plan in place should events happen to cause disruption to the home. Systems were in place to ensure fire safety. Fire drills were performed. There were clear procedures to follow. All staff were trained in fire safety.

Using medicines safely

- Medicines were managed well, although we found protocols missing for medicines people take occasionally. We also found medicine without an open date, although the service never maintained prescription medicine over 1 month. The registered manager acted during inspection to ensure protocols and the open date were in place immediately.
- People received their medicines as prescribed. The registered managers checked staff were competent to support with medicines. There were quality assurance systems in place to find any errors.
- People were supported with medicines in the least restrictive way. There were policies in place to ensure people were supported with medicines safely.

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, 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations would be sought to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. The provider had a safeguarding policy in place. All staff had undertaken training in safeguarding and protecting people from abuse. Staff were able to give us examples of things they would report. There was a whistle-blowing policy in place and staff could explain to us what whistle-blowing meant.
- Systems were in place to respond to events regarding the safety of people in the home. Incidents were reviewed to reflect on how practice could be changed to prevent future incidents. Systems also included monitoring staff training to keep all staff refreshed in safeguarding.
- People living in the home felt safe and their family members agreed. One person told us, "I can recommend it to anyone. Have no fears about this place, it's wonderful." All family members we talked to told us the service was safe, they had no cause for concern, one relative told us, "[They] wouldn't have their family member anywhere else."

Staffing and recruitment

- Staffing levels appeared appropriate. People and family members told us there were plenty of staff available. Staff told us the managers ensured there was extra staff in case of emergencies and also when people's needs changed.
- Staff training and induction was good. Staff were able to respond when there were incidents in the home and could talk about what they had learned in training. The registered managers maintained records of staff training and ensured staff undertook any training required.
- Staff were supported in their role. The registered manager reviewed conduct of staff through supervisions, appraisals, and team meetings. One staff member told us when asked if they were supported in their role, "Definitely. I've always got someone there if I need them. We are always supported by managers."
- Staff were recruited safely. There were clear systems in place and records kept to evidence compliance. Staff had induction workbooks when starting and were supported to understand their role within the home.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting followed current government guidance. We noted visitors to the home during our inspection and we talked with one of those visitors to gain their feedback.

Learning lessons when things go wrong

- The registered managers sought to learn lessons when things went wrong. They had previously acted but

were not tracking this. They were now adding this to their auditing and processes to evidence learning lessons.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered managers were pro-active in working with people to assess the home to ensure it met their needs and aspirations. People were asked about changes and improvements to make the home better, and where possible these were implemented. Due to the layout and age of the home the registered managers worked to make sure people did not move in without clear information about the limitations of the home. The registered managers demonstrated they really cared whether people would have future disruption if they needed to move. They worked with people to understand their specific needs, working with people and their relatives to identify any mobility or nursing needs, social needs, and talking through what the service was able to do. There was 1 shared room in service where the registered managers had consulted with both people in the room prior to them being placed together if this was suitable for them, ensuring both were comfortable before sharing.
- People were supported well to know their staff. Within the guidance shared with people before moving into the service was a guide introducing the staff with pictures of staff, and a little bit about the staff member's qualifications and interests to help people and their relatives learn a bit about the staff supporting them. This supported people with conversations with staff members and helped people settle into the home well. This meant people were less anxious when moving into the home.
- People received extra support to stay in close contact with family both near and far. A person in the home had family in another country and hadn't seen them in years. The registered manager worked with the family to set up video conferences on a new electronic tablet the family had purchased. This meant the person was able to sustain meaningful and loving family relationships they had not had for some time.
- People engaged in bespoke activities. Activities were not planned on a schedule. Staff would listen for interests and ask for things the people wanted to do on the day. A recent activity included many people from health backgrounds talking and sharing stories of their own memories with laughter and amusement. Other activities included games, poetry readings, and sharing stories of creating costumes. This meant people were having activities geared towards their own interests at the time that suited them, and not on a basic schedule. People were more engaged and active because of this.
- People's sensory experiences were well supported. One visitor brought a dog to the home and many of the people were keen to engage with the dog and expressed an interest in animals. The staff picked up on this new engagement and asked people if they would like another visit from an animal, which they responded they did. A staff member then brought in a small kitten and people had thoroughly enjoyed the love and comfort of the kitten. One person with end-stage dementia who had appeared absent for a time was able to recognise the kitten and cuddle it. This meant people were being listened to and staff were working to try new things to support people to live their best life.

