Keller House

Keller House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Keller House provides accommodation and care for up to 15 older people living with a dementia type illness and who require assistance with daily living. There were 10 people living at the home on the day of the inspection.

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

When we inspected this service on 28 October 2013 we asked the provider to make improvements to the policies and procedures with regard to complaints. At the last inspection on 27 August 2014 we looked at complaints

Summary of findings

and the relevant policies and procedures and consequently made compliance actions for management of medicines and complaints. The provider sent us an action plan and said they were compliant by October 2014; we found these were met at this inspection.

This inspection took place on the 24 March 2015 and was unannounced.

Risk assessments had been completed as part of the care planning process. We found they had not all been reviewed on a regular basis and people's needs were not always assessed, reviewed and updated as they changed.

We found there were not always enough staff to meet people's needs and a system to determine appropriate staffing levels was not in place, which meant people had to wait for staff to assist them.

Not all staff had attended essential training, such as supporting people living with dementia.

Recruitment procedures were not robust, as all the relevant information had not been collected before staff were employed to work at the home. The systems used to assess and monitor the services provided were not effective.

There were systems in place for the safe management of medicines, and people had access to external healthcare professionals as required. Staff had attended safeguarding training and had a good understanding of abuse and how to protect people.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and ensured people were enabled to make decisions about the care and support provided.

The atmosphere at the home was relaxed and comfortable; people were treated with respect and relatives and friends were welcome at any time.

There was an open management structure at the home and staff felt supported by the registered manager.

We found a number of breaches 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments were in place, but they had not been reviewed and updated to reflect people's needs.

There were not enough staff to assist people to choose how they spend their time.

Recruitment checks were incomplete and did not help ensure only suitable staff were working in the home.

A system for the safe management of medicines was in place.

Safeguarding training had been provided and staff knew how to keep people safe and protect them from abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received essential training and updates, including supporting people living with dementia.

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

People were offered choices about the food they ate and staff supported them to enjoy relaxed and sociable meals

People were supported to have access to health care professionals. This included GP, district nurses, chiropodist and dentist.

Is the service caring?

Good

The service was caring.

People were treated with kindness, they were respected and their dignity was protected when staff provided personal support.

The atmosphere in the home was calm and staff had an understanding of people's likes and dislikes.

Relatives and friends were able to visit at any time, and were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provision of activities was very limited and did not follow current published guidance.

Summary of findings

People's needs were not always assessed, reviewed and updated as they changed.

There was guidance for staff to follow to support people, but the daily records did not show they followed the guidance.

There was a complaints policy; no complaints had been made for over eight months.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were systems in place to monitor the service, but they were not effective.

The values of the home were clearly understood by the staff and they followed them when providing care and support.

Quality satisfaction questionnaires had been used to obtain feedback from relatives and action had been taken to address any issues identified.

There was an open and relaxed management structure at the home and staff felt supported by the registered manager.

Keller House Residential Care Home

Detailed findings

Background to this inspection

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

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 24 March 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with all of the people living at Keller House, and some told us about the care they received. We spoke with five members of staff, which included the registered manager and the cook, two visitors and one relative.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

We reviewed a variety of documents which included four care plans, daily records, three staff files, training information, medicine records, audits and some policies and procedures in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they were comfortable and the staff looked after them. Relatives said they felt people were safe and had no concerns about the number of staff working in the home. Relatives told us, "I have no worries about safety, there is always one of them (staff) in the room, they never leave them alone" and, "There's always enough staff." One visitor said, "We visit quite regularly and people are always very well looked after, staff make sure they are safe, we have no worries."

People and visitors felt that people were safe. However, we found there were shortfalls, which may have compromised people's safety and placed them at risk of unsafe care.

The care plans did not include up to date risk assessments for mobility, pressure sores and the use of bed rails. One person was at risk of falling, in one part of their care plan it stated they were mobile and staff were required to support them to move around the home safely. However, in another part of their care plan it said the person had no mobility and was at risk of falls. The information available for staff to use as guidance was not clear, and new staff may not have been able to support this person safely.

