

Mrs Helen Young

Keb House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keble House is a residential care home providing accommodation and personal care for up to 18 older people including people living with dementia across 2 adapted areas within the grounds. At the time of our inspection 14 people were living at the service.

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

A system was in place to monitor the quality and safety of the service, however this was not always effective in identifying and addressing issues.

The safety of the service was not always maintained through regular checks.

Medicine practices were not always in line with best practice guidelines and staff did not always receive training to meet people's individual assessed needs.

Staff had been recruited safely however, records were not always thorough.

We have made a recommendation about recruitment processes.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and we observed people were treated with dignity and respect. People were happy with the care they received, they felt safe and well looked after.

Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans were up to date, risk assessments were in place and regularly reviewed. People were regularly asked their views on the service provided and action had been taken when suggestions were made.

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.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and to ensure their needs were met and reviewed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 2020). The service remains rated requires improvement.

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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed their systems to ensure effective infection control were in place. At this inspection we found the provider had made some improvements however further improvement was required.

Why we inspected

We carried out an unannounced inspection of this service on 31 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, medicine management and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led.

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 remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keb House on our website at www.cqc.org.uk.

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.

Enforcement and Recommendations

We have identified breaches in relation to training, medicine management, risk management and good governance at this inspection. We have also made a recommendation in relation recruitment processes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Keb House Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors 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

Keb 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. Keb 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the registered manager, deputy manager, care workers and the activity coordinator.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed a variety of records in relation to the management of the service, including policies and procedures.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider failed to ensure the safety of the premises and equipment was safe to use. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had not ensured people lived in a safe environment. Risks associated with the premises and equipment were not managed through regular safety checks and maintenance at the service.
- Fire safety was not robust. There was minimal evidence of regular fire alarm testing.
- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.
- The lack of oversight in relation to the monitoring and analysing of accidents, incidents or falls has resulted in people being exposed to the risk of harm.

The provider had failed to appropriately assess and manage risks to people's health and safety. This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Instructions for medicines which should be given at specific times were not available.
- Temperature records to ensure the safe storage of medicines were not always completed in accordance with national guidance. This meant we could not be assured that medicines requiring refrigeration were safe for use.
- Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.

- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin based products.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we recommended the provider review their recruitment systems to make sure the right staff were recruited. The provider had made improvements, however further improvements were required.

- Recruitment practices were safe. Though, the registered manager had not kept interview records to show how they had determined staff were suitable for the role.

We recommend the provider develops a system to monitor recruitment records.

- The provider monitored and made sure sufficient staff were deployed to safely support people. Staffing levels changed based on the number and needs of the people using the service.
- The registered manager and deputy manager covered gaps in the rota if needed and was trying to recruit more staff.

Preventing and controlling infection

At our last inspection we recommended the provider review their policies and procedures for infection prevention and control. The provider had made improvements.

- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. A shortfall in infection prevention control training was identified.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt safe at the service. One person said, "The staff know us well and look after us like our family would, I never feel worried just safe." One relative said, "I can't fault Keb House, they kept my elderly parents safe and who could want for more."
- Staff were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider review their staff training and development processes for ensuring staff have right qualifications to fulfil their roles. The provider had not made the required improvements.

- Staff had not always received appropriate training to ensure they were suitably skilled in their role to keep people safe. For example, a significant number of staff had not completed safeguarding training.
- Staff did not always receive specific training to meet people's individual assessed needs. For example, staff were not trained in Epilepsy and Diabetes where people's assessed needs reflected these diagnosis.

Failure to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were positive about the support they received. A staff member said, "I get supervisions regularly, [registered manager] is also always there to listen."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. Care plan's included relevant assessments of people's communication support and physical needs.
- Staff supported people to be healthy. People had specific care plans that showed their eating and drinking needs and preferences.
- People praised the quality of the meals and food provided. One person said, "The food is very good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information was shared with other agencies if people needed to access other services such as hospitals or specialist involvement.
- Care files contained information about each person's health needs and the support they required to

remain as independent as possible.

- People benefited from staff monitoring their wellbeing and health.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise.
- The service involved people with decision making. For example, easy read surveys supported people to make suggestions about activities.
- People's bedrooms were personalised with their own belongings and family photographs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.
- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions. Best interest decisions had been made with the involvement of others such as relatives and or healthcare professionals.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- An effective system was not always operated to monitor the quality and safety of the service. Robust governance systems were not consistently used effectively to identify shortfalls and address concerns in a timely manner.
- Actions taken were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice. Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for them.
- Themes and trends were not always identified through systems currently in place. For example, there was limited analysis of incidents or accidents at the service to reduce the risk of reoccurrence and improve care provided to people.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not set up robust systems to gather and monitor feedback from staff. The registered manager gave assurances this would be addressed immediately.
- Systems were in place to capture people's views and feedback. A relative said "I can always speak to [registered manager] and the other staff."
- People were able to attend residents' meetings where they discussed changes within the home, activities, as well as the menu.

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

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.
- Morale within the service was good and the culture was open and relaxed.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. One person said, "We all know [registered manager] and all the staff, in this small home it is like a family with the staff as friends."

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 registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "I do feel supported, the best support I've ever received in employment."

Working in partnership with others

- The registered manager and staff had effective working relationships with other organisations and professionals to ensure people received the right support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>12(2) (g)</p> <p>The registered provider had not ensured the safety of the premises and equipment was safe to use.</p> <p>12 (2)(d)(e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p> <p>17 (1) (2) (a)(b)(f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed.</p> <p>18 (1) (2)(a)</p>

