Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Keate House Residential Home Limited

9 Brookfield Road, Lymm, WA13 0QL

Tel: 01925752091

Date of Inspection: 16 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Keate House Residential Home Limited
Registered Manager	Miss Wendy Johnson
Overview of the service	Keate House is located in the village of Lymm .Accommodation includes 44 single and two double en suite rooms; three lounges/dining rooms and a , large conservatory.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The people living at Keate House that we spoke with told us they felt involved in their care. One resident we spoke with said the staff always discussed everything with them and they could make their own choices. One person said "you can do just as you like here, it is my home." One visitor told us "we are very happy with the care and I am always kept informed."
All the people we spoke with said the staff treated them well and that there were enough staff to support them to fulfil their needs. Comments such as " staff are wonderful" "staff are marvellous" "couldn't fault them they are great" were made by people living at the home. Relatives spoken with said " the staff are wonderful, always there for our relative and us". "they cared for my relative like a family member all the staff are excellent".
The staff members we spoke with were very positive about the home and the standard of support that people were receiving. Comments such as "it is a good place to work" "we get lots of training."and "I feel supported" were made.
People spoken with told us they were happy and had no complaints or concerns. They said if they had concerns they could speak with the manager or the and one person said " I don't have any worries about being here but I could talk to any of the staff and they would help me"
One relative said " this place is marvellous, I have no concerns with the care my relative receives. "

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at plans of care at the home and saw that there was evidence such as signatures, from the person themselves or their representatives showing that they agreed to the care and the assessment of their needs. The people living at Keate House that we spoke with told us they felt involved in their care and that they were not forced to do anything that they did not want to do. One resident we spoke with said the staff always discussed everything with them and they could make their own choices. One person said "you can do just as you like here , it is my home." One visitor told us "we are very happy with the care and I am always kept informed."
We asked the manager about the systems that were in place to gain and review consent from people so that they could act on people's wishes. A formal consent form was in place for people's photographs to appear on the homes' facebook page and people spoken with were happy that relatives and friends could see them. We were told that staff always gained consent, but there was not a consent form within their documentation to confirm this.This issue was discussed with the manager and she agreed that a form would be devised to add to the care plan documentation.The provider may wish to note that there is no formal consent form in care plans to care and treatment within the records.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Each person using the service should have a care plan that provides the details of the individual's needs, any risks identified and the care or support that they require.
People living in Keate House had a care plan in place that provided the details of the individual's needs, any risks identified and the care or support that they required. Care plans looked at in detail were written in a way which fully reflected the individual needs of each person living in the home. We saw evidence of regular reviews which ensured the plans were up to date and continued to meet people's needs. We also noted that there were nutritional assessments in place to support people's nutrition and hydration needs.
The manager had recently completed resident meetings to discuss the food and menus and changes had been made to the menus to reflect the likes and dislikes of people living at the home.
The records we looked at showed that people's general health and wellbeing had been closely monitored and any issues of concern had been recorded and properly acted upon. We also saw evidence of input from other health professionals such as general practitioners, occupational therapists, district nurses and dieticians.
We observed that care was provided in a very clean and organised environment. We found that there were positive interactions with people and that staff spent time sitting and chatting with people who used the service and it was clear that individual's care needs were well known. There was good banter between staff and people who used the service. We also saw that care was delivered in a polite, caring and patient manner.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medication records. We saw that people did receive all their prescribed medication, unless they refused it. Records of receipt, administration or reason for non-administration were on the whole well-maintained. We did not see any gaps in recording of medications and the records of controlled drugs seen were correct. Any medication errors had to be reported to the provider, and we saw evidence that this was monitored as part of the quality assurance system.
We observed a senior member of staff administering medicines. She carried out the procedure in a safe and professional way.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All the people we spoke with said the staff treated them well and that there were enough staff to support them to fulfil their needs. Comments such as "staff are wonderful" "staff are marvellous" "couldn't fault them they are great" were made by people living at the home. Relatives spoken with said "the staff are wonderful, always there for our relative and us". "They cared for my relative like a family member all the staff are excellent".
We do not have any concerns regarding either the numbers or suitability of the staff members working at the home. The staff members we spoke to were very positive about the home and the standard of support that people were receiving. Comments such as "it is a good place to work" "we get lots of training." and "I feel supported" were made.
The staffing levels we observed were sufficient to meet the needs of the people living in the home at the time of our visit. Staff spoken with said that on the whole there were enough people on duty to meet people's needs. There was a low turnover of staff and several of the staff had worked at the home for many years.
We saw that, as well as the manager, who was supernumerary, there was always a senior staff member and five care staff from 7am until 3pm. After this time there was a senior staff member and four care staff until 10pm. On night duty there was one senior staff member and one carer on duty. In addition on the day of the visit there was a deputy manager , a chef, a kitchen assistant/porter, two domestic assistants, a laundry asistant and a handyman.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Keate House had a complaints procedure and various items of information about the home which was visually displayed and accessible to people. People spoken with told us they were happy and had no complaints or concerns. They said if they had concerns they could speak with the manager. One person said " I don't have any worries about being here but I could talk to any of the staff and they would help me"
One relative said " this place is marvellous, I have no concerns with the care my relative receives. "
We looked at how the service monitored records regarding complaints. We saw that the home had received one complaint in the last 6 months and this had been investigated by the home and Warrington Borough Council.
We saw that it had been managed appropriately and acknowledged and resolved within the timescales advised within their guidance.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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