

Keats House Healthcare Limited

Keep Hill Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection of Keep Hill Residential Home on 2 May 2017.

Keep Hill Residential Home is a care home providing personal care and accommodation for up to nine older people. At the time of our inspection there were six people living at the service. However, on the day of inspection there were four people in residence at Keep Hill Residential Home. One person was in hospital and the other person was on holiday with their family.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and the relative we spoke with felt people were safe at Keep Hill Residential Home. Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. People and the relative were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

There were sufficient staff to meet people's needs. The staff rota book confirmed planned staffing levels were maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People told us and we saw they had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of these, and ensured these needs were met.

We saw the complaints procedure was accessible to people and the relative we spoke with told us they knew how to raise any concerns and were confident they would be listened to.

The relative we spoke with told us they were confident they would be listened to and action would be taken if they raised a concern. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the deputy manager, the registered manager and all of the team at the home. Staff supervision and other meetings were scheduled and took place regularly. People, the relative we spoke with including staff told us all of the management team were approachable and there was a good level of communication within the service.

People told us the team at Keep Hill Residential Home was very friendly, responsive and well managed. The service sought people's views and opinions and acted on them.

The deputy manager had commenced work at Keep Hill Residential Home in November 2016. They were in the process of looking at systems and enhancing the quality of these systems. They had introduced audits of medicines, but these were not always being completed. The registered manager did not have a system in place to monitor the quality of service delivery to people. The registered manager had failed to take appropriate action to correct this.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. Where possible, people and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into Keep Hill Residential Home to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

Is the service well-led?

The service was not always well led.

People, staff and relatives told us there was a positive culture at the home.

People, the family member we spoke with and staff told us there was good management and leadership in the home.

The service did not have robust systems in place to monitor the quality of service.

Requires Improvement ●

Keep Hill Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 May 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with three people who used the service and one relative of a person who lived at Keep Hill Residential Home.

We looked at three people's care records, medicine administration records, two staff records and records relating to the general management of the service. We spoke with the registered manager, the deputy manager and two care staff. Both of the care staff we spoke with had dual roles at the home as they also covered activity needs and catering needs for people.

Is the service safe?

Our findings

At our comprehensive inspection on 3 and 4 April 2016 we found people's risks were not always being managed safely. We also found no emergency evacuation plans were in place for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

The environment was not always safe for people. We found fire exit doors had been propped open, radiator covers were not always fit for purpose and areas identified as a concern in our 2015 inspection had not been acted upon. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was not a robust recruitment system in place to make sure staff had the right skills and experience to look after people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan telling us how they were going to make improvements.

At this inspection we found some improvements had been made. Risks to people had been identified and assessments had been completed to mitigate the risk for people. For example, we found risks associated with people's lifestyle had been identified and details on how to manage these risks were documented in people's care plans. We also found that Personal Emergency Evacuation Plans (PEEPS) had been completed for all the people at the home, with the exception of one new person. The deputy manager told us the person had only been in the home two days and was in the process of writing this. If an emergency occurred, staff knew individual risks to people, for example their mobility, and where to find details of this risk in case of an emergency. We saw a chart was displayed in the reception area which outlined the evacuation exits for the building and a copy was available in the emergency folder. This meant the emergency services had details available to assist in any evacuation.

We saw action had been taken to repair radiator covers and fire doors were no longer propped open. We also saw the concern we found regarding a tap in one of the downstairs bathrooms had been addressed. However, we still found some areas when improvement was required. For example, we saw a tap in the downstairs toilet now had the disk indicator missing from the top. This may pose an infection control hazard for people. The registered manager told us they would have this replaced.

At this inspection we found records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Records showed staff had completed a job application form and we saw there were no gaps in a person's employment record. Interviews had been completed, photographic identification, evidence of the person's identity and health checks were present in staff files.

Other risks to people were managed. For example, when people had swallowing difficulties. It had been recommended that one person should have two scoops of thickener in their drink. However, this person refused to have this. The deputy manager worked with the Speech and Language Team (SALT) and it was agreed between the team, deputy manager and the person that they would have one scoop of thickener in their drink. Although this conversation was documented in the person's care plan there was no written evidence of this agreement from the SALT team. The deputy manager agreed to obtain this and send a copy of confirmation to us following the inspection. We saw the same person was also at risk of low nutrition. Weekly weights were maintained to ensure their weight was closely monitored. Another person was at risk of developing a pressure sore. We saw the deputy manager had identified this and had contacted the district nurse team. An assessment was done and cream prescribed along with a pressure relieving cushion. The person's skin had recovered and thus a pressure sore was avoided. Staff told us the person was at risk of falls, but following close management they had reduced the risk and the person now walked unaided. A third person had a specific health condition which meant their circulation was poor and put them at risk of developing health complications. The person's risk had been identified and the deputy manager told us they were in the process of writing a risk assessment to ensure the person's foot care was monitored. The person had been at the home for two days.

