

Mrs Helen Young

# Keb House Residential Home

## Inspection report

Haytons Lane  
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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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Keb House Residential Home is a care home in the village of Appleby. It is registered to provide accommodation and personal care to 18 older people, some of whom may be living with dementia. At the time of our inspection, 12 people lived at the service.

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

People were at risk of not having their medicines as prescribed. Relevant guidance was not in place to support staff with administering medicines and records were not always accurate. The safety of the service was not always maintained as safety certificates had expired. Systems were not in place to monitor and address quality shortfalls in the service.

Some furniture was not clean and appropriate hand washing facilities were not always available. We have made a recommendation about the cleanliness of the environment. Recruitment processes were safe, though records were not thorough. We have made a recommendation about recruitment processes. Records did not always accurately show the care people received.

The management team ensured staff were supported in their roles with supervision, appraisals and regular staff meetings, though not all staff had up to date training. We have made a recommendation about staff training and development. People and their relatives were happy with the management team as they were approachable and addressed problems.

People were happy with the care and support provided by staff. Staff respected people as individuals and supported people to maintain their independence. There was enough staff to meet people's needs and people told us staff maintained their privacy and dignity.

People were supported to access healthcare services and staff followed professional advice. People's rooms were personalised, and signs were used to help people find their way around. Activities were available for people and visitors were welcome at any time. People were complimentary of the choice and quality of the food and staff ensured options were tailored to people's requirements.

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 included in the development of the service and where possible changes were made in line with people's requests.

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

### Rating at last inspection

The last rating for this service was good (published 21 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We found the provider failed to notify us of nine specific incidents which had occurred at the service since the last inspection which the provider is legally required to inform us of. More information is in detailed findings below. We have also identified breaches in relation to the safe management of medicines, maintaining the safety of the service and the systems for monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Keb House 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 Care Act 2014.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

Keb House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

### What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted Healthwatch which is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and seven relatives. We also spoke with two care staff, the deputy manager and the registered manager. 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.

We looked around the home to review the facilities available for people and the cleanliness of the service. We also looked at a range of documentation including two people's care files and medication administration records for three people. We looked at three staff files for recruitment, induction, supervision and staff training and reviewed documentation relating to the management and running of the service.

#### After the inspection

Following the inspection, the registered manager sent updated safety certificates and information regarding training, safeguarding and accidents and incidents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

### Using medicines safely

- Medicines were not managed safely. Guidance was not in place for staff to safely and consistently administer medicines prescribed 'as and when required', also known as PRN. This meant staff could not consistently identify when and how much medicine to give to people.
- Staff did not record the time or dose when administering PRN medicines of a variable dose. This meant staff did not know when the last dose was administered or how much had been given. This placed people at risk of overdose.
- Guidance and thorough records were not in place for the application of pain patches to a person's body. Staff understood patches should be applied in different places, but this was not recorded. This meant patches could be placed in the same area sooner than they were allowed and affect how quickly the medicine is absorbed.
- Medicines that required more secure storage were not always stored appropriately. A controlled drug for one person was stored in the medicine trolley and was not appropriately secure.

The evidence indicated there was a failure to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team moved the medicine to an appropriate secure area and advised us they would review their medicines processes.

### Assessing risk, safety monitoring and management

- The provider had not ensured equipment was safe to use. Checks to ensure the safe working of equipment were not always completed. For example, a hoist had not been serviced in line with requirements.
- The provider had not ensured the premises were safe. Regular safety checks of the boiler and electrical equipment had not been completed.

The evidence indicated there was a failure to maintain the safety of the premises and equipment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager informed us equipment and electrical items had been serviced and they were making arrangements to service the boiler.

- Staff were knowledgeable about how to manage risks for each person and care plans contained relevant information to support and guide staff.

#### Preventing and controlling infection

- People were at risk of developing infections through poor infection control. People and staff did not always have access to appropriate hand washing facilities, which increased the risk of cross contamination. Some toilets did not have soap or disposable towels for people to wash and dry their hands. We raised this with the registered manager who resolved this during the inspection.
- Furniture was not always clean, as some chairs were dirty. We raised this with the management team who advised they would arrange for them to be cleaned.

