Mrs Helen Young

Keb House Residential Home

Inspection report

Haytons Lane, Appleby,
Scunthorpe. DN15 0AP
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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

Keb House is a care home situated in the village of Appleby near to the town of Scunthorpe. It comprises of an older Victorian style house and an annexe of a single storey purpose built extension. There is a courtyard used for parking and domestic needs with a garden and sitting area to the front of the home. The newer part of the home has its own kitchenette, dining area and lounges. Accommodation comprises of 16 single bedrooms and one shared room, seven of which have ensuite facilities. At the time of our inspection 12 older people, many with dementia were using the service.

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.

This inspection was unannounced and took place over two days. The previous inspection of the service took place on 15 August 2013 and no issues were identified.

During the course of our first inspection visit we observed there were a number of issues relating to infection prevention and control. We found windows in one corridor contained large, thick cobwebs. We found problems with how mops were stored and the hand

Summary of findings

washing facilities in the laundry were insufficient. Although staff told us they had been trained in infection control procedures, they were not aware of the risks the issues we identified may pose.

The problems we found breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

We reviewed the care records for two people who the registered manager told us could not make decisions for themselves. We found no mental capacity assessments or best interests meetings had been undertaken. This meant there were no meetings with people's families, external health and social work professionals, and senior members of staff should people be unable to make complex decisions for themselves. This showed any decisions made on the person's behalf were not done so, after consideration of what would be in their best interests.

The problems we found breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

People who used the service told us they felt safe. Records showed staff had been trained in safeguarding vulnerable adults from harm or abuse. The registered provider had policies and procedures in place to protect vulnerable people from harm and abuse. Staff were aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

Our observations showed that people who used the service received regular interaction from members of staff although at the time of our inspection visits people did not receive any stimulation through activities.

People were supported by staff to maintain their privacy, dignity and independence. When possible, staff involved people in choices about their daily living and treated them with compassion, kindness, and respect.

Staff told us they felt supported by the management. The registered manager had put in place a quality assurance system using audits. They regularly surveyed people who used the service and their relatives to gain feedback. People and relatives told us the registered manager was approachable and listened to their views. One person said, "I can always ask the manager if there is anything I want to know."

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 mostly safe but required some improvements to be made in the infection control procedures.

Staff were recruited safely and understood how to identify and report any abuse. People told us there were enough staff to meet their needs.

Risks to people and others were managed effectively. Emergency plans were in place, for evacuation in the event of a fire for example.

People's medicines were stored securely and administered safely by appropriately trained staff.

Is the service effective?

Requires Improvement

The service was mostly effective but required some improvements to be made in how staff assessed people's ability to make their own decisions and gain their consent to care. This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

Staff received appropriate, up-to-date training and support. People who used the service told us they felt the staff had the skills they needed and knew them well.

People were supported to have a balanced diet. However, people had not been assessed to check whether they needed adapted cutlery, plate guards or assistance with eating.

Is the service caring?

Good

The service was caring. People told us staff treated them well and as individuals.

People's privacy and dignity were respected.

Staff respected people's preferences and always asked permission to enter their bedrooms.

Is the service responsive?

Requires Improvement

The service was mostly responsive but required improvement in the levels of activity people enjoyed.

Care plans contained sufficient information about people's health care needs, and what they enjoyed doing.

People knew about the complaints policy and felt confident any issues would be dealt with by the registered manager.

Summary of findings

Is the service well-led?

The service was mostly well-led but the registered manager required some improvement in their understanding of the requirements of the Mental Capacity Act 2005.

There were systems in place to monitor the quality of the service and to promote continuous improvement although audits of infection control did not identify the issues we found such as the lack of hand washing facilities in the laundry and poor storage of mops.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Requires Improvement

Keb House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 21 November and 1 December 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas for 40 minutes. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, four care workers, the registered manager, the deputy manager, the cook, and one domestic.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Five people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. Comments included, "Yes, it's OK here, I feel safe", "Oh, yes, I am safe and looked after" and "Yes, I think there's enough staff overall; they are always around when you need them."

On the first day of our inspection we were shown around the service and we observed some issues regarding infection prevention and control practices. Two roof light windows in the annex building were covered by thick layers of cob webs. We pointed this out to the deputy manager who arranged for this to be addressed before we returned for our second day of the inspection.

We saw the laundry had two sinks, side by side, one intended to be used for sluicing commode pans and another for hand washing. However, on both days of our inspection we observed the hand washing sink was being used as a drying area for the commode pans. This meant there was no hand washing facility in the laundry for staff to use to maintain good hand hygiene and prevent cross contamination.

We noted the mop used to clean the laundry floor was stored hanging in a downwards position. The mop was extremely dirty and wet and was dripping dirty water into the clean buckets below. We identified a number of light pull cords that were dirty and needed replacement. We mentioned this to the registered manager to address.

