

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?

Requires Improvement 

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

This inspection took place on 04 and 05 April 2016. It was an unannounced visit to the service.

We previously inspected the service on 05 and 06 March 2015. The service was not meeting all the requirements of the regulations at that time. We found deficiencies with how hazards were managed, in the recruitment of staff, cleanliness and infection control practice, recording of decisions made in people's best interests and quality assurance systems. The provider sent us an action plan which outlined the improvements they would make. During this visit, we checked to see whether these improvements had been made.

Keep Hill Residential Home provides support for up to nine older people. The home was full at the time of our inspection with six permanent residents and three people who were staying for respite care.

The service had 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.

We received positive feedback about the service. Comments from people included "I'm very happy here," "They're very good" and "I'm certainly well looked after." Healthcare professionals told us staff listened to and implemented any advice or recommendations they made about people's care. One told us "I can't praise them enough."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns.

We found there were sufficient staff to meet people's needs. Improvements had been made to ensure staff received appropriate support through regular supervision and appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working. Policies and procedures had been updated to make sure staff had up to date guidance to refer to.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. Improvement had been made to show how decisions were made on behalf of people who lacked capacity, in accordance with the Mental Capacity Act 2005.

Staff supported people with their healthcare needs to keep them healthy and well.

We found improvements had been made to infection control practice to help prevent the spread of infection at the home.

There had not been any complaints about the service. People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to assessing and mitigating risks to people's health and safety, recruitment practice, monitoring and assessing the quality of people's care and record keeping. We also found the provider had not fully implemented the actions they said they would take following our last inspection.

You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement 

The service was not safe.

People lived in premises which were not consistently well maintained and free of hazards, to protect them from the risk of injury.

People were not sufficiently protected from the risk of harm, due to inconsistencies in the way risks were assessed and ineffective recruitment practices.

Improvements had been made so that people were protected from the risk of infection.

### Is the service effective?

Good 

The service was effective.

Improvement had been made to show how decisions were made on behalf of people who lacked capacity, in accordance with the Mental Capacity Act 2005.

People received safe and effective care because staff were appropriately supported through supervision, appraisal and training.

People received support with their healthcare needs.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who engaged with them well and took an interest in their well-being.

Staff treated people with dignity and respect and protected their privacy.

People were treated with kindness, affection and compassion.

### Is the service responsive?

Good 

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

**Is the service well-led?**

The service was not consistently well-led.

People were at risk of harm and inconsistencies in their care because there were ineffective monitoring systems.

People were at risk of unsafe care due to inconsistent standards of record keeping.

There were clear visions and values at the service which staff promoted in how they supported people.

**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 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.

This inspection took place on 04 and 05 April 2016 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 notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with three visiting healthcare professionals, a relative and the local authority commissioners of the service, to seek their views about people's care. We spoke with all of the people who live at the home and observed how they were cared for.

We spoke with the registered manager and four staff members. We checked some of the required records. These included five people's care plans, nine people's medicines records, three staff recruitment files and four staff training and development files.

# Is the service safe?

## Our findings

When we visited the service on 05 and 06 March 2015, we had concerns about how risks to people's safety were managed. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would take.

During this inspection, we checked to see whether appropriate action had been taken. We found some people's risk assessments had been reviewed to make sure they reflected changes to people's circumstances. We noted systems were not consistently in place to ensure risk assessments were written promptly after people were admitted to the home. For example, one person had been assessed by the local authority as being at significant risk from falls. The assessment also showed there was a risk of harm to others when assisting them to move. No risk assessments had been written to reduce the likelihood of injury or harm for that person. However, we found risk assessments had been written for another person who was new to the home, to ensure their care was carried out safely. This meant there was inconsistency in managing risk. We also found emergency evacuation plans had not been written for anyone who lived at the home, to outline the support they would need to leave the premises in the event of a fire or other untoward event. This could delay people being moved to safety.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for in a building which had not been consistently well maintained. There were certificates to confirm it complied with gas and electrical safety standards. However, appropriate measures were not in place to safeguard people from the risk of fire. We noted on the first day of our visit that three fire doors had been either wedged or propped open. Each door was already fitted with an approved device to keep it open and which released to close the door when the fire alarm sounded. However, these devices had not been kept in good order and did not work as intended. After we mentioned this to the registered manager, we saw action was taken to ensure the devices worked.

