

N & I Healthcare Limited

Keele House

Inspection report

176/178 High Street
Ramsgate
Kent
CT11 9TS

Tel: 01843591735

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Keele House is a residential care home which provides personal care for up to 31 people. The service provides support to older people, people living with dementia and a person with a learning disability. At the time of our inspection there were 25 people using the service.

People's experience of using this service and what we found

People told us they felt safe at Keele House and there was a homely atmosphere. One person told us, " They are very, very good. They look after me. They are exceptional".

The provider had taken effective action since the last inspection to improve the quality of care people received. Effective checks and audits were now completed regularly and any shortfalls were addressed. A registered manager had been appointed and they led the staff team to provide a good standard of care. Staff were motivated and felt appreciated. People, their relatives and staff were asked for their feedback on the service and this was acted on. Relationships between the staff and health care professionals had improved.

Risks to people were assessed and care was planned to keep people safe while supporting them to remain as independent as possible. Medicines were managed safely and medicines records had improved. When accidents or incidents occurred, action was taken to reduce the risk of them happening again. There were enough staff, who had been recruited safely to meet people's needs. Staff followed safe infection control processes.

People were protected from the risks of harm and abuse. Staff knew how to identify and share any concerns they had. Concerns raised had been listened to and acted on. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Staff knew people well and had taken time to get to know them. People's wishes and preferences were respected. Staff reassured people when they were anxious. People had privacy and were supported to remain independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9/11/21).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received information from the local authority that the service had improved and an increase in the provider's rating would improve capacity in the local market. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Keele House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed 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.

Service and service type

Keele House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Keele House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and six relatives about their experiences of the service. We spoke with six staff including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one health care professional.

We reviewed a range of records. This included five people's care records, multiple medication records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to mitigate known risks to people and protect them from avoidable harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found no guidance had been provided to staff about how to support people with unstable diabetes. At this inspection we found risks to people had been identified and guidance was in place for staff. When one person's diabetes needs changed staff had contacted their GP for support. A relative told us, "My relative's diabetes is now kept well under control".
- Since our last inspection guidance had been put in place for staff on the actions to take if people choked. Staff gave a consistent account of how risks were managed and knew what to do if people choked. This included providing first aid and calling for emergency medical support.
- At times some people became anxious or frustrated. Clear guidance had been provided to staff about how to support people to remain calm and offer them reassurance. This was effective and we observed staff reassuring people when they became anxious.
- Other risks to people had been identified and mitigated, such as losing weight or developing skin damage. Staff followed clear guidelines to support people to remain as safe and well as possible.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

At our last two inspections the provider had failed to ensure staff followed safe and consistent processes when managing medicines. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Effective action had been taken since our last inspection and medicines were now stored and recorded safely. Medicines administration records (MAR) were completed and staff signed to confirm people had taken their medicines as prescribed.
- New systems were in operation to make sure people received their medicines as prescribed. MARs clearly showed when pain relief patches were to be applied. Pain patch charts showed the patches had been applied regularly and in line with the manufacturer's instructions. This ensured people had their pain relief when they needed it and risks of skin damage were reduced. One person told us, "They always bring my medication. If I need any other medication for aches and pains, they ring my doctor to see what they suggest".
- Medicines had been stored on occasions above the maximum temperature of 25°C recommended by the manufacturer. Action had been taken to rectify this and a new air conditioning machine had been installed. Advice had been obtained from the community pharmacist who had confirmed it was safe for the medicines concerned to be stored up to 28°C on occasions. The temperature had not exceeded 28°C.
- New storage arrangements had been put in place and all medicines were now held securely, in line with legal requirements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People received visitors when they wanted in their bedroom or communal area. There were no restrictions on the length or number of visits. Visitors were encouraged to wear a face mask in communal areas in line with national guidelines. Their comments included, "They encourage visits. I don't have to wear a mask anymore", "I can go when I want to" and "I wear a mask but you don't have to".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Keele House. People's comments included, "I can trust the staff" and "They look after me very well". People were confident to raise any concerns they had with staff and the registered manager.
- People were not restricted and were free to come and go as they pleased. One person told us, "I go out when I want and come in when I want, there is no time limit. I have the homes' phone number so I can ring if I need them, and they can come and get me".

