

## Keats House Healthcare Limited

# Keats House

### Inspection report

Keats House  
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### Ratings

#### Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 7 June 2016 and was unannounced. The last inspection took place on 21 February 2014 and at the time we found the service was meeting the regulations we looked at.

Keats House provides residential care for up to seven adults with mental health needs. There were six people living at the service at the time of our inspection.

There was a registered manager in post at the service at the time of our 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.

People told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm. There were sufficient staff on duty to meet people's needs and the provider had contingency plans in place in the event of staff shortage to ensure people's safety.

Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). They ensured people were given choices and opportunities to make their own decisions.

There were arrangements in place for the management of people's medicines and staff had received training in administration of medicines.

People's nutritional needs were met, and people chose what they wanted to eat and drink.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and attended workshops and conferences in order to cascade important information to staff, thus ensuring that the staff team were well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect. Care plans were clear and comprehensive and written in a way to address each person's individual needs, including what was important to them, and how they wanted their care to be provided.

A range of activities was provided both in the home and in the community. We saw that people were cared for in a way that took account of their diversity, values and human rights.

People, staff, relatives and healthcare professionals told us that the management team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent

culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service to ensure that areas for improvement were identified and addressed.

## 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.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

There were enough staff available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to care for people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected those choices. Staff all received food safety training and regular refreshers.

Staff supported people to access healthcare services and liaised closely with the community mental health team and GP.

### Is the service caring?

Good ●

The service was caring.

Feedback from people, relatives and professionals was positive about both the staff and the management team.

People and relatives said the staff were kind and caring. Staff were aware of people's preferences and interests and involved them in decisions about their care and support.

People's diversity, values and human rights were maintained. People were supported with their individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met when their care and support was being assessed, planned and delivered.

People were involved in planning and reviewing their care.

Activities were arranged that met people's interests both at the service and in the community.

Complaints were investigated and responded to appropriately.

The service conducted satisfaction questionnaires of people, their relatives and stakeholders. These provided information about the quality of the service provided.

### Is the service well-led?

Good ●

The service was well-led.

At the time of our inspection, the service employed a registered manager.

There were meetings for staff and people using the service which encouraged openness and the sharing of information, however the last recorded meeting for people using the service was in August 2015.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

# Keats House

## **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 7 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of working with mental health services.

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, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, four staff records and records relating to the management of the service. We spoke with six people who used the service, five staff, including a team leader, two care assistants, the provider and the registered manager. We also spoke with two visiting social care professionals.

Following our visit, we spoke with one healthcare professional who was regularly involved in the care of people using the service and three relatives to obtain their views about the service. We also obtained feedback by email from a mental health placement officer.

# Is the service safe?

## Our findings

People we spoke with indicated they felt safe living at the service. Their comments included, "Yes, I do feel safe, because of the staff" and "I feel safe and it is clean here. I feel safe because it is secure and I have my own private room" and "It's a clean and safe place. There is always enough staff but sometimes they can be very busy." One relative confirmed this and told us "I know my [family member] is happy and safe, they take good care of him." A social care professional told us "They are excellent. People are safe here for sure." People confirmed they would know who to contact if they had any concerns. Staff received training in safeguarding adults and the training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. They told us that they would report any concerns to their manager, or social services or the Care Quality Commission (CQC) if necessary. One senior care worker said "I am confident that the manager would take any concerns seriously".

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the CQC as required of allegations of abuse. The registered manager worked with the local authority safeguarding team and carried out any investigations. Management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. This included where a person using the service had raised a serious complaint about a staff member. We saw that a full investigation had taken place and the provider had adhered to their disciplinary procedures.

Where there were risks to people's safety and wellbeing, these had been assessed. Detailed person specific risk assessments and plans were available based on the individual risks that had been identified at the point of initial assessment. These were regularly reviewed and records updated as necessary. This included a detailed risk assessment for a person who was a heavy smoker, and who needed constant support and supervision with this.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involved healthcare professionals when needed. All incidents and accidents were recorded and included details of the incident or accident, the possible cause and instructions to prevent reoccurrence. We saw evidence that incidents and accidents were responded to appropriately. This included an action plan for a person who had been fallen and had been identified as needing closer supervision when using the bathroom.

