Keller House

Keller House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Keller House provides personal care and accommodation for up to 15 older people living with a dementia type illness. There were five people living with dementia in the home during the inspection and they all needed assistance with looking after themselves; including support with personal care, meals and moving around the home.

We carried out an unannounced comprehensive inspection at Keller House Residential Care Home on the 24 Mach 2015 where we found improvements were required in relation to safe care and treatment and person centred care, staff training, record keeping and quality assurance.

This was an unannounced inspection, which was carried out on 26 July 2016, to check that the provider had made improvements and to confirm that legal requirements had been met. We found improvements had been made, but additional work was required to ensure the provider was meeting the regulations.

At the time of this inspection the local authority had an embargo on admissions to the home pending improvements to the delivery of care and support needs for individuals and record keeping.

The registered manager was present during the inspection. 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.

Quality assurance and monitoring systems were in place and the registered manager said audits were used to review all aspects of the services provided, although we found these were not as effective as they should be. For example, they did not identify the concerns we found with regard to medicines.

Medicines were managed and given out safely. However, systems for recording additional prescribed medicines and ensuring medicine administration records (MAR) were completed appropriately were not in place.

Staff understood people's needs and provided the support and care they wanted in a kind and patient way. Risk assessments had been completed to identify where people may be at risk. Staff demonstrated a clear understanding of the steps that were in place to ensure risk to people was reduced, whilst enabling them to make choices and be as independent as possible.

Staff had attended relevant training, including safeguarding training, and relevant policies were in place. Staff had a clear understanding of types of abuse and what action to take if they had any concerns.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005

and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. DoLS applications had been requested to ensure people were safe and advice had been sought to from the local authority.

People were assessed before they moved into the home to ensure staff could meet their needs and care plans were developed for this information. Staff said they had read these, they felt they had a good understanding of people's needs and provided the support and care they wanted in a kind and patient way. Care plans were reviewed and people and their relatives were involved in discussions about the care and support provided.

People said the food was very good, choices were provided and drinks and snacks were available throughout the day. Systems were in place to monitor the amount people ate and drank, to ensure they had a nutritious diet, and staff contacted the GP if they had any concerns.

There were enough staff to provide the support people needed and the recruitment procedures ensured only suitable people worked at the home. There was a relaxed atmosphere in the home, people said they were comfortable and relatives were confident that if they had any concerns the staff and manager would address them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The checking in process for receiving medicines and the completion of medicine administration records did not follow current guidance, which may put people at risk of harm.

Risk to people had been assessed and managed as part of the care planning process and there was guidance for staff to follow.

People were cared for by a sufficient number of staff and changes to the recruitment procedure ensured only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Is the service effective?

Good

The service was effective.

Staff had attended fundamental training and had a clear understanding of people's support needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them

with kindness and respect.

People were encouraged to maintain relationships with relatives and friends.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home and the support was personalised and based on the care plans, which were reviewed and updated regularly and when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance and monitoring systems were in place, but did not always identify areas were improvements were needed.

The provider had not followed our request for a provider information return (PIR).

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

Keller House Residential Care Home

Detailed findings

Background to this inspection

We carried out this 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 took place on the 26 July 2016 and was unannounced. The inspection was carried out by an inspector and an inspection manager.

We looked at information we hold about the home including previous reports, complaints and notifications. A notification is information about important events which the home is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We contacted the local authority and commissioners of care for Keller House and were informed that the local authority continues to support the home to improve the services provided.

As part of the inspection we spoke with the five people living in the home and six staff, which included the cook and registered manager. We contacted two relatives and the pharmacist responsible for medicine training after the inspection.

We observed staff supporting people and reviewed documents; we looked at the five care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. We spent most of the inspection in the lounge with people and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People said they were comfortable. We saw staff supported people to move around the home safely and systems were in place to identify if people were at risk. A relative told us they were very pleased with the care and support provided for their family member. They said people were, "Kept safe by staff who know them very well and understand their needs." The training provider for medicines said senior staff had a good understanding of the ordering, receipt and storage of medicines and how to support people to take them safely.

