

N & I Healthcare Limited

Keele House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keele House is a residential care home providing personal care to 26 older people at the time of the inspection. The service can support up to 31 people. Keele House accommodates people in an adapted building.

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

Changes to the leadership arrangements before our inspection had unsettled the service. The provider had recognised this and was acting to support staff and make improvements. They had implemented a new quality assurance system but this was not being fully completed and had not identified some of the shortfalls we found. People's views and suggestions had not been consistently used to develop and improve the service.

People did not always feel safe at the service because other people they lived with had behaviours which challenged. Staff followed guidelines to reduce the risks but people continued to feel unsafe at times.

People were not always protected from the risk of harm as staff were not fully aware of the actions required to support people to remain safe in the event of a fire. Some people were at risk of losing weight because most foods had not been fortified with extra calories. Other risks to people had been assessed and mitigated. People told us they liked the food at the service.

People were not always supported to remain as well as possible. They did not have access to regular dental checks. On one occasion the recommendation of a community nurse had not been followed. The advice of other health care professionals had been followed. People had not been asked about their end of life care preferences.

Most areas of the building and grounds were safe. The provider had identified a shed in the garden which posed a risk to people but had not arranged for this to be removed. People were protected from the risk of infection. People received their medicines safely but the date medicines were opened was not always recorded.

People did not always have privacy as some staff entered their room without obtaining permission first. People told us most staff treated them with kindness. Staff reassured people when they were anxious and supported them to continue to live their life in the way they preferred.

Some staff had not completed refresher training as required by the provider. This had not been challenged by the registered manager, who took action after our inspection to make sure staff completed the required training updates. There were enough staff to meet people's needs. Staff had been recruited safely but clear processes had not been followed when staff had transferred from other services owned by the provider.

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's needs were assessed and their care was planned with them. However, people had not been supported to share their end of life care preferences with staff. Staff supported people to continue to be independent. People had enough to do each day but their suggestions to improve activities had not been acted on.

We have made a recommendation about the Accessible Information Standard.

Complaints and concerns people raised had been resolved.

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 10 August 2018). The service remains rated requires improvement.

At the last inspection we recognised that the provider had failed to display the latest Care Quality Commission rating for Keele House on their website. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to protecting people from the risk of harm, protecting people from the risk of abuse and a lack of effective checks and audits of the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Keele House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Keele 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 the last inspection. We sought feedback from the local authority safeguarding team, quality improvement team and commissioners. 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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records including the accident and incident log, training matrix and a care consultants assessment of the service. We reviewed information we received from the operations manager.

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.

Systems and processes to safeguard people from the risk of abuse

- People did not always feel safe at the service. One person told us they felt "intimidated" by another person's behaviour and "I don't feel safe", when the person was near them. Staff told us people were scared of the person and one person cried on occasions. Staff followed the person's care plan and tried to divert their attention but were not always successful. Staff often moved people away from the person. Staff had not considered the person's behaviour may be abusive to others or discussed incidents with the local authority safeguarding team.
- Three incidents of potential vulnerable person to vulnerable person abuse had not been discussed with the local authority safeguarding team. There was a risk people would not receive the support they needed and others would continue to feel unsafe. The registered manager discussed the incidents with the local authority safeguarding team after our inspection and these were not investigated as potential abuse.
- Some people did not feel their property was safe in their bedrooms. One person told us, "There is a lockable cupboard but there is no key, my things are not safe in here. I have to hide my (valuables) where no one can find them". One person entered another person's room during our inspection, threw their personal items away and broke a picture frame. Special locks had been fitted to people's bedroom doors to allow people to leave but not enter their rooms without a key. These had not always been used by staff to keep people's things safe.
- Staff understood the signs of abuse and how to raise any concerns they had with the registered manager and provider. They told us they were confident the registered manager and provider would act to keep people safe. Staff also knew how to whistle blow to outside organisations. However, there was a risk that staff would not identify abuse as some had not completed safeguarding refresher training.

We found systems and processes were not operated effectively to identify and investigate potential abuse. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had not been consistently assessed and managed. Some people smoked, risks of them smoking indoors had been assessed and mitigated. However, risks to people while they smoked had not been assessed. We observed one person smoking a cigarette alone in the garden. They did not have an ashtray and dropped the cigarette into their lap. Fortunately, the cigarette had gone out. Following our inspection, the provider ordered specialist equipment to support people to remain safe while smoking. Staff were also required to supervise people when they were smoking.

