

Keats House Healthcare Limited

Keats House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keats House is a residential care home providing personal and nursing care for up to seven people with mental health needs. There were five people using the service at the time of our inspection.

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

There were systems in place to protect people from the risk of infection and staff had received appropriate training in this. Overall the home was clean, hygienic and hazard-free. However, there were areas of the kitchen which required deep cleaning and repair. The provider took immediate action to make improvements in this area.

Risks to people's safety and wellbeing were appropriately assessed and mitigated, however risk assessments did not include risk levels and this meant staff may not identify areas which are high risk.

People received their medicines safely and as prescribed although we found a recording error which may have impacted on the person receiving this medicine as prescribed.

There were enough staff to meet the needs of people who used the service. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed. There were regular health and safety checks to help ensure the environment was safe.

The provider had systems for monitoring the quality of the service and these had mostly been effective and had contributed in the improvements we saw during our inspection. They liaised with the local authority and external professionals to ensure people who used the service were supported with their individual needs.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 January 2020) and there were multiples breaches of regulations. We issued the provider Warning Notices for Regulations 12 and 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider had met the requirements of the Warning Notices. However, we found some areas which required further improvement.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. During the visit, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Keats House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the visit, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 was carried out by one inspector.

Service and service type

Keats House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We met two people who used the service. We spoke with the registered manager and the care worker on duty. We observed interactions between the staff and people who used the service. We reviewed a range of records. This included three people's care records and medication records for all five people who used the service. We looked at the file of a newly recruited staff member in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – This means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 12. However, further improvements were needed, therefore this key question remains the same.

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.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The home was clean, tidy and hazard-free. However, the kitchen was unclean in places. Some cupboards doors were dirty and damaged. Part of the skirting board was falling away. There was a layer of grease on the cooking hood and some areas looked worn and stained. There were regular cleaning audits undertaken, which looked at every area of the home. The last audit had taken place on 31 August 2020. This stated the kitchen was clean in good decorative condition. This indicated recent cleaning had not been thorough recently as we saw on the day of our inspection. We discussed this with the provider who took immediate action. The kitchen was cleaned thoroughly before the end of our inspection. The provider also told us they were planning to renovate the kitchen soon.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- At our last inspection, we found not all risks to people's safety and wellbeing had been assessed. At this inspection, we found that improvements had been made.
- Risks to people's safety and wellbeing had been assessed. Environmental and individual risk assessments and support plans were available, and regularly reviewed and updated. These included risks to general health and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking and communication.
- Risk assessments were clear although they did not include the level of risk before and after measures were taken to reduce risk, therefore they failed to convey the likelihood of harm to a person. Without gradings of risk, all risks are considered to be the same. However, risk assessments provided clear instructions about how to reduce the likelihood of harm. For example, where one person was at risk of falls, guidance included to remind the person to hold the rail when coming down the stairs, wear the right shoes and keep the light on. We saw the person had signed this to acknowledge they understood the risk. The registered manager told us they would improve their risk assessments to include risk levels.
- Where a person was at risk of developing diabetes, a risk assessment was in place to prevent this. This included liaising with the GP for advice and monitoring, dietary advice and reduction of sugar in their diet. A care plan and guidelines about the condition were in place to provide information for the person and staff supporting them.
- People who used the service had Covid-19 risk assessments in place and these were regularly reviewed. They included identified risks for each person, and actions to take should they become unwell.

Using medicines safely

- At our last inspection, we found that people did not always receive their medicines safely and as prescribed. At this inspection, we found improvements had been made. There was a medicines policy and procedure in place which was regularly reviewed.
- We looked at the medicines administration record (MAR) charts for all the people living at the service. All were completed appropriately, and staff signed for each administration. However, we found one medicine had been signed correctly on the morning of 23/9/20 but also signed for the evening administration in advance. This meant that potentially, another staff member could have thought this medicine had already been administered to the person, and the person may not have received this as prescribed. We queried this with the registered manager who acknowledged they had signed this in error and rectified it immediately. The number of tablets in the pack confirmed this had only been a recording error.
- The medicines were kept in a locked cupboard which was tidy and all the people's medicines were in either in dosset boxes or in their original packages. We checked if the staff signatures to evidence they had administered the medicines tallied with the number of tablets in their boxes and found this to be correct. The staff recorded the date of opening on each pack which made it easier to audit.
- The provider carried out monthly medicines audits and these had not highlighted any concerns. They also recorded the temperature of the room where medicines were kept and this was found to be within safe range.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding adults policy and procedure in place and staff received regular training and refreshers in this. We saw evidence that they had received training on the day prior to our inspection.
- The provider worked with the relevant healthcare and social care professionals when they had safeguarding concerns. There had not been any safeguarding concerns since our last inspection.