At the last inspection on the 24 March 2015 we asked the provider to make improvements in relation to completing and reviewing relevant assessments, to ensure people living in the home and staff were protected from risk. The provider sent us an action plan stating this would be addressed by the end of October 2015. At this inspection we found that improvements had been made and the home was meeting this regulation. However, we found other areas where further work was required to ensure good practice was evident in all areas to keep people safe.

A one page assessment had been introduced to enable staff and visiting health and social care professionals to see at a glance an overall view of people's needs and how these were met. The forms for the five people living in the home contained information specific to each person; with guidance for staff to follow to reduce risk as much as possible and they had been reviewed and updated just prior to the inspection. For example, they identified people who were at a high risk of pressure damage and of falling. One person had been at risk of developing pressure damage as they preferred to remain in bed for long periods. Records showed that the person was encouraged to change their position in bed and staff supported them to do this. There was evidence that advice had been sought from the district nurse, which ensured staff had systems in place to reduce the risk of pressure damage, including a pressure relieving mattresses and cushions.

Movement sensors had been placed in two bedrooms, to alert staff when people were moving around. Staff said when the alarm went off they could respond immediately to reduce the risk of the person falling. Staff also said these could be used in the lounge, "For when we are looking after a resident in their own room or the bathroom." Staff were clear that, "We don't want to restrict people, but we need to keep them safe as well" and, "One resident likes to go for a walk around the home and the garden, but they are at risk of falls. We ask them if they want to go for a walk at different times during the day and the weather has been good, so we have been walking around the garden, picking flowers and putting them in the lounge." We saw there was a member of staff in the lounge throughout the inspection and when the care staff were assisting people with personal care; this included the registered manager and cook. Staff demonstrated a clear understanding of enabling people to be independent as much as possible within a risk based system.

Staff said they continued to use the laundry room, which was positioned to the side of the main building towards the rear. At the last inspection we found the external light was not working and there were no clear systems in place to ensure one member of staff was in the home to offer support as needed. Staff said the light worked and they felt safe leaving the building, but they only did this when the 'sleeping' night staff was available for people to call on if they needed support and care. Staff confirmed that if only one member of

staff had been working at night they had not left the building and the laundry would have been done by the day staff.

The registered manager said they had reviewed the recruitment procedures since the last inspection, to ensure that they could show that only suitable people worked in Keller House. They said that discussions during the interviews included details of prospective staff employment history and experience of supporting people in a care service and this was supported by staff. However, at the last inspection we found there was no clear evidence that this had been done for all interviews and the registered manager said a new form to record this had recently been introduced; although they had not used this yet as they had not employed new staff in recent months. The staff files showed that application forms had been completed, two references had been obtained, there was confirmation of identity and police checks had been carried out.

Systems were in place for the management of medicines and staff said they had attended relevant training and were clear about their roles and responsibilities. However, some of the checking in and recording of medicines did not follow up to date guidance. For example, medicines were usually ordered and checked in on a monthly basis by one of the senior care staff. If medicines were prescribed in addition to the monthly order, such as a short course of antibiotics, they were added to the MAR by the senior staff without being checked as correct by another member of staff. This may put people at risk of receiving incorrect medicines.

Staff told us senior care staff were responsible for giving out medicines and signing the medicine administration records (MAR) when people had taken them. Staff said there were times when they found gaps on the MAR; a gap means that the staff responsible for giving out medicines had not signed to MAR to show if the medicines had been given or not. When gaps were noted staff looked at the duty rota to see who had been responsible at that time. They then told the staff member concerned who then signed the MAR, which could be days later. Senior care staff had not followed current guidance from The National Institute for Health and Care Excellence (NICE) with regard to managing medicines in care homes, which states staff are required to make a 'record of the administration as soon as possible'. This meant that people may not have been given their prescribed medicines, or given them more often, which left them at risk of harm.

The registered manager arranged for the pharmacy training provider to review the medicine training after the inspection, to ensure staff were up to date with current guidance. The feedback from the trainer was that staff had a good understanding of their responsibilities and how to ensure medicines were administered safely and they advised that training had not included checking the MAR within current guidelines.