We found two radiator covers in people's bedrooms which were of concern. One contained a broken panel, the other was flimsy and did not cover the full extent of the radiator surface. We also noted a hot tap in one of the downstairs toilets was not securely fixed when we visited last time. It was in the same condition on this occasion. The registered manager took action to repair these faults when we asked them to address this.

We also found the garden contained a number of risks such as uneven and poorly maintained surfaces and a raised drain cover. These were potentially areas which people could trip and fall over if they went outside.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 05 and 06 March 2015, we found the full range of staff recruitment checks had

not been carried out. This meant people were at risk of being cared for by staff who may not have the right skills and experience to support them. We found the registered manager had improved the application form and carried out basic health screening to help ensure staff were fit for the roles they were expected to undertake. However, we noted the registered manager had not consistently followed good practice whilst they awaited the results of criminal records checks.

In two staff files, we saw employees had started work approximately three months before their criminal records check had been completed. In one case, the member of staff had been subject to a criminal records check at their previous place of employment; in the other example, the person was employed in a position which did not involve providing personal care. However, it did involve them being in regular contact with people and going into their bedrooms whilst they were present. We saw the checks both came back as satisfactory but the registered manager was unable to show us any evidence of how people were protected from potential harm whilst this information was being requested.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection on 05 and 06 March 2015, we noted some food safety concerns. We referred these to the local district council and a visit was made by an environmental health officer. The registered manager made improvements in the kitchen, such as replacing worn work surfaces. We saw staff adhered to good hygiene practices when they cooked and served food. For example, by covering their hair. We noted worn cupboard doors had been re-surfaced since our last visit. A small area had started to peel away on one of these, which provided an area where bacteria could potentially grow. We mentioned this to the registered manager during our feedback.

We noted staff followed improved infection control practices. For example, liquid hand wash was used in toilets and bathrooms in place of bars of soap. We also noted skin cream was no longer stored in a shared toilet to ensure it could not be used by more than one person.

People were protected from the risk of abuse. Staff completed safeguarding training to provide them with the skills and knowledge to recognise and respond to concerns. There was a safeguarding policy for staff to follow if they suspected people were being harmed.

People's medicines were managed safely. The treatment room was kept locked when not in use and the medicines trolley within it was also locked and secured to the wall. Staff who handled medicines had been trained in safe practice.

There was some evidence that the registered manager took action where staff had not provided safe care for people. For example, where errors had occurred such as staff forgetting to sign records after they had administered medicines. However, we found the registered manager had not noticed gaps to the current medicines records, which showed inconsistency in practice.

We observed there were enough staff to support people. Staff supported people in a calm and unrushed manner. People told us staff responded promptly if they rang the call bell. We saw staff regularly checked on people who spent time in their rooms, to make sure they were comfortable and to see if they required any assistance.



## Is the service effective?

### Our findings

When we visited the service on 05 and 06 March 2015, we had concerns about how decisions made on behalf of people who lacked capacity were managed. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would take.

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. The application procedures for this in care homes and hospitals are 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 were being met.

During this inspection, we saw the provider had made improvements. Records showed they had consulted relatives in the decision to use bed rails and the relatives had signed in agreement to this measure. This followed good practice in relation to the Mental Capacity Act 2005 and DoLS.

The registered manager had also made appropriate applications to the local authority where people, for example, refused care and where they wanted to return home.

When we visited the service on 05 and 06 March 2015, we had concerns about how staff were supported. We recommended the provider took into account good practice in relation to staff supervision and appraisals.