Bed rails were used for some people to ensure they did not fall out of bed. The risk assessment for one person had not been reviewed or updated since 2013 and it was not clear if the bed rails were needed, to protect them from falling out of bed. Waterlow, pressure sore risk assessments, had been completed in the care plans we looked at. However, two had not been reviewed or updated and it was not clear if appropriate support was in place to reduce the risk of pressure sores. This meant people may have been at risk of developing pressure sores.

Risk assessments and guidance for staff to support people safely when their behaviour put them and other people at risk were not appropriate. In one care plan we found that a person rubbed their eyes and there were instructions for staff to 'reprimand' them when they did this. This meant staff offered inappropriate support and may not have reduced the risk of damage to skin around the person's eyes.

The building is a converted older premise with original features; bedrooms are on three floors and the layout is such that staff were unable to observe people in different parts of the home. People were dissuaded from walking around the home, to their rooms or using the bathroom independently. This meant people were unable to take assessed risks and make choices about where they spent their time. Environmental risk assessments had not been completed to support people who were mobile and there was no clear guidance for staff to follow in emergency situations to protect or evacuate people, which could leave people at risk of harm.

Staff working at night were required to do the laundry. This is situated to the rear side of the building and staff can only access this by walking out the front door and around the building. A risk assessment had not been carried out to assess the risks, to people and staff, of staff leaving the building during the night. The manager said a security light switched on as they walked past the side of the building, but we were unable to find this. There was no written guidance for staff to follow; such as the time they should do the laundry and as the front door is locked, the arrangements between the night staff to ensure the person leaving the building did not leave the door unlocked and could access the building when they had completed the task. In addition staff were at risk of falling if there was insufficient lighting at the side of the building. The garden is not secure, it can be accessed by the road and there is the potential for unauthorised access to the home, which may put people and staff at risk of harm or injury.

The lack of appropriate up to date risk assessments is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Recruitment procedures did not ensure that only suitable people worked at the home. New staff files had a checklist at the front with a list of dates to show when the applications had been completed and staff started work. We found completed application forms and Disclosure and Barring System (police) checks, but other essential information was not available. There was only one reference for one staff member and a reference for another staff member had been provided by a relative. Only one interview record had been completed; this meant there was no information about their previous employment or their experience in providing care, which would have enabled the provider to plan effective training and ensure they were able to meet people's needs. The manager told us

Is the service safe?

applications had been the responsibility of the administrator at the providers other home, and she said in future she would be responsible for staff recruitment at Keller House.

Relatives and visitors felt there were enough staff working in the home. However, people were unable to make choices about how and where they spent their time, and most were encouraged to remain in the lounge. A member of staff was off sick at the time of the inspection and the registered manager had taken their place providing care and support. One staff member told us people remained in the lounge at all times, "To make sure everyone is safe." Another staff member said, "It is very busy sometimes and it is better if people stay in the lounge." The manager told us the staffing levels were flexible and changed depending on people's needs, but there was no evidence that people's needs were taken into account when determining staffing levels. The staffing levels were not flexible and had not been reviewed to ensure that staff could meet people's needs.

During our inspection on 27 August 2014 we found people were not protected against the risk associated with medicines. On this inspection we found systems were in place to ensure that medicines were managed safely.

Medicines were stored in a locked trolley in the dining room, which was secured to the wall. The temperature of the room was checked regularly, to ensure that medicines were stored correctly.

People's medicine records were up to date. Each person had a medicine administration record (MAR) chart, which stated the medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and any allergies they had. All the MAR charts were up to date, completed fully and signed by trained staff. The manager told us staff administered medicines only after they had completed training, and the training records were available in the medicine folder. Staff said they had completed training and they felt confident administering medicines. We saw a staff member ask one person if they would like pain relief when they said they had a headache. They were offered paracetamol, but decided not to have any at that time. The person later said the headache had gone. Staff followed the medication management policy in relation to medicines given 'when required' (PRN). They said a separate part of the MAR had been completed when PRN medicines had been administered, such as paracetamol, and we saw these had been filled in. Guidance was available to instruct staff on safety aspects of administration. Such as not to administer more than eight paracetamol over each 24 hours period.