The provider had a health and safety policy and procedure in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment identified the hazards, who might be harmed and how, what was already in place, and what further action was necessary. This included food handling, health and safety, infection control, medicines and risks of aggression and violence. Equipment was regularly checked to ensure it was safe to use, and arrangements were made to fix broken equipment. There were window restrictors on all the upstairs windows and the registered manager conducted weekly safety checks to

ensure these were in good working order.

A fire risk assessment was in place and regularly reviewed. The service carried out regular fire drills for staff and people who used the service. We saw records of these and saw they included comments and action plans. For example, it was identified during a drill that one of the people using the service needed the importance of the evacuation policy to be explained. There were fire instructions and evacuation plans displayed around the service, including in the kitchen and staff were aware of the fire procedure. People had individual fire risk assessments but there were no Personal Emergency Evacuation Plans (PEEPS) in place. We discussed this with the registered manager who told us they would put these in place as soon as possible. After the inspection, the registered manager sent us evidence that PEEPS were being implemented for all people living at the service.

People we spoke with were happy with the staffing levels. One person said, "Yes there are enough staff." One staff member told us that there were always enough staff on duty and they all worked as a team "Like a family." On the day of our inspection, there were sufficient staff on duty to care for and support people. We looked at the staffing rota for two weeks which showed that all shifts had been covered to ensure that care and support was maintained. The registered manager told us that they did not require the use of agency staff and relied on each other to cover staff absence. Records we viewed supported this.

Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring Disclosure and Barring Service (DBS) criminal records checks were completed. The staff files we looked at confirmed this.

Staff supported people with administering their prescribed medicines. We saw the medicine charts for all the people who used the service which had been completed over several weeks. They showed that staff had administered all the medicines as prescribed, and showed no gaps in signatures. Staff told us they were clear about only administering medicines that were recorded on the medicines administration records. Medicines risk assessments were in place and were reviewed to ensure they were accurate. There were protocols for the administration of 'as required' medicines (PRN) and staff clearly recorded when these were administered. All boxed medicines had a date of opening which made auditing stock easier. We checked a sample of those against written records and found them to be accurate. Training records showed that staff had received training in medicines administration and received yearly refresher training. The registered manager carried out daily audits of all medicines and we saw evidence of these. This indicated that people were protected from the risk of not receiving their medicines as prescribed.



## Is the service effective?

### Our findings

People were supported by staff who had appropriate skills and experience. Staff told us they had received a thorough induction when they started to work for the service. This included training and working alongside other staff members. Staff records included an individual induction plan in two parts. This included training specific to the needs of the people who used the service and included Mental Capacity Act (MCA), mental health, drug and alcohol awareness, equality and diversity and challenging behaviour. At the end of the induction period, care workers had their competencies assessed and were able to deliver care to people who used the service once the registered manager was satisfied they were ready to carry out their role effectively. The registered manager told us that staff undertook training offered by a recognised external training provider and we saw certificates to confirm this on the staff files we looked at. Most staff had obtained a National Vocational Qualification (NVQ) in care at level 2. The registered manager told us they were aware of the Care Certificate and intended to support new staff to undertake this. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from the registered manager. The registered manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. We saw a poster in the kitchen showing examples of healthy meals and a description of the nutritional values of each meal. Menus we viewed showed a daily choice of two meals plus a salad option. Staff were aware of people's individual nutritional needs and took these into account when planning the menus and preparing meals. This included specific desserts for a person with diabetes. People told us that the food was good. Some of their comments included, "The food is good, it's always fresh and tasty" and "The food is very nice, you can have more if you are not full and there is lots of choice." Meals were cooked by staff on duty, or a member of the senior team. We observed lunch being prepared and saw that fresh ingredients were used and meals were cooked from scratch. People were supported to participate in cooking and making drinks anytime they liked, although staff recognised that some needed supervision with this. On the day of our inspection, we saw that jugs of juice and a bowl of fruit were left out for people to help themselves throughout the day. People ate their meals together in the dining area although they were supported to have their meals in their room if they wished to.