- Staff worked tirelessly to provide the best experience. One family had sent over an afternoon tea for their family member, the other people, and staff in the home. Looking at this as an opportunity for a nice event, the staff brought out the fancy China and made an event of it to share with the family who had sent it, and everyone benefited from being included and the extra emphasis on the event.
- The registered managers were supportive of people to the very end of their lives. When people were nearing the end of their life, the registered managers ensured staff were always with the person so they could be reassured at any moment and know they were not alone. This extra staff was brought in to ensure the person was supported at all times. This meant people were reassured and comfortable at the end of their life by people they knew well.

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

- Staff were very attentive and empowering. One person moved in who had specialist health materials. This involved the person adapting their health materials to their size. The person had always done this themselves, but staff had noticed they were struggling, and it was causing the person anxiety to continue doing this independently. They asked the person if they could help them, and the person showed them how to do the task and then asked the staff to take this over. Now the staff supported this person weekly with this task and it no longer caused them anxiety.

Respecting and promoting people's privacy, dignity, and independence

- Staff actively listened to people well and used this information to improve the life of the people in the home. One person was wanting to get rid of some of their clothes as they were now too loose and didn't look right. A staff member took the clothes home and altered them in their own time and returned them to the delight of the person. The staff member had worked above and beyond to ensure the person was able to keep the clothes they liked, and the person got an added value for no additional cost.
- Staff supported dignity. Previously a person had received a book from a family member but didn't want to read it and didn't want their family member to think they didn't care for their gift. The staff member asked if the person wanted them to read it to them to help, but the person wasn't really interested in the book, but was thankful for the gift. The staff member then offered to read the book and then come back and tell them about it so they could talk about it with their family. The person said yes, and the staff member took the book home and read it in their own time and then told the person the story and the person was then able to talk to their family member about it and was very happy to not have disappointed their family member.
- Staff ensured people were supported with inclusion. A person in the home wanted to get a gift for another person's birthday. Their family was not available at the time and the staff volunteered to support them and went to the shops and obtained the gift and card they had requested. Staff supported the person to sign their card and present the gift.
- Staff were very attentive. A new person was thought to be non-verbal. At initial assessment the registered manager thought it might be due to not being able to communicate. The registered manager took out a pen and paper and handed it to the person who started communicating. No one was aware they could do this. When moving in the registered manager purchased wipe-off boards and pens to ensure the person was able to communicate with staff and staff could clearly communicate back. This person now talks and is fully engaged in their own care and support and was actively involved in things happening at the service.
- People could try the care home out to see if it met their needs. All people moving into the home were provided with a 4-week trial period for them to assess how the home met their own needs and wishes. This allowed people who might have any concerns about moving into a care home the opportunity to try before fully committing to staying in the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The values of the care home were fully understood by all. The registered managers shared their focus on providing excellent care in many documents by sharing their belief no one chooses to be in a care home when they had an option to stay at home. People wouldn't want to be there, and it was up to staff to make them feel safe and well cared for. This approach was felt by the people living there and their relatives and provided an excellent base for outstanding person-centred care.
- People received person-centred care. Care documentation included clear and detailed information about people's needs, likes, dislikes, and histories, allowing staff to recognise them as individuals.
- Managers and staff are open and responsive to new ideas. Relatives told us the staff were positive and treated people with respect. One relative told us, "[Relative] feels staff listen and encourage people to put ideas forward."
- People were encouraged to speak up freely. The provider had a policy on empowerment to support people to speak up, be heard, and responded to. Staff were practising this empowerment during our inspection.
- The provider ensured people were clear about their rights. The registered managers had made a service user guide written clearly and explained the home and the services it provided briefly using non-technical terms. This informed people of their rights and provided information about how they can expect the staff and service to perform and also what is expected of them.
- Family communication was good. The provider had an electronic telephone app group. This allowed family members to know what was going on generally in the home all the time and reassured them. Relatives told us they really liked this as it provided re-assurance, let them know what was going on and they could get updates easily.
- Support was pro-active. The registered managers and staff anticipated the needs of people in the home. The approach was to not have to wait for the person to struggle before meeting a need, but to get in ahead of any problems and reduce any stress or anxiety for coming changes, while supporting people to remain independent.