Medicines were stored in the dining room in a locked trolley, which was secured to the wall, and a locked cupboard. We saw staff gave out medicines for each person separately and signed the medicine administration (MAR) charts after people took the medicines. We looked at the MAR and found them to be completed appropriately, with a photograph at the front of each for ease of identification if required and information about allergies. Staff asked people if they needed any additional medicines, such as paracetamol for pain relief and there were separate records kept of medicines given 'when required' (PRN). Staff were aware of the PRN medicine policy and explained that these medicines were recorded on the reverse of the MAR, with details of why they were given and how often. Staff said this meant they knew if people were uncomfortable on a regular basis, for example if they wanted paracetamol throughout the day or night. Staff said they would inform the registered manager and the GP would be contacted to review the medicines to ensure they were appropriate.

There were procedures in place to deal with emergencies and staff were aware of these and what action to take if they needed support from outside agencies. Personal evacuation plans had been completed for each person and an evacuation mat had been purchased to assist staff in moving people out of the home if

necessary. Staff said they had not yet attended training to use this, but this had been arranged and they were all expected to attend. One of the emergency services contacted CQC after they had been called by a member of staff from the home. Their concern was that staff had been unable to communicate effectively why they had called the service. The registered manager had also been contacted by the emergency service and they had identified what the difficulties had been and had made changes to minimise the risk of any future confusion. The procedures for staff to follow in case of an emergency had been reviewed so that it was quite clear who to contact in different situations with details of the information they would be required to pass on to them. The registered manager said additional training had been provided so that all staff felt confident when calling outside agencies.

Relatives said there were enough staff working in the home. One relative told us, "The staff are always available if people need help. I visited regularly and staff responded very quickly if they thought people wanted something." The registered manager and staff said there were enough staff working in the home to support the five people living in Keller House. There were two care staff on each shift, with one waking and one sleeping staff on nights; a cleaner from 7-9am and a cook for breakfast and lunch, in addition to the registered manager usually from Monday to Friday. Staff said they had talked to the registered manager about getting more staff before more people were admitted to the home and the registered manager assured us they would be reviewing the staffing levels and employing additional staff, before they offered places to people.

People were as far as possible protected from abuse. Staff had a good understanding of how to protect people and all had attended training. Staff were aware of different types of abuse and explained what action they would take if they had any concerns. "We would inform the manager immediately if we have any worries, although I haven't while I have been working here" and, "There is a clear policy for us to follow, we tell the manager and if they are not available we would contact the manager at the other home to let them know." Safeguarding and whistleblowing policies were in place and staff told us they had read these; they knew that the local authority was responsible for investigating safeguarding issues and were confident that the registered manager would contact them if any concerns had been raised.

Good

Is the service effective?

Our findings

People told us the staff were, "Lovely," the food was, "Very nice" and, we saw staff supported people with meals and drinks of their choice. Relatives said the staff had the skills to look after people and the training plan showed that staff had completed relevant training. One relative said, "We saw when we visited that everyone was very well cared for and we never had any worries."

At the last inspection on the 24 March 2015 we asked the provider to make improvements in relation to staff training, to ensure staff had the skills and understanding to provide the support and care people need. The provider sent us an action plan stating this would be addressed by the end of October 2015 and that appropriate training would be provided on an ongoing basis. At this inspection we found that the improvements had been made and the home was meeting this regulation.

Staff said the training was very good. One staff member told us, "We do the usual training, like moving and handling, safeguarding and supporting people with dementia. Which we did recently with the out reach team and it was very good." Staff demonstrated an understanding of people's needs and said that even if people had the same type of dementia, such as Alzheimer's, their experience could be quite different and therefore their support plan and the care provided was different. Staff explained how people were supported to live a comfortable life, making choices and supporting them to be independent, "Like they used to at home. They should have the same thing here."