During this inspection, we saw records which showed supervision was now taking place. Appraisals had also been introduced, to assess how staff worked and any areas they needed to develop. Staff told us they felt supported and that the assistant manager or registered manager were always around if they needed any support or guidance.

We saw staff completed training required by the provider, including first aid, moving and handling and safeguarding. Refresher training had been booked for all staff, to bring their skills and knowledge up to date. We saw staff were also encouraged to undertake further training, for example one person was half way through completing Qualifications and Credit Framework (QCF) level 5 and another had recently enrolled to start QCF level 2.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "They're very good," "I'm certainly well looked after...they (staff) just know what to do"

and "They look after my (relative) well."

People's healthcare needs were managed appropriately. We received positive feedback from healthcare professionals about how the home managed people's needs. Comments included "It's a friendly home...I can't praise them enough," "Staff always help us," "No one ever smells of urine or has sores" and "Staff are always willing to help."

We observed staff communicated effectively about people's needs. For example, they checked whether people had been given drinks and each course at mealtimes. Relevant information was documented in daily reports to log any significant events or issues so that other staff would be aware of these. Staff told us they knew about people's needs because the home was small and they worked with each person. We saw this was the case during the time we spent at the home.

Staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. We saw lunchtime was unrushed and gave people time to enjoy their food at their own pace. Staff provided individual alternatives to the main option at lunchtime, to take into account people's preferences and likes. Care plans documented people's needs in relation to eating and drinking. In one file, we saw staff were following guidance from the speech and language therapist regarding appropriate consistency of food. This reduced the risk of the person choking.

Throughout our time at the home, we saw staff were effective in ensuring people ate and drank sufficient to keep healthy and well. People always had cold drinks within reach and were regularly asked if they would like hot drinks, such as tea. A healthcare professional told us "Food is home cooked. We often see the meals and think 'That's nice, I could just eat it.'" People told us they had enjoyed the meals we saw served at the home and had been given enough to eat.

Where people's appetite was poor, or they were reluctant to eat, we saw staff offered encouragement and options they thought the person would like. We heard staff say they would offer a meal supplement for one person who had declined all options suggested to them. This would ensure they received sufficient nutrition.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their well-being. For example, where people had lost weight. This ensured their needs were assessed and actions could be taken to make sure they received enough to eat and drink.

# Is the service caring?

## Our findings

We received positive feedback from people about the care they received. Comments included "I'm very happy here," "They're all lovely...I think of them as my family" and "They're very good." One person referred to a member of staff as their "Guardian angel." Healthcare professionals told us "Staff are kind with the residents" and "The staff are lovely, they do a fantastic job."

We saw people were treated with kindness and compassion in their day-to-day care. For example, staff showed concern when someone appeared unwell and made sure they were alright. In another example, staff were concerned someone was not drinking enough. They spent time with them and encouraged them to drink, saying "Well done" after the person managed a few sips.

People told us staff were respectful towards them and treated them with dignity. Staff knocked on people's doors and waited for a response before they went in. We observed staff took an interest in people and their visitors.

Staff were knowledgeable about people's histories and what was important to them, such as family members, past occupations and any hobbies or interests they had. Staff spoke with us about people in a professional manner throughout the course of our visit.

People told us their friends and family could see them when they wanted to. One person told us they particularly valued being able to speak with one of their relatives on the telephone. As they did not have their own telephone, they explained their relative called the home's number and staff brought the handset to them so they could speak and keep in touch.

We observed staff engaged well with people. For example, people were referred to by their chosen name. There was appropriate humour and warmth when they spoke with people. People's care was not rushed, which enabled staff to spend quality time with them.

Staff knew people's individual communication skills, abilities and preferences. They used a range of ways to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, they offered reassurance to people who were staying at the home for respite care and answered their questions with patience and understanding.

People's bedrooms were personalised. People had been given encouragement to bring in items to make their rooms look homely and make them comfortable, such as pictures, ornaments and photographs. Where people spent most of their time in their room, they told us this was their choice. Staff encouraged one person who was new to the home to join people in the lounge for some company and to provide them with stimulation. We saw they appeared happy in the lounge and took an interest in what was going on.