Records showed the manager audited the MAR charts, the last audit had been February 2015, and action had been taken to address any issues, such as when one tablet was given instead of two. The manager and GP had been contacted and training had been reviewed for the staff member to ensure people's safety. Specific instructions for staff were in the medication folder. For example, staff were to instruct one person to open their mouth, so that medicines could be administered. One person's medicine was given covertly in their food. We found in the care plan this had been discussed and agreed by the GP and the next of kin, to ensure they received the prescribed medicines they needed.

We found that people were as far as possible protected from abuse. Staff had a good understanding of how to protect people and all staff had attended training. Staff were aware of different types of abuse and said if they had any concerns they would report them to the registered manager, or the local authority, if they thought action had not been taken. Staff said they had read the safeguarding and whistleblowing policies and were confident they would follow them if they had any concerns. They were aware that if the registered manage or provider did not take action, they could contact the local authority or Care Quality Commission (CQC). The registered manager said they were aware of the Sussex Multi-agency safeguarding procedures and these were available to refer to. Staff told us, "I haven't seen anything that concerns me," "People are safe from abuse here," and, "We work well as a team to keep people safe."

There was on-going maintenance of the home and checks had been carried out to ensure that the home was clean and safe, such as the water temperature and laundry sport checks. The registered manager said maintenance checks were on-going and included electricity and gas, call bells and electrical appliances, and there were audits to support this. An environmental audit carried out on 12 January 2015 had found some unsatisfactory areas such as incomplete damp dusting of shelves and tables. Action to address this was documented and stated this had been done the following day.

Requires Improvement

Is the service effective?

Our findings

People told us the staff were very nice and, "They look after us very well." They were complementary about the food and said, "The meals are nice." "It is lovely – and nice and hot" and, "I'm not very hungry – but the food is alright. A visitor told us their family member, "Loves the food" and, "It always smells nice and looks appetising."

A training programme was in place and staff had attended or viewed on line dementia care, moving and handling, health and safety, fire safety, infection control, recognising abuse and the control of substances hazardous to health. Policies and procedures regarding security, confidentiality, the home's philosophy of care and their aims and objectives and mobile phone rules were also available and staff said they had read these. We looked at the induction training for new staff and found this had taken place over one day, staff said they were then supported by more experienced staff until they felt confident to provide care. Staff told us they had regular training. One staff member said, "We get up to date training all the time." For staff working during the inspection English was their second language, and training in spoken and written English had not been provided. One staff member said they learned English largely from, "The TV and reading English magazines." Another staff member told us, "I would like to learn it properly and there are courses at the college, but we haven't been offered them." Staff told us communication was improving as they worked at the home and they felt able to communicate with people about their needs. However, when asked about developing their skills and working towards a diploma in health care, one staff member said, "I can't improve my qualifications in care as my English is not good enough. I need to do an English course first." The lack of relevant training, in spoken and written English, to enable staff to understand the care plans and guidance means that people may not have received the care and support they needed.

The manager said most of the training was done internally, with very little involvement from other training organisations. We found the provider had no links with organisations who were up to date with guidance on supporting people living with dementia. Staff were kind and thoughtful and supported people with their daily needs, but the support provided was task orientated, it was not person centred and specific to each person's individual needs. For example, one person was supported in bed on a pressure relieving mattress. It stated in their care plan this was to assist the healing of a small pressure sore. We saw the pressure sore had healed, but the person remained in bed and there was no information in the records to explain this. This meant the person received little interaction with people, although their care plan stated they liked to socialise. The manager said they needed a specific chair as they were prone to leaning forward, and this was not available. It was also not clear how the person could be moved from their room on the lower ground floor to the lounge on the ground floor, and staff did not have the skills to question if the support they provided was appropriate. Staff said they had some understanding of different types of abuse and people were unable to make decisions, but did not have a clear understanding of how to support people living with dementia. This meant people may not have received the care and support they needed.

The lack of training is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Mental capacity assessments were included in the care plans; they had been reviewed but there was no evidence of best interest meetings when people's needs changed. Although one relative said they had been involved in decisions about their family members support when their needs had changed. The manager said training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided for staff and they understood some people's capacity to make decisions may be affected by dementia. A DoLS was not in place for anyone at the time of the inspection and the registered manager said they were waiting for advice regarding the locked front door, which meant people were unable to leave the building without support from staff. We observed staff asking people for their consent and agreement to support as they assisted them to use the bathroom and with their meals. Staff said they assumed people had the capacity to make decisions and if they were unable to do so verbally they knew them very well and knew what they liked to do and eat.