We spoke with one relative about the risks to their family member. They told us "[name] used to fall a lot before coming to the home. But now she is so well supported there have been very few instances".

We saw people's medicine was managed safely on the day of the inspection. We looked at people's Medication Administration Records (MAR's) and saw there were no gaps in the records. This showed people had received their medicine as prescribed. We saw good practices were in place for medicine fridge temperatures, controlled drugs and where PRN protocols were in place, these were documented and guidance was clear for staff to follow.

Medicine was kept securely in a lockable cabinet and in a secure room. Staff were aware of the procedure in place to ensure that medicines ordered, administered, stored and disposed of safely. We saw a daily count of people's medicine was undertaken. We looked at two people's records and the medicine reconciled with the MAR charts.

People and relatives told us they received their medicine when needed. One person said "The management of my diabetes is fine". One relative said "The medicine has decreased since [name] has been in here, which is a good thing and they are sleeping better".

We saw safety checks had been carried out by the deputy manager. For example, Legionella, shower temperature checks and fire safety checks.

Accidents and incidents were recorded and identified actions taken to minimise the risk of further occurrences. There were systems in place to review these incidents and to identify any trends. Staff told us that learning from accidents and incidents were shared through staff handovers and meetings. Staff knew how to follow the policy and report any incidents.

People, their relatives and staff told us people were safe. Comments included; "Safe, oh yes, if not I would tell the staff"; "[name] is safe, always somebody around and the garden is secure". Staff commented, "People are safe now" and "Safe, oh yes people are safe here".

Most of the staff had completed safeguarding vulnerable adults training and refresher courses were being arranged for the remaining staff. Staff we spoke with were able to tell us about the different types of abuse

and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. Staff said, "Safeguarding is here the help protect people, it could be a medicine concern, staff numbers or neglect" and "It's about respect for people, I am aware of the types of abuse and would not hesitate to report anything". We saw systems were in place to record any safeguarding concerns and they had been appropriately reported to the relevant authorities. Staff told us they were aware of the provider's whistle blowing policy. Whistleblowing is where someone can anonymously raise concerns about standards of care. Staff told us they would not hesitate to contact someone externally if they had any concerns, for example, the Care Quality Commission. One staff member said "Whistle blowing, definitely I would report and be happy to do so".

On the day of our inspection we saw there were enough staff to meet people's needs. This was confirmed when we spoke with people and their relative. One person said "Yes there are enough staff. I am sure they would come to me when I need them". Staff comments included "Staffing is ok at the moment, but will need two more care staff if more residents come to the home" and "There are enough staff at the moment". The deputy manager told us they would assess staff numbers to ensure there were enough staff on duty. They said sickness was not normally a problem and other staff members were happy to cover shifts if necessary. This was confirmed by staff we spoke with. They said "We help each other out, if we cannot do a shift, we will swap". We looked at the staff rota book and saw there were regularly the agreed level of staff on shift.

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. The provider had systems in place to monitor staff training. They used a training matrix which showed when the training was last done and when it was due again. Training included, mental capacity act, moving and handling, food and hygiene, first aid, infection control and fire safety.

Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. They told us they had received specific training to manage people's conditions, for example, PEG feed management. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff member's comments about their training included, "The training is definitely good enough" and "I have recently done my medication training, we have an assessment this week, so the training will be complete".

Relatives told us they felt staff had the necessary competency to care for people. Comments included, "Training seems to be fine, they do it well (look after people) and people get what they need".

New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. One staff member told us "I shadowed other staff, looked at how the home operated and got to know the routines of people and get to know them personally". We looked at two staff files who had recently been employed at the home. We saw an induction checklist was completed for both staff members. This meant staff competence was monitored as part of their induction.

Staff felt well supported by the management at Keep Hill Residential Home. Staff had regular supervision every two or three months. They told us it was an opportunity to discuss any concerns and development needs. One staff member commented, "It's a two way conversation and we discuss any training etc". We saw the deputy manager's last supervision was 5 December 2016. They told us another supervision was to be arranged by the registered manager. They also told us that the registered manager was currently responsible for supervision of the staff. However, once they (deputy manager) has made the necessary quality changes in the home, then they would be carrying out staff supervision.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

We saw people's capacity had been assessed in their care plan. People were supported to make decisions on their day to day care. Care plans outlined whether people had capacity to make decisions on care and treatment.