Staff told us they had received training in infection control; training records we saw confirmed this. However, staff were unaware of the risks that may be posed by the issues we identified. We reviewed the monthly audit of infection prevention and control (IPC) and saw it had failed to identify these issues.

The problems we found breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

The registered provider had policies and procedures in place to protect vulnerable adults from abuse or harm. The staff we spoke with were able to explain the different types of abuse that may occur and were confident in the reporting systems the registered provider had in place to address any concerns they may raise. Training records showed staff had received appropriate training in safeguarding vulnerable adults from abuse within the last two years. Information was made available to staff about how to report any concerns to external agencies such as the local authority safeguarding team.

Our records showed the registered manager was aware of the requirement to notify the Care Quality Commission (CQC) of all safeguarding allegations and investigations.

Whilst the service's premises were generally well maintained, we noted some skirting boards were rotten and some ensuite bathrooms in the older building were in need of redecoration. We discussed this with the registered manager who told us there was no maintenance or refurbishment plan in place.

We looked at the way medicines were stored, administered and disposed of. All medicines were stored securely; only senior staff had the key to the medicines trolley. We were told only the senior staff were permitted to administer medicines; records showed all the senior staff had been trained in the safe handling and administration of medicines. People who used the service told us they were given their medicines at the right time of day. We reviewed the medicines administration records (MARs) and saw they had been completed accurately. Stock balances of medicines were recorded daily on the MARs.

Care plans contained risk assessments for mobility, medication, pressure care, falls, nutrition and behaviour which may challenge the service or others. Risk assessments were updated monthly to ensure they reflected any changes in people's needs. Where possible, risk assessments had been signed by people who used the service to confirm they understood them and the actions staff had to take to minimise risks.

Each person's care plan contained information about how to safely evacuate them if there should be a need, for example in the event of fire.

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

The staff rota showed the 12 people who used the service were cared for by four care staff including one senior care worker. In addition, a cook and domestic were employed

Requires Improvement

Is the service safe?

and a handyman was available when any issues needed to be addressed. The registered manager was supernumerary. We observed staff responded to people's requests and call bells quickly. One member of staff told us, "The staffing level is fine I think. It's a bit strained at lunchtime but the manager is always around to help." The registered manager was able to describe how each person's dependency levels were assessed monthly. They told us this allowed them to adjust the staffing if necessary. People who used the service told us there were enough staff to meet their needs.

People who used the service were cared for by two care workers at night. The registered manager, who lived on site, told us they were on call and would also regularly carry out spot checks on the night staff. However, we did not see any records to confirm this.

Requires Improvement

Is the service effective?

Our findings

People told us they liked the food. Comments included, "The dinners are quite nice actually" and "We get plenty to eat, there's no problem with that and there's always a good choice." We observed the lunchtime experience. The lunch was well presented and was served quickly so that it remained hot. People who took longer to eat than others were afforded the time to do so. Members of staff told us none of the people who used the service required assistance with eating. However, we observed two people being helped by one care assistant who was standing between two people whilst assisting them to eat at the same time. This meant people's dignity was not always being maintained. We observed two people struggled to eat without spilling their food onto the floor as no plate guards or adapted cutlery had been provided. The registered manager was unable to provide any assessments of people's needs in this area. We observed people were offered drinks regularly through the two days of our inspection. **It is recommended the registered provider considers the National Institute for Health and Care Excellence (NICE) Quality Standard for supporting people to live well with dementia QS30.**

People's weights were recorded each month in their care plans. In addition the home completed a nutritional risk assessment tool monthly. Whilst most people's weights were recorded as being stable, we saw one person's weight had dropped for the last two months and the registered manager had made a request for a referral to a dietician. The daily notes for this person showed the care staff had clearly recorded how much the person had to eat and drink.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack mental capacity to make decisions are protected. We confirmed staff had received training in the principles of MCA. Our observations showed staff took steps to gain people's verbal consent prior to care and treatment.

The five care plans we reviewed did not contain assessments of the person's mental capacity when unable to make various complex decisions. Care plans did not describe the efforts that had been made to establish the least restrictive option for people and the ways in which the staff sought to communicate choices to people. We saw one person who used the service was unable to make decisions about their everyday routine. We asked the registered manager to show us records of mental capacity assessments and other documentation such as best interest meetings or a review of care. They told us the person had not had their mental capacity assessed and no best interests meetings had taken place. This showed any decisions made on the person's behalf were done so without consideration of what would be in their best interest. The registered manager told us they thought one other person lacked capacity to make their own decisions. Again, when we looked at the documentation we saw that a mental capacity assessment had not been undertaken and there were no records to show consultation with others involved in the person's care had taken place either.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager was not aware of the latest guidance following a recent judgement in the Supreme Court and told us no DoLS applications had been made to the local authority. They assured us they would contact the local authority to seek guidance. This meant that people may have restrictions imposed upon them which restricted or deprived them of their liberty and this had not been undertaken in line with current legislation and good practice guidance.