Supervision was provided three monthly, with staff strengths and weaknesses identified in the records, including training and professional development. There

was no evidence of regular appraisals. Staff said they thought the supervision was very useful to talk about how they were, "Getting on with the work," and if they needed to improve what they were doing. However, the lack of appropriate training to support staff whose second language is English had not been identified and no action had been taken to address this. All of the staff we spoke with enjoyed working at the home and felt very well supported by the management.

Lunchtime was a relaxed and social time for people. Four people used the dining room, others remained in the lounge and those in their rooms were supported to eat there. People were offered clothes protectors and staff asked for their agreement to put them on. There were choices for the main meal and sweet, and alternatives were provided. If people did not understand the choices or were unable to express their choice, staff used their knowledge of people's preferences and what they had enjoyed previously to provide a meal they enjoyed. We saw staff encouraging people to eat their meal and have a drink; they sat quietly with some people and prompted them. Drinks were available in the lounge throughout the day, although staff did not offer them to people unless it was mealtimes. Afternoon tea was relaxed and people had drinks with cakes made by the cook.

The cook had a good understanding of people's preferences and was clear that some people needed pureed meals or a soft textured diet as they had difficulties swallowing. Meals were re-heated as required and if people changed their minds about the meals they were offered alternatives, one person had sandwiches and another had an omelette.

Staff were aware of what people had to eat and drink throughout the day. People were weighed monthly to ensure their weight remained stable and recently one person had lost weight and the GP had been contacted and a referral had been made to the speech and language team to assess their swallowing reflexes. Swallowing difficulties had been identified and clear guidelines for staff to follow were in the care plan. Staff were able to explain how they supported the person to eat and drink, but they did not record this on the food and fluid charts.

There was evidence in the care plans healthcare professionals were contacted in a timely manner, including GP, district nurse, chiropodist, optician and dentist to ensure people maintain their health. The registered manager told us they contacted external healthcare professionals as soon as a person's needs changed, so that people received treatment before their health deteriorated. Visitors said if there were any changes in people's health the appropriate healthcare professionals were contacted.

Good

Is the service caring?

Our findings

People said the staff were kind and one person said, “Oh yes they look after me here.” Staff said people needed support with their day to day lives, but they always worked with them so that they could make decisions and their wishes were very important. Visitors told us the staff were kind and caring towards people and showed genuine affection at times, and they praised this aspect of care. One relative said, “The staff are very good. I’ve never witnessed them get impatient. They are so lovely” and they, “Are getting some affection from the staff.”

Staff clearly knew people they were caring for very well. They used their name when speaking to them in a kind manner; conversations were friendly with some joking and laughter, which people and staff enjoyed. Staff often smiled and used touch appropriately to reassure people. There were a number of small acts of kindness such as rearranging a necklace and explaining that relatives had phoned and would be visiting soon. Staff treated people with respect using eye to eye contact when they talked to them; they explained what they were doing and made sure they were comfortable before they assisted other people.

The atmosphere in the home was relaxed and comfortable. People were supported to move to and from the lounge and their dignity and privacy were respected when staff offered support with personal care. Everyone was dressed appropriately in clean clothes, which staff said they had chosen and reflected their personal tastes. Some women were wearing jewellery, staff knew this was important to them, and had manicures. A visitor said their family member was, “Always clean and tidy.” The registered manager said a Christian service was held at the home on a regular basis and people were able to practice their faith if they wished.

Three people remained in bed or their rooms. Staff said they checked these people regularly and ensured they were comfortable and made choices about how they spent their time. We saw staff spent time with them when assisting them with personal care and meals.

Staff said they were knowledgeable about people and their behaviours. We saw they were very observant, they picked up on issues quickly, such as if people were not eating and encouraged them to do so. Staff treated people as individuals when they spoke with them and they knew people’s likes and dislikes. One staff member told us, “People have their own chair in the lounge and prefer to sit there.” We saw staff offered people choices when they supported them, such as, “Do you want to sit or walk” and, people made decisions which were important to them.