We spoke with staff about their understanding of the MCA. One staff member told us, "It's when someone cannot make a specific decision. It's about protecting them when they are not able to make that decision."

The management team demonstrated a clear understanding of their responsibilities in relation to MCA and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the supervisory body where an assessment had identified the person lacked capacity to consent to the deprivation. There was a mental capacity assessment which identified the person lacked capacity to understand risks. DoLS applications had been made to the local authority and best interest decision meetings had been held with the appropriate professionals, relatives and management at Keep Hill Residential Home. For example, one person was at risk if they went out alone. We saw the appropriate application had been made to the local authority.

Staff used the provider's mental capacity document to assess people's capacity. Family members signed the forms where relevant, including when specific decisions had been made, for example nutritional needs.

People had enough to eat and drink. One relative commented, "[name] weight has improved and staff encourage her to eat. I know at night if [name] wakes up, staff give her a sandwich and drink to settle her down again". We saw the daily menu was displayed on a board in the dining area. People's comments about the food included, "The food is nice and we get a choice" and "Yes the lunch was ok thank you".

We saw records which showed people's nutrition was monitored. People were regularly weighed and actions were taken to address any risks. For example, fresh cream was used to supplement nutrition for people to assist weight gain.

People who required support to eat their meal were supported by staff who were patient and caring. Staff observed people at lunchtime to ensure they ate their meal. They did this respectfully and struck up a conversation to encourage them to eat their meal.

We spoke with the care worker who was also the cook. They knew people's individual preferences, including health needs and allergies. For example they knew one person did not like mashed potato and they told us they always cooked them roast potatoes instead. Another person did not like fish, they made sure there was a suitable alternative for them. However, they said as there were only four people in the home, it was easy to ensure people had their own choice of meal on the day. They knew people who needed their food pureed and those whose diets needed fortifying to maintain their nutritional intake.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. Visitors told us they were kept informed of any health concerns regarding their relative. Comments included, "I am always informed if [name] is ill, they let me know when the GP is coming and also other appointments, for example the chiroprapist".

Is the service caring?

Our findings

On the day of our inspection we saw staff interacted well with people. They were caring and attentive to people's needs. We saw one person who was being supported on a one to one basis. The care worker was patient and knew the person well. This enabled them to support them as they wished.

People and the relative we spoke with told us staff were caring. Comments included, "Staff are all lovely" and "They take good care of me". The relative we spoke with commented, "They look after [name] very well, they give her one to one attention. They will sit with [name] until she goes to sleep. The care staff are all extremely nice".

Staff told us "I love taking care of elderly people, that's why I am here". We saw positive interactions between people and staff. There was a jovial and relaxed atmosphere in the home and people had a banter with the staff. We saw staff were kind, respectful, very attentive and caring toward people.

People told us they were supported well by staff and were given choices. They said "I am comfortable here, it's the right place"; "I am very well looked after"; "I like to stay in my room, it's my choice" and "The staff are nice, they make me feel comfortable". Staff said, "I will give them breakfast when they are ready, it's their choice"; "I know there is a happy atmosphere with all the staff and this reflects on people's moods in a positive way" and "I always offer people choice, ask them what they would like".

The deputy manager told us how they had supported one person. They said, "[name] had lost their confidence in the shower following a chest infection (as they were at risk of falling due to their illness). We have worked with them to rebuild their confidence and encourage them to become independent again. They have now improved and are able to shower independently, which is great. But we still recognise when they need assistance sometimes".

We saw people were involved in their care and reviews of their care where possible. The relative we spoke with confirmed they were involved in their family members care decisions.

People's rooms were personalised, they were able to bring in their own furniture and belongings to ensure their room was homely.

People's dignity and privacy was respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. One relative we spoke with said "They respect [name] privacy, for example, they will ask me to leave the room when they are assisting her with personal care. They make sure her clothes are clean and I can see [name] is changed regularly. My sister said [name] is very well looked after, so must be good. People are supported with what they need".

Staff explained how they promoted people's dignity. They said, "I always maintain dignity and respect. For example, when delivering personal care. I ensure the door is closed and only care staff are in the room. I respect people's wishes, if they refuse personal care, I encourage them and go back later and try again. I will

offer them a cup of tea, that sometimes helps".

Staff recognised the importance of confidentiality. They said "Work is work and should stay within these four walls". People's records were stored securely at the home.

Is the service responsive?