We recommend the provider review their policies and procedures for infection prevention and control in line with national guidance.

- Staff were trained in infection prevention control and wore gloves and aprons to help control and prevent the spread of infections.

#### Staffing and recruitment

- Recruitment practices were safe. Though, the registered manager had not kept interview records to show how they had determined staff were suitable for the role.

We recommend the provider review their recruitment systems to make sure the right staff are recruited.

- Staffing levels met people's needs and people were supported in a timely manner. The management team covered an on-call rota to ensure they were always available if needed.

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

- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- The provider ensured that where appropriate, they reported safeguarding incidents to the local authority. However, they failed to notify the CQC of seven incidents which had occurred at the service since the last inspection.
- Staff responded to accidents and incidents.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had been provided with sufficient training. New staff completed an induction programme and all staff were required to complete ongoing mandatory training. However, records showed not all staff had received this training and refresher training had not been delivered when required.

We recommend the provider review their staff training and development processes for ensuring staff have right qualifications to fulfil their roles.

- Staff were positive about the range of training available and the way it was delivered.
- Staff received regular support, supervision and annual appraisals. The management team reviewed staff practice to ensure they had the skills and knowledge to meet people's needs.

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

- Records did not always show the care people received. Daily records and observation charts showed large gaps between recording. We raised this with the management team who confirmed people had been supported appropriately but records had not been accurately completed and they would address this with staff.
- Staff were kept informed of any changes to people's needs through handover meetings and communication books. However, care plans had not always been updated with current information to help staff provide consistent care.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.

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

- Staff provided appropriate support for each person with eating and drinking. Support included gentle encouragement and cutting up meals. Staff helped people to eat and drink and talked to them about their meal.
- People were positive about the variety and amount of food. One person said, "The food is very good, they feed you too much. I didn't want a meal, but they kept it safe for me. It's always very good and there's a good variety."
- Meals were tailored to people's preferences. Staff went through the menu with people and recorded their choices and shared the information with kitchen staff.

- Staff were knowledgeable about people's dietary needs. People's weight was monitored, and appropriate referrals were made to relevant healthcare professionals.

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

- People's rooms were personalised to their own tastes. People had decorated their rooms with their favourite photo's, belongings and could bring their own furniture if they wished.
- The management team sought and acted on people's views for proposed changes to the decoration of the home.
- Pictorial signage was used to help people find their way to their bedrooms, bathrooms and communal areas.

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

- People's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent. Some people could not verbally agree to support, and staff monitored their body language for signs of consent or refusal.
- Staff encouraged and supported people to make their own decisions. Staff presented information in different ways to help people understand the options available.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their relatives and relevant professionals. Decision making records were appropriate and detailed.
- Staff recognised restrictions on people's liberty and submitted DoLS applications.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind, caring and helpful. People and their relatives all spoke highly of the staff. Relatives told us, "[Staff member's name] is amazing. Nothing is ever too much trouble and I feel they truly care for every person" and "Staff are good, very helpful and always on hand to help."
- Staff had developed positive relationships with people. People talked, joked and laughed with staff and were relaxed in their company.
- People were supported at their own pace. Staff were patient, reassured people and talked to people during tasks and activities, helping them to remain involved.
- Staff respected people as individuals and were trained in equality and diversity. People were supported to practice their religion and celebrate religious festivals. A relative said, "People are never spoken down to or treated disrespectfully."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity and understood how to do this. One person said, "Staff certainly do keep it private, they put a towel over me."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. Staff encouraged one person to stand and showed them how to use their walking aid, so they could walk independently.
- Personal information was stored securely to maintain people's privacy and confidentiality. However, a staff handover meeting was held with the door open which compromised people's privacy. We raised this with the registered manager who advised this would be addressed with staff.