Two people's care plans we reviewed included 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms to show they did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. We found these had not been reviewed in accordance with current guidance as people did not have mental capacity assessments and best interests meetings with families and other healthcare professionals had not taken place.

The problems we found breached Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

We looked at staff training records and noted staff had received training the registered provider considered essential in the following areas: infection control, food

Requires Improvement

Is the service effective?

hygiene, moving and handling, safeguarding vulnerable adults from abuse, fire safety, equality and diversity, and dementia care. In addition, we were told the registered manager had arranged training on dysphagia as a result of a choking incident the previous year. The deputy manager showed us the file which they used to record staff training. However, there was no training matrix to identify when staff needed updates to their training; the deputy manager told us they would create a matrix within the next month. Staff told us they had undertaken the registered provider's induction programme at the start of their employment and they were required to shadow more experienced staff before the registered manager assessed them to be competent to work on their own. They told us their induction covered whistleblowing and safeguarding. Staff confirmed they had received training in moving and handling before they were permitted to assist people using a hoist or other mobility aids. This showed people were protected from the risk of receiving care from untrained staff.

Staff told us they received regular supervision sessions with the management team, which gave them the opportunity to discuss any support they required or any training issues.

People who used the service had access to healthcare professionals such as dentists, chiropodists, opticians, and were regularly supported to attend hospital outpatient and GP appointments.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them well. Comments included, “They talk to me nicely”, “I have no problem with the girls (staff), they’re very friendly” and “Yes, they treat me well.” Relatives told us, “The staff are good at letting us visit and if we want to take xxx out.”

We observed some positive communication and interaction from staff even though they were busy tidying people’s rooms and assisting people to get up. The majority of people in the lounges, of both the new and old buildings, had a good level of staff interaction for the duration of our observations.

We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. For example, one person who needed assisting to stand was asked, “Am I alright to take your blanket off?” People were asked if they needed anything or wanted any help. When people asked to use the bathroom, these requests were responded to quickly and discreetly.

People who used the service told us they were able to choose when to go to bed and when to get up the next morning.

We observed staff respected people’s privacy, always knocking on their doors, waiting to be asked to enter. We saw care plans provided staff with good information about how people who used the service wished to be treated. The five care plans we reviewed also contained the person’s or their representative’s written consent to each section of their care plan, including personal care, administration of medicines, moving and handling tasks, and referrals to a GP. Three of the people who used the service told us they knew they had a care plan, but didn’t want to know about its content. One person told us they had been invited to attend a review and were asked about their care.

People who used the service told us they felt they were listened to. We saw evidence to confirm meetings were held with people on a regular basis in order to gain their views on the quality of care, the laundry service, and the contents of menus. We saw the most recent meeting had addressed the food for Christmas dinner.

We saw meetings were held to review people’s care and support every year. Minutes of these meetings were available in people’s care plans. We saw changes to care plans had been made as a result of these reviews. This meant when people’s needs had changed their care plans had been updated to reflect this and their care needs were met.

Information was made available to people about the use of advocates. The registered manager told us they had recently encouraged one person who used the service to use an advocate as they wished to make decisions about their will. However, at the time of our inspection visits, no one was using advocacy services.

We saw people who used the service were supported to be as independent as possible. We noted the registered provider had built a smoking shelter for one person who frequently visited it independently. We observed another person being supported to stand using a standing aid. The person received continual encouragement whilst using the standing aid. The person’s delight at being able to stand using the aid was clear. This showed staff helped promote people’s independence as much as possible.

People who used the service told us their relatives were free to visit at any time. They told us they were also supported by staff to visit their relatives at their homes.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us, "We get trips out every now and again although the vehicle has been out of action", "Sometimes the days are long; we could do with a bit more going on really" and "I wish there was more to do during the day." One member of staff told us, "We talk to the residents and spend time with them, but we need a more structured approach to activities I think. We've got plenty of activities stuff."

Staff we spoke with were able to describe people's life histories and clearly knew and understood people's social preferences. Staff told us the care plans gave them sufficient information about people and their needs. One member of staff told us, "Each resident has a 'my life history' section which they write with their families; it gives us all the information we need about their life and their preferences. The care plans also have information about residents' night time preferences and how they like to spend their day." The five care plans we reviewed all contained this information and had been reviewed monthly to ensure it was still relevant. This showed care plans were written around the individual needs and wishes of people who used the service.