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 provider worked with transparency. The registered managers understood the principles of the duty of candour and were practising this within the home for small errors. When anything had gone wrong the staff and registered managers told people, shared with relatives, and also highlighted any issues with external

professionals. There had not been a large error to formally perform duty of candour with paper evidence.

- The registered managers and staff were pro-active. The registered managers and staff worked exceptionally hard and with true dedication to ensure any measures could be put in place before people were harmed, thus reducing any need for duty of candour when things went wrong.

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

- The registered managers ran the home exceptionally well. The registered managers were very experienced and committed to their roles. They were easily accessible to the people in the home and the staff.
- Quality assurance checks were in place. The provider had a system to check and maintain health and safety and quality assurance. This meant regular checks were established and monitored. Health and safety hazards could be responded to quickly. During quality checks any gaps were identified and risks reduced.
- The registered managers fully understood their regulatory requirements. The registered managers told us they understood their requirements for reporting events to CQC in the case of them happening and we had evidence they had reported things appropriately.
- Staff training was current and well managed. There was a clear training matrix to demonstrate training compliance by staff and managers. Exceptionally, the completion rate for training was at 99.1%. This is a very high completion rate for care homes and demonstrated the management of ensuring training was undertaken to keep people safe and staff skilled and knowledgeable to support people with various conditions.
- Policy management was effective. The provider had a range of policies which were monitored and updated.

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

- People's equality characteristics were honoured at admission. At one point all the people in the home were female. When approached by a male to move in the registered managers talked with him regarding how he would feel being the only male and how he would also have to respect the women in the home. By expressing any concerns early, he was able to move into the home with no disruption to himself or the women already in the home.
- There was very good support for people who have had vision loss. One person told us the staff knew them well and what they liked. Staff were able to tell us how they would ensure they were supported to understand paperwork and events in a clear way allowing them to understand information.

Continuous learning and improving care

- The culture of the registered managers was to continuously improve. There were actions to improve the home, or the care provided.
- People and their relatives were asked for feedback to improve the service. Many people told us of incidents where they had suggested something, and the improvement was made quickly. One family member told us, "Any complaints would be dealt with immediately." Most relatives told us they had received an annual questionnaire and things they had suggested were adopted.
- Universal feedback regarding the registered managers of the service and the care the service provided was exceptional. All feedback from relatives resounded of an outstanding home. Comments included the passion and availability of the registered managers and staff. When asked for suggestions the universal responses were, "There is absolutely nothing I would change about [relative]'s care." One relative summed it the feeling in the home as, "It's cosy, like walking into your Gran's house."

Working in partnership with others

- The registered managers worked well with others. We saw evidence of referrals to gain health professional support and guidance. We asked for feedback from the local authority and health professionals regarding anything of concern and there was no negative feedback received. Some professionals were very passionate about complimenting the service and the approach of the managers and staff. One stated, "[Staff] are phenomenal. Amazing, just amazing. Better than brilliant. I would send my relatives here as they are well-run and managed and people are well looked after.
- The registered managers worked with the Royal National Institute of Blind People (RNIB) to ensure they followed best practice in supporting people with sight loss. This work had meant people were fully included in all aspects of their care.
- The registered managers thought 'outside of the box' when faced with challenges. The registered manager contacted other professionals to gain support with a person's preferences when this wasn't able to be obtained from their family. The home did this to help the person and the family and to reduce pressures on both.