Our findings

People were assessed prior to moving to the home and assessments were used to develop personalised care plans.

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes and there was a photograph of the person on the front of the file. We saw 'My support plan' document had been completed. This information enabled staff to know about people's past and tailor people's care to meet their specific needs. People's specific needs were recorded and acted upon. For example, one person was always accompanied when they went out to ensure their safety was maintained. Care plan reviews were regular, including risks and involved people or their relatives, who were encouraged to make comments or amendments to the care plan. One relative said "I saw the care plan about a month ago and was pleased with how good it looks. It's very comprehensive and explains well how to manage [name] well".

Where people required further support from health professionals, this was arranged. For example, one person had been referred to the speech and language therapist due to concerns raised regarding their thickening fluids. We saw a visit had taken place by their GP and the SALT team and an agreement had been made to make changes to the volume of thickener.

People's care needs were responded to as staff knew people's individual needs. For example, one person would only eat small portions of their meal. Staff told us they would fortify this person's food to increase the nutritional intake. Another person's life style preferences were known to staff and they explained how they respected this.

People were supported to spend their day as they chose. We saw photographs of people painting a stain glass cross to celebrate Easter. People were enjoying the event along with the staff. We saw other photographs of people with staff doing activities. For example, cupcake making; bracelet making; playing games such as skittles, were also carried out with people. The photographs clearly showed people were enjoying these activities.

We spoke with the activity co-ordinator. They knew people's interests and told us they supported people with their choices. For example, one person was very fond of teddy bears and they were carrying them around with them on the day. The relative of this person said "They (staff) stimulate [name] as much as possible and I know she loves the teddy bears". Another example was one person who had an interest in horses. The deputy manager told us how they were arranging to take this person to a local stables to see the horses. The activity co-ordinator told us how they supported one person to maintain their previous occupation. This person was encouraged to assist in the kitchen as they used to be a cook in the Navy. Another person liked to listen to music and watch television. We saw this was arranged for the person in the lounge on the day of our inspection.

Other examples of maintaining people's interests were music preferences. The activity co-ordinator told us

of one person who liked classical music. On the day of our visit we heard this was playing in the person's bedroom. The activities co-ordinator also told us how they maintained people's interests on an individual basis. They said they would read the paper with people take people shopping.

There were accurate, detailed records relating to health conditions and on-going treatment plans. For example, one person was a diabetic and we saw their records were up to date with their blood level checks. Another person was on a PEG feed and all the relevant monitoring charts were in place.

There was a complaints policy and procedure in place. We saw one was displayed in the reception area to ensure people were aware of how to make a complaint. We were told there were no outstanding complaints and that they had not had any complaints in the last 12 months. We saw a system was in place to record complaints, however, this had the sister home's name at the top of the form. We discussed this with the deputy manager and were told they would update this immediately. The relative we spoke with told us they had not had to make a complaint, but knew how to raise any concerns. They said "I would speak to the deputy manager or the registered manager. I have no concerns, all the staff are extremely good with everybody".

Staff told us they knew how to handle any concerns or complaints. They said "I am aware of the procedure and I know the policy is accessible. If someone wanted to complain I would try and address the concern first, but if I could not, I would talk to the deputy manager or the registered manager.

Is the service well-led?

Our findings

At our comprehensive inspection on 3 and 4 April 2016 we found there was not a robust system in place to monitor the quality of service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

At this inspection, although the deputy manager had introduced some quality audits there was still no established system which operated effectively to ensure an overview of the service and that quality and safety of people was maintained.

We saw medicine audits had been introduced by the deputy manager. Previously MAR charts had not been completed which meant we could not be sure had received their medicine when needed. The deputy manager had introduced a daily check of MAR's which should be completed by a staff member on shift. However, on the day of our inspection we found there were three days where these audits had not taken place. We raised this with the deputy manager and they told us they would investigate why this audit had not taken place. Whilst we saw reviews of care plans had taken place, including people's risks, there was no system in place for the registered manager to have an overview of these audits and to ensure any actions required had been completed. We discussed this with the registered manager and they confirmed they did not have a system in place. This area of concern had been raised at previous inspections with the registered manager. Although some improvements had been made to quality checks, these were still insufficient to give us confidence that the quality of people's care was being monitored thoroughly to ensure it was appropriate and safe. In the registered manager's action plan they told us they would implement changes to the quality monitoring by 3 May 2016. However, they had failed to make the necessary changes.