Decisions about care had been made by the person or, where people had been assessed to lack capacity to make decisions, by people who knew them well. People told us they had been consulted about their care and had agreed to this. We saw that care records were signed by people to consent to different aspects of

the service.

The Mental Capacity Act (MCA) 2005 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. We found that the provider understood the principles of the MCA and had followed its requirements. The registered manager had identified a person for whom restrictions had to be put in place and had taken appropriate action to make sure these were in the person's best interest and were authorised by the local authority as the Supervisory Body. This included an authorisation for a person who had to remain at the home for their own safety. However, the provider had not identified that the front door being locked after 10pm presented a restriction for people using the service who had the capacity to make decisions. We discussed this with the registered manager who said that they would contact their DoLS team to discuss the best way to keep people safe whilst not placing this restriction on them.

All staff employed at the service had received training in the MCA and were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interest if they lacked capacity.

People told us that the service was responsive to their health needs. One person said "I have been able to see the GP and see my consultants here." The registered manager told us that staff supported people to attend appointments and we saw this taking place on the day of our inspection. A healthcare professional told us the service was good at monitoring the health of people who used the service and listened to advice given by them. We saw letters from healthcare professionals and saw that the care plans contained individual health action plans in line with the outcome of appointments and advice given. We saw a very clear health action plan which included directions for staff for a person who had very complex health needs.

The healthcare section of the care plans detailed people's health needs and included information about their medical conditions, mental health, dental, medicines, dietary requirements, lifestyle and general information. We saw evidence in one person's care plan that they had recently been provided with spectacles and dentures, and in another person's care plan that they had been given appropriate information and advice about managing their condition. This showed that the service was meeting people's needs effectively.

## Is the service caring?

### Our findings

People were complimentary about the care and support they received. Some of their comments included, "The staff are very caring and kind. They are very helpful and they always knock on the door before coming into my room", "The staff always knock before coming in", "The staff are very good, they do everything they can to care for you, they are patient", "The staff are very helpful, caring and friendly" and "I am being treated very good here, I can't complain, the staff are very helpful, caring and friendly." One relative told us, "They have got the time for [family member], they are caring and take good care of him" and another said, "My relative is happy there." One social care professional told us, "My client is very happy here. They are very good, efficient and extremely reliable. It's very good."

The staff and registered manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. We observed on the day of our inspection that people were treated with care and respect. One member of staff told us that they thought it was important to co-work with people, for example making suggestions and taking time to explain things, and make decisions together. They went on to say "We know all the people very well here. We gain their trust and care for them. That is why we are here."

Staff told us they ensured that people's privacy and dignity were respected. Throughout our inspection, we saw staff knocking on people's doors and only entering when given permission. However we saw that one person's bedroom contained some laundry stores such as blankets and sheets. This meant that staff were required to enter the room every time they needed something. We discussed this with the registered manager who told us that the person whose bedroom it was told them they did not mind staff doing this. However we pointed out that this could compromise the person's privacy and dignity. The registered manager told us they would arrange for the stores to be moved to another location. Relatives told us that they were able to visit whenever they wanted and always felt welcome.

People told us that they liked their bedrooms and one person showed us the various items they liked to collect. We saw that they had been able to choose how they personalised their own space.

The registered manager told us that people were given contact details of local advocacy services, and we saw evidence of this in people's records. We saw evidence that one person had used this service on a number of occasions.

There were arrangements for people to attend religious services of their choice. People were given information about churches in the area. However we were told that most people did not show any interest in this. One person was supported to attend church with their family member once a week.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. A relative said that they had been involved in the initial assessment. The registered manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped staff understand each person and their individual needs. One social care professional told us that the staff team provided a service which met people's individual needs, however another said that the provider sometimes needed to be prompted to provide a detailed plan about how they would manage an area of concern. This included how they would assist a person who misused alcohol.