- Staff had completed safeguarding training and knew how to identify risks of abuse. Staff raised any concerns they had with the registered manager and were assured these would be addressed promptly. They knew how to whistleblow concerns to the provider and the local authority safeguarding team.
- The registered manager had shared any safeguarding risks with the local authority safeguarding team and the Care Quality Commission.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action was taken to prevent them from happening again. For example, when people had fallen, they were supported to use alert mats and other equipment to reduce the risk of them falling again. This had reduced the number of falls people had.
- Accident analysis was completed each month to look for patterns and trends and plan any action required to reduce risks. Relatives told us, "They come up with a plan to prevent it happening again. They are very good at that" and "They tell me how they are going prevent it in future".
- One person had left the service without staff's knowledge. This had been quickly identified and the person was supported to return safely. The circumstances around the person leaving had been reviewed and the risk of it happening again assessed. Action had been taken to improve security at the service and staff followed clear guidelines to support the person to remain safe whilst maintaining their independence.

Staffing and recruitment

- People and their relatives told us there were enough staff on duty to offer them the care they needed. Our observations confirmed this. One person told us, "When someone rings bell, they get there quickly, the staff are very efficient and good at multi-tasking". The staff team had increased because vacancies had been filled. Staff covered any vacant shifts, so people always knew the staff who supported them.
- Staffing levels were based on people's needs and staff's skills and competence. The registered manager assessed people's needs and staff's skills before offering people a service. A staff member told us, "The registered manager thinks about every resident and the staff before offering a new person a place". Staff told us this had reduced their workload and they now had time to spend with people, chatting and playing games. One relative told us, "If staff have five minutes spare they sit down and chat with the residents".
- Staff had been supported to develop the skills and knowledge they needed to care for people. For example, all staff had completed training in infection control, dementia and learning disability and autism. Senior care staff were trained to administer insulin for people with diabetes. A person told us, "They know what they are doing, they are so good".
- People were protected by robust staff recruitment processes. Checks, including Disclosure and Barring Service (DBS) checks, had been completed to ensure staff were of good character and had the skills required to fulfil their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A long standing staff member commented that new staff had the skills they needed and a caring attitude.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People now had privacy which they did not always have when we last inspected. One person locked their bedroom door when they went out and staff did not enter without their permission. Another person told us, "When I have a shower, they wait outside the door in case I need them. There is pull cord in there if I need help".
- Staff encouraged people to be as independent as possible. When people moved in they were encouraged to regain any independence they had lost. Several people's mobility had improved and they were less reliant on walking aids.
- Other people were supported to remain as independent as possible. One person told us they washed and dressed themselves and staff only washed the parts they could not reach. Another person told us, "They encourage me to be independent". Relatives comments included, "My relative is very independent. They get up early and wash and dress themselves. If they have any trouble they ask for help" and "My relative is free to do what they want to do".
- The provider and staff knew about the general data protection regulations and kept personal, confidential information about people and their needs safe and secure. Staff were regularly reminded about maintaining people's privacy and not discussing people where others could hear.

Ensuring people are well treated and supported; respecting equality and diversity

- The core values of dignity and respect underpinned the service people received. People were treated as individuals and their choices and wishes were respected. Staff knew people well and understood what was important to them. This included their relatives and friends, music and particular meals.
- People had been asked if they preferred a male or female carer and their choices were respected. They had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- People and relatives described the atmosphere at the service as homely. Their comments included, "When I visit it is like going to my relatives home" and "I talk to the staff, they are friendly and brilliant. They treat me more like family than a resident".
- Staff were kind and caring towards people and their relatives. We observed staff listening to people and offering them reassurance when they felt a little unwell. They chatted with people in gentle caring ways and listened and responded to what they were told. One relative told us, "The staff are nice people, they hold my relative's hands and give them a hug".