- People who had lost weight were not offered high calories foods to reduce the risk of them losing more weight, as recommended by the dietician. This was because the cook did not know how to fortify all foods with extra calories and only added extra calories to milk. One person who required a fortified diet continued to lose weight and had lost four kilogrammes between April and July 2019. People were offered food supplements prescribed by their dietician but this was not enough to stop people losing more weight. We discussed this with the registered manager during our inspection.
 - Robust plans were not in place to keep people safe in an emergency. One person did not have a personal emergency evacuation plan (PEEP). Other people's PEEPs were not detailed enough to support staff to move them safely. For example, they did not include the number of staff needed to support each person. Staff knew about evacuation equipment but some had not practiced using it. Staff did not understand the provider's horizontal evacuation plan and told us they would evacuate people outside. Kent Fire and Rescue Service were due to complete a routine inspection of the service shortly after our inspection. The provider told us they would act on any recommendations made.
 - The building was not completely safe. A shed in the garden, accessible to people, was leaning to one side and was held up with two planks of wood. A number of planks from the shed were on the ground and the wood was clearly rotten. The provider told us, "It is on my to do list", but removal of the shed had not been planned. The provider arranged for the shed to be replaced after our inspection.
- We found risks to people had not been consistently assessed and action had not been taken to mitigate all risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Risks of people falling had been assessed and action had been taken to support them to remain as safe as possible. Some people used alarm mats to tell staff when they were at risk. Other people used bedrails when they were at risk of falling out of bed. Risks relating to bedrails had been assessed. Where these posed an increased risk, alternative ways to reduce risks were used, such as crash mats.
 - One person had moved into the service shortly before our inspection. Risks relating to their care had not fully been assessed. However, the person was safe because staff followed guidance about how to support the person to move using a hoist and how to reduce the risk of them developing pressure ulcers. The person told us they felt safe and comfortable. Another person who used equipment to move told us, "Staff use the stand aid to help me, they are very patient with me and explain every step well".
 - Regular safety checks had been completed on the building and equipment. This included electrical equipment, the lift and hoists. Contingency plans were in place to move people to a local community hall if they were not able to remain in the building safely.

Using medicines safely

- Medicines were not consistently well managed; however, this had not put people at risk of harm. The opening dates of liquid medicines, such as eye drops, had not been recorded. Dispensing labels showed the medicines had not been in the home for more than four weeks. However, opening dates should be recorded to make sure medicines are disposed of, as directed by manufactures. For example, four weeks after opening. This is an area for improvement.
- The position on the body where medicines patches had been applied was not recorded. Staff were aware of the risks relating to placing the patch in the same place, such as skin irritation, and alternated between sites. The registered manager planned to introduce patch application records to monitor patch placement.
- Some people had their medicines without their knowledge, known as covert medication. Medicines had been disguised in people's food but the registered manager had not consulted with a pharmacist to make sure the food would not impact on the effectiveness of the medicine. The registered manager contacted the community pharmacist for advice during our inspection.
- People told us they received their medicines when they needed them. Guidance was available for staff

about people's 'when required' medicines. One person told us, "I don't have much medication to take, one or two and maybe a pain killer when I need it. The staff always help me to identify what I have taken".

Staffing and recruitment

- Safe staff recruitment processes had not been consistently followed. Clear recruitment processes had not been followed when staff had transferred from another service owned by the provider under a different legal entity. These are required to ensure staff have been recruited safely and had terms and conditions of employment. Checks on staff's character and experience had been completed, including Disclosure and Barring Service checks. This is an area for improvement.
- There were enough staff to meet people's needs. We observed staff were available to support people when they needed and were not rushed. People told us, "When I use the call bell they usually come quickly" and "I am never rushed. The staff explain everything to me before they do anything".
- The registered manager monitored people's needs to ensure there were always enough staff on duty. They planned to introduce a seven am shift as they had noted more people wanted to get up early. The registered manager also worked alongside staff to support them at busy times. This enabled them to keep up to date with any changes in people's needs and preferences and observe staff practice.