Staff said relatives and friends were able to visit at any time. Visitors told us there were no restrictions on when they could visit and they had been made to feel very welcome by the staff. One visitor told us they visited at different times and staff would not necessarily be aware of when they would visit; staff were always pleased to see them, they offered them a drink as soon as they arrived, which visitors really appreciated.

Requires Improvement

Is the service responsive?

Our findings

People were involved in decisions about the care and support they received, although they had not been involved in reviewing their care plans. The registered manager said people's care needs were discussed with people and their relatives on a regular basis and when they changed. This was supported by a relative who said the staff kept them informed of any changes and they did not have any concerns. People told us, "Everyone is lovely." "I am comfortable here" and, "I like to watch what goes on."

We saw activities were no personalised or based on people's individual preferences and choices. Activities were provided during the morning and afternoon. These included playing a ball game, which some people enjoyed and laughed with each other and staff; chair exercises, colouring with crayons and a short game of skittles in the afternoon. Clearly some people enjoyed these, but others did not. One person enjoyed having a fluffy toy to hold and another had a photograph album she liked to look through. Staff put on music, but this was limited and did not take into consideration the likes and preferences of people. One person loved old songs like the 'Sound of Music' and would sing along when they knew the tune, but when we asked if a CD or DVD was available we were told no. There was no evidence that activities were provided for people who remained in their rooms.

Staff told us no one had been employed specifically to provide activities in the home for three months, staff were now responsible for this, which meant people were left for long periods without a meaningful activity. One relative said activities was the one area that could be improved.

We found although most people were not isolated, as they sat in the lounge area; interaction between people was minimal and there was no specific guidelines for staff to follow with regard to involving people in activities of their choice. There was no evidence that staff regarding activities as an important part of people's wellbeing, that taking part in an activity may reduce feelings of loneliness and may give purpose to people's day. The support provided did not follow current published guidelines with regard to providing care for people living with a dementia type illness.

The lack of appropriate guidance for staff, based on current published guidelines, was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 9(1)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The registered manager told us people's needs had been assessed before they moved into the home and this information was used as the basis of the care plans, which included information about their physical and social care needs. We found the care plans were not personalised and did not reflect individualised care and support. The guidance for staff was not clear and some of the information had not been reviewed and updated as people's needs had changed. Information about people's dietary choices and their preferences about how they liked to spend their time were recorded, but there was no evidence this was catered for. Information about people's interests and hobbies was not included in the care plans, therefore staff were unable to offer activities people had enjoyed and may wish to continue.

One relative told us they had been involved in reviewing their family members care plan. The manager asked them about their changing needs, they read through the care plan and signed to show it had been reviewed. However, some people did not have relatives and it was clear their care plans were not reviewed and updated to reflect their needs. For example, in one care plan it stated, "I cannot talk because of Alzheimer's", but it also stated, "Has soft voice, staff to listen carefully at what he is saying." We spoke with this person and they responded, "Yes" to us when we asked if they were comfortable. We looked at the monthly review for communication and it continually stated, 'No change'. It was not clear if this person was able to tell staff what their needs were and there was no evidence the person had been involved in decisions about the care they received. This meant there was a potential risk of people receiving inappropriate care and support.

We looked at the daily records, which were completed by the staff towards the end of each shift. We found they contained information about personal support provided and if people had eaten and drunk sufficiently during the day, and in some records we saw that staff had included the activities people had taken part in. Overall we found the daily records did not reflect the support and care we observed and what the staff said they had provided. Some training regarding record keeping had been arranged, but

Requires Improvement

Is the service responsive?

the registered manager said some staff were more proficient than others at recording the care they provided. She said the training would be repeated to enable staff to develop in this area.

The lack of accurate and up to date records was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulation Activities) Regulation 2010,(which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

During our inspection on 27 August 2014 we found the complaints policy and procedure was not clear and there was no clear evidence to show complaints had been investigated to the satisfaction of the complainant. At this inspection we found that the complaints policy had been reviewed and provided clear guidance for people, relatives and visitors to raise concerns.