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people preferred to spend their time in their bedroom or a particular lounge. Others liked to eat in their bedroom, the dining room or the lounge. Staff respected and supported people's decisions.
- Staff reassured people when they were worried. One person was concerned about their medication and staff reassured them they had received what was prescribed and when they would be offer another dose. We observed staff reassuring another person as they stood up by placing a gentle hand on their back. This was effective and the person stood up un aided.
- People who wanted had been supported to take part in national events such as the Queen's Jubilee and funeral service. They had been supported to remember, celebrate her life and pay their respects. This was important to some people.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last three inspections the provider had failed to operate effective systems to assess, monitor and improve the quality of the service people received. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had taken action to improve the quality of the service and ensure this was maintained. They had appointed a new registered manager who had the skills and knowledge to make the changes necessary to drive improvement. One relative told us, "The new manager goes over and above to make sure everything is right".
- The medicines audits were now effective. For example, they had identified the medicines room was too hot at times and action had been taken to address this.
- Effective checks and audits were completed monthly in line with the provider's policy. These were undertaken by the registered manager and other staff who knew the service well. A consultant also completed regular quality assurance checks. Action plans were created to address any shortfalls found and kept under review. High risk shortfalls were addressed promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new registered manager had been employed to improve the service shortly after our last inspection. People's relatives told us the registered manager had been successful, their comments included, "It is much more organised, things run smoother. The whole place seems so calm" and "The new manager has been amazing since they took over, they are fabulous and always in touch". A staff member described the improvements as "dramatic".
- The provider had achieved their aim of providing a service which encouraged people to retain as much of their independence as possible. This aim was shared by staff who treated each person as an individual.
- There was a culture of mutual support within the staff team. Staff felt supported by the provider, registered manager and their colleagues. They told us the provider was "really approachable" and the registered manager was "understanding" and dealt with any concerns raised with them. Staff told us they felt valued and listened to. One staff member commented, "I couldn't ask for better bosses".
- Staff were motivated and enjoyed working at the service. Their comments included, "It's a joy to come into work", "I am proud to work here now, I love my role" and "We have a great team here now, who respect each

other, which wasn't there before".

- Areas of the service had been redecorated. The provider had referred to best practice guidance on environments for people living with dementia when planning any changes. People's bedroom doors had been painted in a colour of their choice to look like front doors, to support them identify their room.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open with people and their relatives when things had gone wrong. Relatives told us, "They accept responsibility", "They apologise and explain what action they have taken" and "They do apologise and come up with a plan".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had changed the leadership structure. Senior carers now led each shift and were responsible for different areas of the service. This ensured responsibilities were shared across the team. Senior carers were enjoying their new roles.
- The registered manager had worked with staff to ensure everyone understood their roles and was held accountable. A new allocation system had been introduced at staff's suggestion and was working well. A staff member told us, "Staff know what they are responsible for and can be held accountable. Other staff help out to make sure things get done".
- There was an effective on-call structure in place and the staff knew who to contact if they needed assistance. One staff member told us the electric had gone off at the home and they had contacted the registered manager. A maintenance person had arrived within 20 minutes and fixed the fault.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were confident to raise any concerns they had with staff. One person told us, "I would talk to the senior staff, they are good, they sit and listen to me. The staff told me that, if I have a problem come and talk to them". A relative commented, "If I have any concerns, I just pop up to the office, which is always open, and talk to them".
- The registered manager and staff chatted with people each day about the service they received and any changes or improvements they wanted made. They were involved in planning events at the service such as the Queen's Jubilee party.
- Staff were asked for their views and suggestions and these were acted on to improve the service people received. Staff told us suggestions they made had been implemented and this had improved the quality of the dining experience and the storage of medicines.
- Relatives were asked to share their views of the service every three months. The survey completed in September 2022 showed the quality of the service had increased since March 2022.

Working in partnership with others

- A health care professional told us their working relationship with the staff had improved since our last inspection. Staff contacted health care professionals for support when people need it and act on their advice. They told us communication was much improved but further work was needed to ensure health care professionals received accurate and sufficient information at times.