Learning lessons when things go wrong

- Accidents and incidents were reviewed each month to check any actions required to investigate them had been completed. Where patterns had been identified, such as people falling, action had been taken to reduce the risk of them happening again. This included referring people to falls prevention specialists and supporting people to use alarm mats to notify staff when they were at risk.
- Actions had been effective. A falls prevention specialist had concluded, the staff had taken all the necessary action to reduce the risk of one person falling again.
- Falls records showed a reduction in July 2019. This was partly due to swapping one lounge for the dining room. Staff were able to monitor and support people better as the two lounges were close by.

Preventing and controlling infection

- The service was clean and odour free. One person commented to us, "The cleaner is doing a great job, it smells nice and fresh".
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

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.

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

- People told us they liked the food at the service and their comments included, "The food is great, I eat well, and I eat anything that comes around" and "If I don't like the food on offer I can always ask for something else and they will give it to me."
- People had been involved in planning the menu. Their suggestions, including fish and chips from the take away and 'pie and mash' had been added to the menu. Staff knew about people's likes and dislikes and served their meals at times they preferred.

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

- People had not been supported to stay as well as possible. Some people told us their minor health care ailments were not always dealt with quickly. One person told us their hearing was affected by a build-up of wax. They had seen a community nurse in May 2019 who recommended they have their ears syringed the following week. Staff had not followed the nurses recommendations and the person continued to have trouble hearing.
- People were not always supported to have regular health checks. People were not offered regular dental check-ups. A dentist was called when people had concerns about their oral health. Other healthcare professionals such as chiropodists visited regularly. We observed people were supported to complete exercises recommended by their physiotherapist.

We found staff had not always acted on advice from health care professionals to keep people well. This was a breach of regulation 9 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people told us staff supported them to see their doctor or healthcare professionals when they needed. One person told us, "Staff got the GP for me, when I was unwell". People's relatives or staff supported them to attend appointments.

Staff support: induction, training, skills and experience

- Staff had not been supported to complete training or refresher training to fulfil their roles. The provider had required staff to complete a number of on-line training courses, however they had not prioritised these so staff knew which courses to complete first, such as safeguarding. The registered manager took action after our inspection to support staff to complete essential training.

- Following an incident when a person was not moved safely, the provider had reminded staff about safe moving and handling techniques. Staff had completed practical moving and handling training and most had had their competence assessed. We observed people being supported to move safely. One person told us, "I feel they are confident when they move me with the hoist".
- New staff completed an induction which included shadowing more experienced staff to get to know people and their needs. Staff who did not hold recognised qualifications in care were supported to complete the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life. Another person told us, "They definitely have the experience to care for me".
- Staff had the opportunity to discuss their practice and development with the provider or registered manager approximately every three months. The quality and content of these discussions varied. The registered manager had not always addressed issues with staff during the meeting or challenged staff when they had not completed agreed actions. For example, one staff member had not completed safeguarding training. This has been discussed with them but had not been followed up. They had not completed the training. This is an area for improvement. The provider had followed up on agreed actions with staff they supported to make sure they were addressed.

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

- The garden had been improved since the last inspection, with the addition of garden tables and chairs. The garden looked more inviting and people enjoyed spending time there.
- One of the lounges had been changed into a light and airy dining room. The room had been redecorated. Tables were covered with tablecloths and each had a vase of flowers. One person told us, "I like sitting here. I can watch the world go by".
- Signs had been used to support people to find their way around the building, including signs for bathrooms and toilets. These were placed towards the top of the doors. People who used wheelchairs and others who were shorter or walked with their head down, would benefit from the signs being moved down the door to their eye level.

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

- The registered manager met with people and their relatives to discuss their needs and wishes before they began to use the service. They also obtained information from health care professionals involved in the person's care. The registered manager used this information to make sure staff had the skills to meet people's needs. Any equipment the person needed was in place before they moved in.
- People had been asked to share information about people's lives before they moved into the service to help staff get to know people and understand what they liked. This included their previous professions, their care preferences and sexuality.
- People's needs had been assessed using recognised tools. This included the Malnutrition Universal Screening Tool, to understand risks of people becoming malnourished.