A complaints procedure was in place and displayed in the hall and available in the statement of purpose, which was given to people and their relatives when they moved into the home. Most people were unable to tell us what they would do if they had a complaint, and one person said they were quite happy and were not complaining. The registered manager said they had not received any complaints since the last inspection. We looked at the complaints folder and found no recent record of concerns or complaints. Staff said if people complained about something, like the meals they had or their drink, they dealt with it at the time and if they were unable to do so they would talk to the registered manager. One visitor said they did not have any concerns or complaints about the service, but they would be happy to do so if necessary.

Requires Improvement

Is the service well-led?

Our findings

People told us the registered manager was very nice and they enjoyed having a chat with her. One person said, "She's a very nice lady." Visitors felt the registered manager was always available and was often seen working with other staff supporting people. One visitor told us, "I know her well and I see her quite a lot when I come in." Visitors felt Keller House had a homely feel, "It's like walking into someone's house" and, this was the impression and observation, including how the home was furnished although some refurbishment was needed, of members of the inspection team. "The home had a very gentle, slow pace and reassuring atmosphere."

The registered manager said audits were used to assess all aspects of the service and areas were assessed on a regular basis. These included six monthly medicine audits, basic monthly environmental audits, laundry sport checks and monthly evaluation of care plans. However, the audits had not identified staff had not completed some records, such as food and fluid charts and daily records. There was no guidance for staff to follow regarding completing records. Overall the audits were limited; they did not demonstrate all of the services provided were monitored and assessed on a regular basis. This meant that people may not have received the support and care they needed.

The lack of effective quality assurance and monitoring was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,(which corresponds to regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The management and staff spoke confidently about their values and how important it was to involve people and their relatives in decisions about the services provided. The registered manager outlined the STEP approach the staff followed to provide appropriate care and support. This involved smiling, touching people when appropriate, keeping eye contact and using positive conversation, with the aim of providing person centred care. Staff were well aware of this approach and they were observed putting this into practice during the inspection. Staff said their aim was to provide support in such a way that people living with dementia were involved in decisions about their care.

However, we observed staff making decisions for people rather than enabling them to decide how and where they spent their time. Such as ensuring they remained in the lounge and provided activities chosen by staff.

Staff told us the registered manager had an open door policy and they, and the provider, were readily accessible. Staff said the registered manager was always visible on the floor; was aware of people's changing needs and spent time with them every day. One staff member told us, "Our aim is to provide the support and care people want and need. In a relaxed and comfortable way, so they feel this is their home." Staff said they felt supported by the management to do this; all of the staff we spoke with said they enjoyed working at Keller House and felt they could, as a team, work together to develop and improve the service with people and their relatives.

Staff told us there was an open culture in the home, they were able to talk to the registered manager at any time and felt involved in decisions about the support and care they provided. Team meetings were held quarterly and staff said they used these to discuss any issues or make suggestions to improve the services at the home. Staff felt the handover sessions at the beginning of each shift were very helpful, they were updated on any changes in people's needs and were able to ask questions to clarify how support was provided to meet these needs.

The registered manager said questionnaires had recently been sent out to relatives and other stakeholders, such as GP's and DN's. Two had been returned and there was one positive comments and one negative comment. 'Keller house staff provide a very good level of service'. 'Sometimes laundry mixed up; sometimes spectacles missing'. The registered manager said any issues raised were addressed as soon as they received the completed forms.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Risk assessment had not been carried out to protect people and staff. The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including assessing risks to their health and safety, doing all that is reasonably practicable to mitigate any such risks, ensuring persons providing care and treatment have the qualifications, skills competence and experience to do so safely. Regulation 12(1) (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. Staff had not received appropriate training. Persons employed by the service provider in provision of the regulated activity did not receive appropriate support and training to enable them to carry out the duties they are employed to do; be enabled where appropriate to obtain further qualifications appropriate to the work they perform. Regulation 18 (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred Care. The support provided did not follow current guidance in relation care and treatment. The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences. The things which a registered person must do to comply with that paragraph include carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.Regulation 9 (1) (3) (a).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance People's personal records were not accurate and up to date. The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2) (c).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance An effective quality assurance and monitoring system was not in place.

This section is primarily information for the provider

Action we have told the provider to take

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. Regulation 17(1) (2) (a) (b) (c) (e) (f).