The training plan showed staff had attended fundamental training including safeguarding, challenging behaviour, moving and handling, infection control, nutrition and hydration, fire safety and equality and diversity and dignity. Staff said they could request additional training if they had a specific interest or they were responsible for a specific part of the support provided, such as medicines. Staff said they knew what their roles and responsibilities were and demonstrated a clear understanding of people's needs as they assisted them with moving around the home, with their meals and activities.

Staff told us they had regular one to one supervision with the registered manager and they felt this gave them a chance to sit down and talk about anything, and find out if there were areas where they could improve. The supervision records showed staff attended regularly and appraisals were carried out yearly. Staff said they could talk to their colleagues, including the registered manager, at any time, and they were clear that if they were not providing the care and support people needed they should be told and action should be taken to make sure they did. They said, "If we are not doing something right we need to know about this, otherwise we cannot change and improve" and, "I am always willing to learn, we need to keep up to date, things change all the time."

Staff had completed training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff explained that people living in Keller House were able to make decisions about the day to day support provided, but there may be times when the choices they made were not safe,

because they were living with dementia. Staff were aware that the locked front door, which prevents people entering and leaving the home, was a form of restraint, and the registered manager had put forward an application to the local authority regarding this. Staff told us people should be encouraged to make choices and felt they were able to do so in the home, they also said people were not asking to leave the home, they told staff they were comfortable living there and the feedback from relatives was always very positive.

The registered manager had completed assessments for the use of bed barriers, to support people while they were in bed and reduce the risk of them falling out if they moved around. The assessments included discussions with the people concerned and their relatives, who had signed a form giving their support for their use. Bed barriers are regarded as a form of restraint and therefore the provider was required to contact the local authority and a DoLS may be necessary. The registered manager checked with the local authority regarding the use of bed barriers following the inspection, they said a DoLS applications had already been made and they were waiting for a response. The local authority told them that a specific DoLS was not required as the decision to use the bed barriers was in the person's best interest. This meant there were systems in place to support people safely without unnecessary restrictions.

We saw the lunch and evening meal were relaxed and sociable times for people. Staff said people sat together in the lounge through choice; they could use the dining room if they wanted to as a lift enabled them to transfer to the lower floor, but they preferred to remain in the lounge or their own room. The cook told us they had worked at the home for several years and had a good understanding of what people liked and if they had specific dietary needs, such as a soft diet. Staff asked people what they wanted to eat; choices were available depending on their preferences and assessed needs and staff demonstrated a good understanding of the support people needed with food and drink. One person had thickener in their fluids as there were concerns about their ability to swallow and staff noted when a person refused their lunch, alternatives were offered and staff said they would continue to do this, "To see if we can tempt them to eat." Staff told us this person usually ate at least one good meal a day, with snacks in between, and they were aware of how much they ate and drank each day. Fluid charts were used as required to ensure people had enough fluids throughout the day and those viewed had been completed. People's weights were monitored monthly and recorded in the care plans. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the registered manager and the GP would be contacted if they had any concerns. A relative said their family member was able to have the food they liked and there were always choices.

Staff said they had been discussing with the registered manager how to support people living with dementia to enjoy their food more. As part of the training they had learnt that different coloured plates have been found to be successful in encouraging people living with dementia to eat the food provided, in particular the use of darker coloured plates. In addition plates with raised edges could be used to support people who preferred to eat independently as they reduced the risk of food falling off the plates. The registered manager told us they were open to any suggestions that would improve the dietary experience of people living in the home and had planned to contact occupational therapy for advice.

People had access to health care professionals. These included the community mental health team, continence team, dentists, opticians and chiropodists. GPs visited the home as required and any referrals and changes to the support provided were recorded in the care plans, for example, when the speech and language therapists and dieticians visited.

Good

Is the service caring?

Our findings

People said the staff were lovely and helped them when they needed assistance. A relative told us the staff were very kind and they were more than satisfied with, "The care and affection," staff had for their family member. We saw staff asked for people's permission before they provided personal care and staff respected them if they refused at that time. Staff said they would ask again later, "It is up to each individual when we provide help for them."