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

- People were supported and encouraged to make decisions. A relative told us, "When [Person's name] arrived, they wouldn't make any choices or decisions. The staff always continued to ask questions and now they are more assertive and positive about what they want to eat and do."
- People were supported by their families or had independent professional support with making decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had choice and control of their care and were supported to spend their time as they wished. Staff ensured people were offered choices and respected decisions they made.
- Staff provided person-centred care. Staff were knowledgeable about people's needs, personal routines, histories and preferences. Care plans contained detailed, person-centred information.
- People and their relatives were included in developing care plans. A relative said, "We sat and devised the care required. This has changed as their condition has progressed."
- Relatives were kept informed of their relations changing needs. One relative said, "I am always kept up to date with their progress."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests. Activities included music, dominoes, arts and crafts, skittles and trips out into the local community.
- People were supported to develop and maintain important relationships to help prevent social isolation. Staff welcomed visitors and people regularly talked with each other. A relative said, "[Person's name] has been placed at mealtimes with residents who they can converse well with and this has built their confidence."

End of life care and support

- Staff were trained in end of life care and liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- End of life care plans recorded people's wishes. They contained detailed information which supported staff to provide appropriate care at the end of people's lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and supported people to use appropriate communication aids.
- Staff spoke with people in an appropriate manner. They sat with them during conversations to help maintain eye contact and promote positive communication.

Improving care quality in response to complaints or concerns

- Most people knew how to make a complaint. A relative said, "I've no cause for complaint, but [Registered manager's name] is very approachable should any issues arise."
- Complaints were addressed in line with the providers policy and procedure.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems for recording or monitoring accidents and incidents were not in place. Incidents between people who used the service and a medication incident were not recorded and analysed. Records did not show what was learnt or what had changed to reduce the risk of reoccurrence.
- Systems were not in place to monitor and address quality shortfalls in the service. As a result, the registered manager was unable to effectively monitor and address quality shortfalls. We identified a number of issues relating to safety management, infection prevention and control, recruitment and training that had not been identified or addressed.
- Medication audits were not regularly completed or robust enough to identify problems. Where they had been completed, they had failed to find the lack of guidance and protocols for staff, inappropriate storage of some medicines and recording issues.
- Audits of care plans and daily records were not completed. The registered manager was unable to assess and monitor the accuracy of information or ensure complete and accurate records for each person.

The evidence indicated there was a failure to have and operate working systems to ensure compliance with regulations and to assess, monitor and improve the quality of the service. There was a failure to ensure accurate and complete records for people who used the service were kept. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most notifications had been sent to the CQC. However, we found nine incidents had not been reported to CQC via a statutory notification in line with legal requirements. These related to safeguarding, DoLS notifications and a serious injury. Statutory notifications contain information about changes, events or incidents that the registered provider is legally required to send us so that we can monitor services.

This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

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 informed people and their relatives if something went wrong, though on one occasion this information was not shared with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt supported and were positive about the management team. A staff member said, "If I have a bit of a bad day, [Registered manager's name] will message and ask if I'm ok. They're not just a boss who you work for and that's it, they care. If any of us are feeling a bit down [Registered manager's name] and [Deputy Manager's name] are there to let us offload if we need to."
- The management team promoted a positive culture that supported people to achieve good outcomes with the right support. A relative said, "[Person's name] is a lot livelier and cleaner. They are very comfortable and more talkative since moving here."
- People and staff were included in the development of the service. The registered manager held regular meetings with people and sent out questionnaires to find out their views. They respected people's views and improved the service in the way people wanted.

Working in partnership with others

- The registered manager and staff had effective working relationships with other organisations and professionals to ensure people received the right support.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured the safety of the premises and equipment was safe to use. Regulation 12 (2)(d)(e).</p> <p>The registered provider had not ensured there was a safe system of medication management to ensure people received their medicines as prescribed. Regulation 12 (2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured systems were in place to assess and monitor quality and safety shortfalls and had not ensured compliance with the regulations. Regulation 17 (1) and (2)(a)(b).</p> <p>The registered provider had not ensured records accurately reflected the care people received. Regulation 17 (2)(c).</p>