Staffing and recruitment

- The provider employed enough staff to meet the needs of the people who used the service. Since the start

of the pandemic, staff had not been sick and had continued to work as normal. The provider told us they ensured staff were sufficiently informed and educated about the virus and took all the necessary precautions to prevent them from becoming unwell. The provider had contingency plans in place should they have an outbreak at the service and staff needed to self-isolate. This included family members covering shifts.

- Since our last inspection, the provider had recruited a new care worker. We looked at their recruitment file and saw all checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a criminal record check was completed. The staff member had received an induction of the service and was supported to undertake training. They told us, "I really like working here. I am being looked after. I have a good boss who teaches me everything."

Learning lessons when things go wrong

- The provider told us they learnt lessons when things went wrong, by having discussions with the staff and working together to prevent reoccurrence. They said, "There is learning that way. We also support the staff and encourage them to be open and honest."
- The provider explained when someone had a fall, they had examined why and how it happened, had spoken to the GP and had a virtual appointment. They had looked at the cause of the fall and how they could prevent it happening again. We saw evidence that an action plan was in place.

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 our last inspection we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made. However, as we only looked at safe and well-led, we were unable to change the rating of this domain, as we needed to see improvements in other domains.

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

- At our last inspection in December 2019, we found the provider's monitoring systems had not been effective and had failed to identify the issues we found during the inspection. At this inspection, improvements had been made. There were further improvements to be made in relation to the issues we found in the kitchen. However, by the end of our inspection, a deep clean had been carried out and following the inspection, the provider informed us they were undertaking repairs and renovation.
- There were regular audits of the environment, such as furniture, health and safety, fire and gas and electrical checks. In addition, there were regular spot checks undertaken. The provider kept all the relevant information in relation to Covid-19, including guidelines from Public Health England and the local authority. This informed their contingency plan for Coronavirus.
- The provider had government guidelines for the admission and care of people during the pandemic which they told us they would follow in the event of an admission. However, they had not admitted anyone since the start of the pandemic. There was a flowchart in place for care workers to follow. This provided clear guidance about what to do if someone developed symptoms of Covid-19 and the use of PPE.

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

- The provider had regular staff meetings where a range of subjects were discussed. These included Covid-19, cleaning, PPE, person-centred care and the individual needs of the people living at the home. The last meeting had taken place in July 2020.
- There were also regular meetings for people who used the service. These were held on a one-to-one basis so each person could discuss any concerns or worries they may have privately. Records showed there had not been a meeting since July 2020. We discussed this with the registered manager who said they would organise a meeting but reassured us they talked to people all the time.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they used the internet to read relevant information and were supported by the local authority to do training and keep their skills up to date. They printed relevant guidance for staff to read and inform themselves about relevant social care developments.

- The registered manager told us they supported staff and encouraged them to develop their skills. They said, "I check if the staff understand and if they need help. I find the staff need a lot of motivation to read and learn, so I reinforce that the priorities are people, and meeting their needs."
- The registered manager told us they had felt well supported by the local authority, who call each day to check how things are and if they need anything. They said, "They have been very good and very helpful."
- The provider worked in partnership with the GP, the community psychiatric nurse (CPN) and the local authority regularly. They told us, "It is good communication, we get them involved, we work together. We keep in touch regularly and have not felt cut off during the Covid period."

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

- The registered manager told us they work with the residents and ask them what they want to do, whilst respecting individual choices. It is about them. "We cook the food they like for example and listen to them. We take them to local shops and let them choose what they want to buy. It is up to them."

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 registered manager was transparent and understood how important it was to be honest and open when things went wrong. They told us, "We need to open up and be honest. We inform the right people about what is going on. We also inform relatives as necessary. For example, when someone goes to hospital, we inform their relatives if the person consents to this. We keep them informed and speak to the GP."