The care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Some people were unsure if they had been involved in their care planning process. One person told us "I can't remember if I have one of those care plans." Some people told us they had been given copies of their care plans while others were unsure. The care records we viewed were signed by people, which indicated that they had understood and agreed what had been recorded.

Staff encouraged and supported people to undertake activities of interest to them. Activities were recorded in a folder and each person using the service had their individual plan according to their likes and dislikes. Indoor activities included discussions, handicrafts, board games, gardening and cookery sessions. However, on the day of our inspection, we did not see any of these activities taking place. One person told us, "There's not much to do here. It can get boring sometimes." A second person said, "Not many activities, but I do go out a lot. I like going out more because it is depressing staying in all day" and another person added, "I mainly smoke or watch TV here. It can be frustrating sometimes but I cannot go out much because I struggle physically" and "when I ask to go to the shop the staff always help me go there and come back."

The registered manager told us they tried to organise one or two outings per week. These included trips to the park, meals out, and occasional visit to places of interest. Most of the people who used the service were independent and able to go out by themselves. One person told us they went out with their family members every week. One person told us that they are able to wash, iron their own clothes and cook, and staff encouraged them to do so. They said "I make bread pudding, I enjoy cooking" and added "I help sweep the garden and the front". Another said they planned to go to college soon and were looking forward to it. One person said that they went shopping but mostly enjoyed "smoking and sleeping". We saw that each person had an activity plan which was agreed in their individual meetings with their keyworker.

People were supported and encouraged to participate in daily home activities such as laundry, cleaning, cooking and washing up. We saw a rota in place in the kitchen to ensure that everyone was involved. This showed that staff took steps to value and promote people's independence and included them in the daily running of the service.

The service had a complaints procedure in place and this was available to people who used the service and others. A record was kept of all the complaints received. Each record included the date, initials of the person making the complaint, nature of the complaint, action taken and outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included where a person using the service had complained about not receiving important information. Records showed that this was taken seriously and the person responded to by letter offering a full explanation. People told us they would complain to the manager if they had a problem. A relative said, "They listen to us. If I have a concern, I know it will be addressed".

People and stakeholders were supported to feedback about the service through quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. However, we saw that the last questionnaires had been sent in 2014. We discussed this with the registered manager who showed us a few questionnaires which they said were recent. However there were no dates on these so we were unable to assess when these had been received. The registered manager accepted that this needed to improve. We viewed the last sample of questionnaires and they showed an overall satisfaction.

We recommend that the provider seeks relevant guidance about appropriate activities for people with mental health needs.

We recommend that the provider put effective systems in place to obtain feedback through quality questionnaires.

# Is the service well-led?

## Our findings

People we spoke with said they had a good relationship with the registered manager. One person told us, "The manager is nice. Yes I do feel I could approach him if I had concerns" and another said, "The manager is a nice guy, he is polite." One member of staff told us they had a good relationship with all the management team and said, "The manager is very good, understanding and approachable." One relative told us, "The manager is very responsive, very nice. He listens."

The management team consisted of a provider, a registered manager and two team leaders. The registered manager told us that their son and daughter were also involved in the running of the service and their wife was the provider. They told us they all worked closely to provide care and support to people who used the service.

Keats House was one of two services owned by the provider. The registered manager was a qualified Registered Mental Health Nurse, had a diploma in counselling and a degree in Community Nursing.

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular. For example, where there was a signature missing on a medicines chart. We saw that the registered manager addressed this and put in place daily audits.

Staff told us they had regular team meetings and records confirmed this. The items discussed included safeguarding, housekeeping, health and safety, quality monitoring, policy and procedure, team development, equality and diversity and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this.

The provider had a strategic plan in place which identified goals for identified improvement, action needed, person responsible and the time of completion.

The service worked closely with the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff.

The registered manager told us they attended provider forums organised by the local authority to keep themselves abreast of social care developments.

We saw evidence that the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed. The provider ensured people were supported to make and maintain contact with community healthcare services, including GPs, dentists, and community

mental health services.