## Is the service responsive?

### Our findings

When we visited the service on 05 and 06 March 2015, we recommended the provider followed good practice in relation to involving people or their relatives, where appropriate, with care planning.

During this inspection, we saw some examples where relatives had contributed to people's care plans. Care plans were personalised and detailed daily routines specific to each person. Staff knew about people's needs and how to support them and were able to explain what action had been taken where people's circumstances changed.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved to make sure people's needs were met.

We received positive feedback from healthcare professionals about the way the home responded to changes in people's health and well-being. They told us they did not have any concerns about people's care and said any recommendations they made were implemented by staff.

People's views about their support were respected. For example, people said they could decide when they got up and went to bed. Another person told us their wishes regarding a healthcare intervention had been respected by staff.

The service supported people to take part in social activities. People told us activities were provided and we saw a range of games and puzzles were used. Several people had newspapers delivered each day, to keep up to date with current affairs. We saw a hairdresser visited the home regularly and a manicurist attended to nail care. Visiting clergy held communion at the home each month to meet people's religious needs.

There were procedures for making compliments and complaints about the service. There had not been any complaints about the quality of people's care. People told us they would speak with their family or named staff if they were worried or had any concerns.

Staff took appropriate action when people had accidents. For example, if people had falls. Accident forms were completed to provide a record of these events and details of any action taken to prevent recurrence.

## Is the service well-led?

### Our findings

When we visited the service on 05 and 06 March 2015, we had concerns about quality assurance and monitoring of the service. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would take.

During this visit, we found that although some monitoring took place, this was not effective. Additionally, the actions the provider said they would take following our last inspection had not been completed in full.

The hazards and maintenance issues we observed during this inspection had not been identified by the registered manager so that action could be taken to put matters right. For example, the registered manager had not taken action to repair the devices holding open fire doors until we required the wedges holding them open to be removed.

We asked the registered manager about any audits they carried out. We saw a 'daily audits' record sheet had been introduced in November 2015 to note checks made to practices such as medicines administration, the condition of people's rooms and washing and dressing. None of the records had been completed beyond December 2015. The registered manager confirmed they did not carry out any other audits to check the quality of people's care. Our findings from this inspection show the monitoring and auditing systems at the home were insufficient in keeping people safe.

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

The provider had sent out surveys to relatives since our last inspection. The eight which had been returned showed relatives were satisfied with the overall care people received at the home.

When we visited the service on 05 and 06 March 2015, we had concerns about standards of record keeping. We asked the provider to make improvements to people's care. They sent us an action plan which outlined the measures they would take.

During this visit, we found improvements had been made to policies and procedures and the full range of recruitment checks were now carried out. However, we noted staff files still did not contain any information about employees' start dates, as a good practice, and the registered manager did not have this information readily to hand. When we looked at medicines administration records, we found gaps on the current sheets where staff had not signed after they gave people their medicines. This meant the provider had not maintained appropriate records.

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

Staff were supported through supervision and received appropriate training to meet the needs of people

they cared for. We observed staff, visitors and people who use the service were comfortable approaching the registered manager to ask for advice or discuss people's care.

The service had a statement about the vision and values it promoted. It included values such as treating people with dignity, respect and consideration. We saw staff uphold these values during our observations of practice. For example, people had consistently been supported to look smart and wear clean clothes; their clothes were protected at mealtimes to prevent food spillages and staff treated people with kindness and compassion when they engaged with them.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face and during handovers between shifts. This helped ensure people's progress and well-being were monitored sufficiently.

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 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  People who use the service were at risk of harm due to inconsistencies in identifying and mitigating risks to their health and safety.  Regulation 12 (a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People who use the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.  Regulation 15 (1) (e).
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)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

People who use the service were at risk of harm as recruitment procedures were not operated effectively in respect of obtaining information about any criminal convictions staff may have before they started work at the home.

Regulation 19 (2).