Staff knew people very well and had a clear understanding of how to involve them in making decisions about all aspects of the support provided. Staff treated people with respect. They used each person's preferred name and made eye to eye contact when they spoke to them. Staff asked for permission and waited for a response before they provided assistance. For example, when they asked people if they could put a cover over their clothes to protect them at meal times and when they asked people if they needed assistance with personal care. Staff spoke in a quiet and respectful way and discretely asked if they needed to use the bathroom or change their clothes.

The home had a calm atmosphere and people were relaxed sitting in the lounge, or their own room if they chose to remain there. Conversations were friendly and there was joking and laughter between people and staff, which they all enjoyed, even if they were not directly involved in the banter. Staff used smiles and appropriate touches to reassure people and encourage them to respond when they were asked where they wanted to sit and how they wanted to spend their time. Staff ensured people were comfortable before they assisted other people; they did not try to rush people and this meant people responded at their own speed rather than that of the staff.

People's preferences were recorded in the care plans. There was some information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and felt the information enabled them to provide support based on people's preferences. They told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible.

Staff respected people's privacy and dignity, and they regarded personal information as confidential. One staff member said, "We do not talk about people's needs in front of other people and if relatives ask we refer them to the manager." They knocked on people's bedroom doors before opening them and asked if they could enter.

Relatives said they were involved in planning care and support when necessary. One relative told us, "The attention people receive is amazing and we are very pleased as it is such a homely place to live." They said staff always let them know if their family member was not feeling well, or if the GP had been called, and asked them if they thought they could improve on anything. Relatives were welcomed to the home; staff told us they encouraged people to maintain relationships with their relatives and friends and the support provided involved them as well as the people living in the home.

Good

Is the service responsive?

Our findings

People who sat in the lounge took part in range of activities, on a group or one to one basis, depending on their preferences. We saw that people enjoyed taking part or observing what other people were doing and the smiles and laughter showed how positive this interaction was for people and staff.

At the last inspection on the 24 March 2015 we asked the provider to make improvements in relation to the provision of appropriate guidance for staff to follow to provide personalised care and to ensure that care plans reflected people's needs and how these were met. The provider sent us an action plan stating this would be addressed by the end of October 2015. At this inspection we found that the improvements had been made and the home was meeting these regulations.

We found the activities were personalised and based on people's preferences and choices. As at the previous inspection no one had been employed specifically to provide activities and staff continued to be responsible for their provision on the days they worked. However, we found at this inspection that staff were very positive about this. They said they had time to spend with people and were able to offer different activities, because they had a good understanding of how people wanted to spend their time and what activity was appropriate for each person. The four people sitting in the lounge took part in exercises to music with two staff and were clearly engaged and enjoying themselves. Three people had a manicure; one person looked through their photograph album and talked to staff about the pictures and who was in them and another person spent time with the registered manager and talked about the doll they held.

Staff regarded the provision of activities as part of their role in supporting people in, "A holistic way." They said, "Activities are part of the care we provide, so we do them when people want to, morning or afternoon." "We know when people want to do things and the activity we offer depends on how people are feeling." "Sometimes they just want to sit and watch TV or listen to music, other times they play games or do some colouring" and, "It has to be flexible." We saw people enjoyed all of the activities offered although some people did not appear to be involved. For example, they said no when staff asked them if they wanted to join in, but tapped their feet or moved their hands and fingers to the music that was played. Staff spent time with the person who preferred to remain in their own room and demonstrated an understanding of how they liked to spend their time; the music they liked to listen to and their preference for quiet most of the time. One relative said, "The staff spend a lot of time talking to people and making sure they are doing what they want to, or not as they may prefer to just relax. It is very good."

People's needs had been assessed before they moved into the home. The registered manager said they used an assessment form that identified people's needs to ensure they could meet them before people were offered a room and, these had been completed for all of the people living there. Although they also said no one had moved into the home since the last inspection and the five people there at this inspection had lived there a number of years. This meant there were no recent assessments to be viewed. Those that were available had been used to develop each person's care plan and staff said these had been regularly reviewed and updated as people's needs changed. Relatives said they had been involved in reviewing their family members care plan and there were signatures in the care plans to evidence this.