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 supported people to make choices in ways they preferred, such as showing them items. One person told us, "The staff help me make my own choices, they help me choose what to wear for the day and I like to have a shower once every week".
- People had been supported to understand their care and give their consent. For example, one person used the bedrails on their bed to help them move. The person was not restricted and had confirmed they gave consent for their use.
- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- The registered manager had made decisions with others in people's best interests when they were not able to make decisions. This included the covert administration of medicines. Staff knew who was able to legally make decisions on people's behalf.

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 now deteriorated to Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People did not always have privacy. One person told us, "Staff walk in anytime, without knocking. Sometimes they make me jump unknowingly". We observed one staff member walk into a person's bedroom without knocking or acknowledging they were in the middle of a conversation with an inspector. Staff gave people privacy when they supported them with personal care.
- People were supported to be as independent as possible. We observed staff encouraging and supporting people to do things for themselves. One person commented, "I am very independent and do most things for myself. If I'm not sure of something, I get help from one of the staff".
- People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time and were encouraged to continue to care for their loved one when they wanted to.
- The provider and staff kept personal, confidential information about people and their needs safe and secure.

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

- People told us most of the staff treated them kindly. However, one person told us, "Some of the staff seem to be nice and friendly, but one carer is not very nice, rude and full of themselves. They push me around". We observed most staff speaking to people in a kind way, however one staff member spoke abruptly at times. We discussed this with informed the provider about this.
- Staff knew people well and spent time chatting with them about things they enjoyed. One person told us, "The staff are very helpful and know what help I need".
- People were treated equally. One person told us, "Staff provide the same level of service to everyone". People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Most staff treated people with respect. They referred to people by their preferred names and supported inspectors to do this when they were chatting to people. One person told us, "The staff say hello with a smile. They share a joke as they walk by". We observed people and staff laughing together.

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

- Staff supported people to be involved in the day to day running of the service. One person told us, "I like helping in the dining area, I put out the cutlery and lay the table, fold the napkins and get all the tables ready for meals, I love doing that".
- People had been asked about their lifestyle choices and these were respected. Some people preferred to spend their time in their bedrooms. Other people told us they liked to spend time with others or walk

around the service.

- People had been asked if they preferred a male or female carer and their choices were respected. One person preferred a particular staff member and was supported by this person when they were on duty. Other people preferred their support from staff they knew well, so any new staff were introduced to them gradually.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. For example, one person became upset when they could not go out when they wanted to, for their own safety. The registered manager reassured the person and offered them other things to do which they liked and the person quickly calmed.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

- People had not been supported to consider their end of life care preferences. No one had an end of life care plan in place, to tell staff what was important to them.
- The operations manager had written to people's families, rather than people, asking them about their end of life care. They had not received any responses. The operations manager and other staff had not spoken with people about their preferences.
- We would expect staff to offer people opportunities to think about and discuss their end of life wishes and preferences. This is so they have the opportunity to consider and share their views, including beliefs and values, what they would and would not like, and where they would like to be cared for at the end of their life.

We found the registered persons had not designed service users end of life care with a view to achieving their preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives had planned their care with staff, including how they preferred to be supported. One person told us, "The staff know me well. I like to be up by seven am , get ready and make my way down by eight am for breakfast". Another person told us, "The staff take their time with me. I will tell them off if it's not done properly".
- One person who had moved in shortly before our inspection did not have a care plan. However, they told us staff asked them how they would like their support provided and followed the person's wishes. They commented, "Everything is getting into place and I am starting to enjoy my stay here". The registered manager had planned to complete the person's care plan on the day of our inspection. They completed this following our inspection.

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.

- The Accessible Information Standard was not fully implemented at the service. People's information and communication needs had not been used to make sure people always had all the information they needed in ways they understood. This included minutes of meetings and information about the service. This had not

impacted on people and staff gave them information when they requested it.

- A pictorial menu was on display in the dining room to support people to understand the menu choices each day. The complaints process was available in large print.

We recommend the provider seeks advice from a reputable source about meeting the requirements of AIS.

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 not supported to continue to be part of their local community. For example, people had talked about and done activities around the town's carnival but had not attended. At residents' meetings people had requested trips out to local zoos, the beach and for a cream tea. They had not been supported to do this.
- People were offered a range of activities at the service. We observed people singing along with an entertainer. One person told us music brought life to the service and they enjoyed that. Some people continued to complete domestic tasks such as laying the tables and folding laundry. Other people preferred to spend time in their bedroom, so staff spent time with them doing things people enjoyed.