We saw one person's preferences about personal care were quite specific. When we spoke with staff it was clear they understood these instructions. The person who used the service also confirmed the staff adhered to their preferences.

Each care file included individual care plans for mobility, personal care, health, continence, infection control, communication and night-time care. We saw these had all been evaluated and updated monthly.

We saw a handover diary was maintained during each shift. The registered manager told us a handover meeting took place at the start of each shift and the contents of the diary would be worked through. This meant people who used the service received care that was relevant to their needs at that time.

Whilst the registered provider employed a dedicated activities co-ordinator, we were told they were currently absent from the service due to long-term sickness. During our observations on both days of our inspection we found that whilst staff interacted well with people, there were no activities taking place other than watching television. Each person's care file contained a record of their participation in activities. However, four out of the five care plans we reviewed contained no entries for activities since July 2014. This meant that people were not receiving activities that were stimulating for them.

The registered manager told us the service was a member of the National Association for Providers of Activities for Older People (NAPA) and this was the source of much of the activity material. The registered manager told us the service was actively involved in setting up a local community hub which would include a café, art classes and access to African drumming sessions. They said they hoped this would go some way to address current shortfalls in activities provision. The minutes from 'residents meetings' showed activities were routinely discussed and people enjoyed trips out including visits to local attractions and shows. However, the lack of activities staff meant people's wishes could not be fulfilled. **It is recommended the registered provider considers the National Institute for Health and Care Excellence (NICE) Quality Standard for supporting people to live well with dementia QS30.**

People told us they would know how to make a complaint if necessary. They all said the registered manager, deputy manager and the staff were always available and approachable. During our inspection we saw one person was particularly upset about an issue. We saw the deputy manager spent some time talking to the person individually, actively listening and responding to their concerns.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. There was evidence actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. Upon completion of any investigation, the outcomes and actions needed to address issues had been recorded.

Requires Improvement

Is the service well-led?

Our findings

We found there were systems in place to monitor the quality of the service. We reviewed monthly audits for medicines management, pressure care, infection prevention and control, and care plans. We saw actions plans had been created to address any shortcomings. The registered manager showed us the audit schedule and we confirmed appropriate audits had been planned throughout the year. However, the infection control audits carried out by the registered manager had failed to identify issues we found during our inspection**. It is recommended the registered provider considers the Department of Health's Code of Practice on the prevention and control of infections.**

In addition, the registered provider had purchased an audit tool which was broken down into the five key questions as identified by the Care Quality Commission (CQC) in our reports. The registered manager showed us the audit addressing the question, 'Is the service safe?' We saw this identified there were no records of spot checks carried out on staff but all staff had received training in dignity, person-centred care, and care planning. We saw the registered manager had put an action plan in place to address the recording of spot checks.

Although there was a structured system for monitoring the quality of the service, there was no check on whether people's capacity had been assessed. This meant that some people who used the service and who should have received assessments of their mental capacity, had not had them completed and may be subject to restrictions that had not been agreed using the principles of the MCA or in line with current legislation.

We saw there were monthly records of accidents, incidents, injuries and safeguarding referrals. We saw, where appropriate, investigations had taken place and trends had been identified. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with registration requirements.

The members of staff we spoke with told us the management of the service was good and they found them supportive. Comments included, "I've worked in other homes where the manager is never really around but here it's quite different. The manager and deputy manager are always available if you need help or advice" and "We are quite a small group of staff and most of us have been here a while so we tend to have good communication between us and the managers."

The registered manager was unable to demonstrate they kept up to date with guidance and best practice in areas such as the MCA and infection control.

Records showed staff meetings took place each month. The minutes from the most recent meeting showed best practice and people's care were discussed. Records showed learning from incidents and errors took place during the meeting in an open and transparent manner. Copies of the minutes were made available to staff who were unable to attend in person.

We reviewed the results of several surveys sent to people who used the service and their relatives about the quality of the service provided. A survey was issued in May 2014 about the standard of the building and the environment. All respondents confirmed the building was in good order overall and the décor was warm and welcoming.

A dignity and respect survey was issued in June 2014. Ten people responded to the survey positively stating staff treated them with respect and dignity. Further surveys addressed the laundry service and food. In each case the registered manager had evaluated the results and created an action plan to address people's comments and concerns.

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 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not, as far as reasonably practicable, ensure that service users; persons employed for the purpose of the carrying on of the regulated activity, and others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the maintenance of appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity. Regulation 12(1)(a)(b)(c)(2)(a)(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment In relation to the care and treatment provided for the service user, the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to consent to care and treatment on that service user's behalf; or where this does not apply, establishing, and acting in accordance with, the best interests of the service user. Regulation 18(1) (a) (b) (2).