This meant the registered manager did not understand the principles of good quality assurance. They had not taken action to ensure they had an overview of quality of care for people. We identified these concerns in 2015, 2016 and at this inspection. This meant the registered manager was not able to demonstrate the drive to make improvements for people's care at Keep Hill Residential Home.

Following our inspection the deputy manager informed us they were in the process of setting up a system for the registered manager to have an overall quality check on service provision. However, this had not been implemented at the time of inspection. We have asked for a copy of this process to be sent to us following our inspection.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A pharmacy inspection had taken place at Keep Hill Residential Home in April 2017. A number of concerns regarding the management of people's medicine had been identified. Although, a number of these had been actioned, these had only been implemented at the end of April 2017. It was therefore too early to measure the effectiveness of these changes. Some actions were also outstanding, for example, staff were secondary administering one person's medicine due to the intermittent failure of the lift. Staff were decanting this

person's medicine into a secondary container and taking it to the resident upstairs. This does not allow for safe administration of medicine and is not in line with good practice guidelines, known as the 6R's of medication administration. We were told this person had agreed to receive their medicine on the ground floor as an interim measure. The deputy manager told us that a lockable cabinet was to be fitted in each bedroom on the first floor to enable people's medicine to be kept securely and administration was in line with NICE guidelines. We have asked the deputy manager to send us a report of the progress of these actions along with a date of when the cabinets will be fitted in people's bedrooms. We have received confirmation that the care homes pharmacy technician will be re visiting the home at the end of May 2017. We have asked for a copy of the report to monitor progress made regarding the medicine concerns identified.

The leadership by the deputy manager on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit. They told us how they had recognised there were a number of practices which needed reviewing, for example, some of the policies in place required updating and they had identified training was inadequate when they started in November 2016. We found training had been arranged for all staff and the deputy manager was working on updating the homes policies. They were also reviewing people's care files to ensure all the necessary details were present. They said they had completed these and commented, "I really want to make a difference for people here, it will give me satisfaction".

Comments on the workplace culture and support from staff included; "I am getting support, but would like more feedback"; "The registered manager is quite understanding and flexible"; "I know I can approach [name] if need to, but I know where to find the information, for example, policies and procedures" and "The deputy manager is very approachable and the registered manager is good". One relative we spoke with said, "The deputy manager is always accessible".

The deputy manager told us to improve communication with families they were going to introduce a quarterly newsletter for people and their visitors to keep them updated with forthcoming events or changes. We saw staff meetings had taken place in January and April 2017 and staff were encouraged to raise any concerns or make comments. For example, concerns were raised regarding the staff numbers at weekends. The provider addressed this and added another staff member as support. We sat in on the handover meeting between shifts on the day of our inspection. Information about individual people was relayed to the staff on duty. This included the person's current health, their food intake for the day and what activities they had been doing. This was a comprehensive handover which helped staff to monitor the people in their care.

We asked staff what it was like to work at Keep Hill Residential Home. They said "It's nice as it's more like their (people's) own home, a real homely feeling"; "It's brilliant here, I really enjoy it. There's a nice homely atmosphere and this rubs off on the residents. If we are happy and laughing, we can see it makes them happy to"; "It's nice as we all get on well" and "What we do well, that's caring for people". One relative told us, "It's extremely well run, my sister said [name] is very well looked after, so that means it must be good!".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

People and their relatives were encouraged to feedback about the quality of the service. We saw the results of a relatives', professionals and residents satisfaction survey from November 2016. It showed overall everyone was happy with the care and there were some positive comments. For example, 'You (manager) and your staff are very caring and in a difficult situation, you all work very well. Another comment was, "It would be nice if the residents could go out to a social club sometimes if possible'. We asked the activities co-

ordinator about this. They said people don't go out in a minibus, but they walk into town to do some shopping or just to get some exercise. We saw the results of the survey identified that not all people were aware of the complaints policy. In response to this, the deputy manager told us they were in the process of sending details out to families.

We saw the environment would benefit from refurbishment to make it a more pleasant place for people to live. When we asked relatives and staff what improvements could be made, they told us the home would benefit from refurbishment. Comments included, "The home is ok, but it would benefit from a 'lick of paint'". We discussed this with the registered manager. They told us that they would be repainting the empty bedrooms before people arrived. However, they did not have a refurbishment plan in place which detailed when this or the rest of the home would be refurbished. They said they would look into putting this in place.

Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records.

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	Regulation 17 HSCA RA Regulations 2014 Good governance People who use the service were at risk of inconsistent and unsafe practices due to the lack of effective quality assurance and auditing systems at the home and inconsistencies in record keeping. Regulation 17 (2) (a)(b)(c)