Improving care quality in response to complaints or concerns

- People's complaints were listened to and acted on to improve the service. People and their relatives told us they were confident to raise any concerns they had with the registered manager and these were listened to and acted on. People's comments included, "I will tell the girls if I have a problem" and "I will call for the manager straight away if I have any problem".
- At the last inspection we found people's concerns and complaints were not consistently recorded. This had improved and all complaints received had been recorded. Complaints had been investigated and responded to.

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 requires improvement. At this inspection this key question has remained the same. 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were not fully engaged to share their views of the service to drive improvements. Questionnaires people had completed about the service had not been analysed to identify any areas for improvement.
- People were asked for their views of the service at regular residents' meetings. Some suggestions people had made had been used to improve the service, such as changes to the menu. However, other suggestions had not been acted on, including where people would like to go for day trips. People were not informed about what action had been taken in response to their suggestions.
- Staff shared their views of the service and made suggestions at staff meetings. Their suggestions were acted on. Staff told us they felt involved in the changes at the service.
- Quality assurance processes were not effectively used to drive continued improvement at the service.
- The provider's quality assurance audits had not been fully completed to identify any shortfalls at the service. For example, a medicines audit was completed each month, these had not identified the shortfalls we found at the service during our inspection.
- The provider had employed a care consultant to complete regular assessments of the service. The last assessment was completed on 1 August 2019. They found some of the shortfalls we found during our inspection, including people not being supported to see a dentist regularly. Some of the actions recommended following their previous assessment had not been completed.
- Action had not been planned and reviewed to ensure that any shortfalls or improvements were made within a set timescale. For example, no action plan had been devised to address the shortfalls found by the care consultant.

We found the provider and registered manager had not act on people's feedback develop and improve the service. We found the provider and registered manager did not have effective systems in operation to assess, monitor and improve the quality of the service people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to show on every website maintained by them or on their

behalf, the Commission's most recent rating of Keele House and where on the Commission's website the most recent assessment of their overall performance of Keele House could be found. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 20A.

- The provider had conspicuously displayed the CQC quality rating in the entrance hallway, and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- Complete records had not been maintained for all staff. One staff members records did not contain evidence that a Disclosure and Barring Service check had been completed when they were employed. The provider obtained this evidence after the inspection.
- On all but one occasion the provider and registered manager held staff accountable for their roles and responsibilities. Where there was a risk staff had not fulfilled their roles, the provider had followed their disciplinary processes. Any concerns had been investigated and appropriate action taken to make sure they did not occur again.

Working in partnership with others

- Professionals including the local authority quality improvement and safeguarding teams had provided support and guidance to the provider and registered manager. This included support to make sure one person had all the equipment they needed before they moved in to the service.
- The service had joined the 'red bag scheme' a system designed to ensure hospital staff had quick access to important information about people and their needs including their prescribed medication.

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

- The culture at the service had deteriorated but was improving. Before our inspection the provider, registered manager and visiting professionals informed us about changes at the service and the negative impact these had on the leadership and staff. There had been a number of unsuccessful leadership changes. This had resulted in poor communication and a culture of uncertainty. The provider had recognised the negative impact of the changes and acted to address these. These included providing more stable leadership and having staff meetings to address rumours and inform staff about changes.
- Staff felt supported and listened to by the registered manager. They told us they had previously felt they were "Walking on egg shells" and the service had been "unsettled".
- Staff were motivated by the people. Several staff said the reason they had stayed during the unsettled period was to support the people.

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 understood their duty to be open and honest. When things had gone wrong they had notified people and their relatives promptly and had supported any investigations.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered persons had failed to act on all advice from health care professionals to keep people well.</p> <p>The registered persons had not designed service users end of life care with a view to achieving their preferences.</p> <p>9(1)(b)</p>
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 persons had failed to consistently assess risks to people and take action to mitigate all risks.</p> <p>12(1)(2)9a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons had failed to operate effective systems and processes to identify and investigate potential abuse.</p> <p>13(1)(2)(3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered persons had failed to act on feedback from service users to continually evaluate and improve the service.

The registered persons had failed to operate effective systems to assess, monitor and improve the quality of the service.

17(1)(2)(a)(e)