Information recorded in care plans was specific to each person. Staff said senior staff were responsible for reviewing them monthly, with particular emphasis on the overall assessment sheet. Staff told us this meant they had a good understanding of each person's needs, including how people communicated; their behaviour and why this might change, with guidance for staff to follow to distract people and offer appropriate support and care. Staff said the care plans were very clear, they had read them and on a day to day basis these were supported by the information passed on during handover at the beginning of each shift. The morning handover was detailed and the day staff were informed how well people had slept, how often they were assisted to reposition in bed to prevent pressure damage, the amount of drinks and snacks they had, their mood and if they had any specific needs, such as raising a person's legs to reduce swelling. Records were kept of appointments by health professionals, family visits and other information like birthdays in the diary or communication book and these were discussed daily.

The registered manager and staff said people were supported to maintain their independence as much as they could in a safe way, and make decisions about the support provided. They discussed the support available for people whose first language was not English and explained that one member of staff was able to talk to one person in their first language and other staff had learnt words and short phrases so that they did not feel isolated. Staff demonstrated a good understanding of how to meet people's different needs and were aware of their individual likes and dislikes.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely had any complaints, and the registered manager had kept a record of complaints and the action taken to investigate them at the time. There had been no complaints since the last inspection and a relative said they had no reason to complain about the support provided. Although they were confident if they had concerns they would be able to talk to the staff about them and action would be taken.

Requires Improvement

Is the service well-led?

Our findings

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Keller House needed and wanted. The registered manager was available for people to talk to at any time and they sat with people in the lounge, joined them in activities and was available if they needed assistance with food and drinks. Relatives said the management of the home was very good; they could talk to the registered manager when they needed to and staff were always very helpful. One relative said, "The home is very well run and I think people are safe and supported to have the best life they can."

At the last inspection on the 24 March 2015 we asked the provider to make improvements in relation to the provision of an effective quality assurance process, to ensure that the services offered were reviewed and monitored and improvement made as required. The provider sent us an action plan stating this would be addressed by the end of November 2015. At this inspection we found that the improvements had been made and the home was meeting these regulations. However, additional work was required to ensure the improvements were embedded into practice and that they had evidence to support this.

The registered manager said audits were used to assess all aspects of the support and care provided and these were reviewed on a regular basis. These included monthly environmental audits, laundry spot checks and monthly evaluations of care plans. However, we found that the audits may not be effective in identifying areas where improvements were needed, such as the gaps in MAR and how to address these.

The registered manager and staff said they had been working with the local authority since the last inspection to improve quality assurance and record keeping. They told us that improvements had been made and there was still some work to ensure they could show that all aspects of the support and care provided was appropriate. The feedback from the local authority was that they continued to work together and there had been some improvements.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They had not returned the PIR, which means the rating for well is requires improvement.

The management and staff spoke confidently about their values and how important it was to involve people and their relatives in decisions about the services provided. Staff said it was important for them to provide support in such a way that meant people living with dementia were fully involved in decisions about their care. We saw staff enabled people to make decisions about all aspects of their lives and relatives told us they were involved in decisions about the care provided.

Staff told us the registered manager had an open door policy and they, and the provider, were readily accessible. The registered manager spent time with people throughout the inspection and staff said this was quite usual, "The manager works with us when she is here and is always contactable if we have any queries

when she is not." Staff told us they felt supported by the management to provide appropriate care for people and they were able to put forward suggestions during the team meetings, or at any other time, "There is an open door policy here, we can talk to the manager at any time and they listen to any suggestions we have." Staff said they enjoyed working in Keller House and felt part of a team that worked together with the same aims, to provide the care people needed and wanted. One said, "I wouldn't have stayed working here for so long if I didn't enjoy it and felt able to support people to live happy lives"

Staff said residents and relatives meetings had been arranged, but very few people had attended. They told us they spoke with visitors to the home on a regular basis and knew all of them very well, as some people had lived at the home for a number of years. One relative felt they were involved in decisions about their family members care and support and they had a close working relationship with the staff.