

Knells Country House Limited

The Knells Country House

Inspection report

Houghton
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Cumbria
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The Knells is a residential care home that provides personal care for up to 24 older people, some of whom were living with dementia. There were 23 people living there at the time of this inspection.

People's experience of using this service: People said they were very happy at this home and had many positive comments about the "kind, helpful staff" team. They said it was a "lovely, lovely home" and "nothing could be better". Relatives said the home was incomparable to other services and described the staff as "wonderful" and "caring".

People said they felt safe at the home. There were enough staff to support them whenever they needed it. People said staff responded very quickly when they requested assistance.

The home was clean, warm and comfortable. Staff knew how to protect people from avoidable harm. People at risk of falls or poor health were provided with the assistance and equipment they needed. People's medicines were managed safely.

Before people moved to the home their needs were assessed to make sure the home could provide the right care. Staff said they had good training and support to care for people in the right way. Staff worked well with other health agencies and people were supported to access health services.

Staff cared for people effectively and responded quickly to any changes in people's well-being. People said the meals were very good. Staff encouraged people to eat and drink enough and they had lots of choices about their meals.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said there were always interesting activities to take part in and the chance to go out into their local community. There was a friendly, welcoming atmosphere in the home and warm engagement between people and staff.

People said the home was well-managed. They were asked for their views at meetings and said suggestions were always listened to. Staff said the management team were open, approachable and supportive.

The provider carried out checks to ensure the quality and safety of the service. They were committed to continuous improvements of the service.

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

Rating at last inspection: Good (report published in November 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Knells Country 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The Knells is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We planned the inspection using information we had received about the service including incidents the provider must notify us about. We reviewed the Provider Information Return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. We asked the local authority and Healthwatch. This information helps support our inspections.

During the inspection, we spoke with seven people, six relatives and a healthcare professional.

We spoke with the registered manager, deputy manager, a care worker, a catering staff member and the maintenance staff member.

We looked at four people care records, four people's medicines records, three staff recruitment files, training and supervision records, complaints and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the home. They described feeling "well cared for" and reassured by the support of staff.
- Staff understood their responsibilities to protect people. They completed safeguarding training and had access to information about how to raise any concerns.
- Any safeguarding issues were reported to the local authority and a record was kept of the incidents and outcomes.

Assessing risk, safety monitoring and management

- Staff assessed any risk to people and recorded clear strategies to minimise those risks.
- The provider and maintenance staff carried out regular checks of the premises. The accommodation was well maintained, comfortable and safe. Some minor premises issues were addressed immediately at the time of the inspection.

Staffing and recruitment

- Staffing levels were sufficient to meet people's dependencies and social care needs.
- People said there were always enough staff to assist them. They told us staff responded quickly to any requests for support.
- The provider used safe recruitment practices to make sure new staff were suitable to care for people. Minor gaps in staffs' previous employment history were not always explored and recorded. The registered manager stated this would be addressed.

Using medicines safely

- Medicines were managed in a safe and competent way. The provider used an electronic medicines management system which made sure people were offered the correct medicines at the right time.
- People said staff were very supportive with their medicines.
- Only management and senior members of staff were responsible for administering medicines. They had been trained in medicines management.

Preventing and controlling infection

- People and relatives described the home as "spotlessly clean".
- The registered manager took responsibility as the home's infection control lead. They carried out hand-hygiene checks with staff and infection control audits each month.
- Staff had access to gloves and aprons throughout the home to make sure they assisted people in a hygienic way.

Learning lessons when things go wrong

- The provider used lessons learnt from incidents to reduce the risk of these reoccurring.
- The registered manager took action to help prevent accidents. They had set up a system to check sensor equipment to make sure it was in working order every day.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving to the home to make sure they could receive the right support.
- The provider made good use of technology to support the service. This included a computerised medication system and use of a sensor alarm system that alerted staff by pager to people's movements.
- The registered manager used nationally recognised guidance in some areas of care to make sure the service met current best practice standards.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role.
- The registered manager was a trainer in moving and assisting so provided this training to all staff. She tailored this training to the specific mobility needs of individual people. The provider also used external trainers, including local colleges, for national care qualifications.
- Staff said they were "very well supported" by the registered manager and deputy manager. They said there were good opportunities for professional development and were encouraged in their career progression.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives made many positive comments about the quality of meals.
- People said they received personalised support with any special diets and the cooks made sure they had lots of options. Their comments included, "The food is very good and there is a great range."
- People's nutritional well-being was assessed and kept under review. Where necessary, staff recorded the amount people had eaten or drunk at each meal. Staff checked whether people were having enough to maintain good nutritional health.

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

- People received effective support with their health care needs.
- Staff had good working relationships with health care services. A healthcare professional commented staff had good communication with them. They said staff got in touch as soon as they noted any changes in people's well-being.
- The service supported people to access health care appointments.

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

- People's rooms were highly personalised and fitted with equipment that supported their individual needs.

- The registered manager had made some adaptations to help people who were living with dementia. This included picture signs on bathrooms and toilet doors so that people could find their way independently. There were items of visual and tactile interest for people to enjoy.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care where they had capacity to do so.
- People who lacked capacity were supported by relevant representatives and decisions were made in their best interest. This included, for example, the use of sensor alarms for people who were at risks of falls.
- Staff followed the principles of MCA and DoLS. People were not unnecessarily restricted, so their rights were not compromised.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People made many positive comments about the caring and compassionate support they received from staff. Their comments included, "They are all marvellous, so kind and helpful" and "The staff are all lovely and such good fun to talk to."
- Relative said people were treated with compassion and their diverse needs were respected.
- A healthcare professional commented that the staff were "certainly caring" and the service was very family-orientated. Some relatives of people who had previously lived at the home had become activity volunteers because they wanted to continue to be involved in such a caring service.

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

- People said they were encouraged to make their own daily choices and spend time doing the things they preferred.
- Staff were very knowledgeable about people's preferences and how they wanted to be assisted.
- People described staff, including the cooks, as "very thoughtful". They said staff really considered everyone as individuals and offered them individual options and choices.

Respecting and promoting people's privacy, dignity and independence

- People said staff were "always polite" and knocked on their bedroom doors to await permission before entering.
- People's personal grooming was respected. A relative commented, "They always make sure my family member is presentable and has her beads on because that's how she's always been." People's preference for gender of care staff was respected.
- Some people had their own telephones and electronic tablets to keep in touch with family and friends independently. Some people used independent advocates to assist them to make any significant decisions. The registered manager supported people to access their advocacy services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was based on their preferences and needs. They said they were "very well cared for" in the way they wanted to be.
- The service provided personalised, flexible care to meet changes in needs. Care records were being changed onto an electronic version. The registered manager explained that everyone's needs, preferences and wishes would be reviewed again as part of the change.
- The activity co-ordinator, volunteers and care staff provided a range of interesting in-house activities and social events with the local community. A relative commented, "My family member's dementia has massively improved since they came to live here. They are so fulfilled by all the activities and it's brought my family member back to life again."

End of life care and support

- People's advanced preferences about their last wishes were recorded wherever these were known. Relatives were highly involved in supporting the people in these decisions.
- Staff were very experienced in caring for people at the end stages of their lives. They had been trained in this care and spoke compassionately about this part of their role.
- The registered manager and staff worked closely with local community nursing services to make sure people were provided with comfortable, pain-free support.

Improving care quality in response to complaints or concerns

- People had been given clear information about how to make a complaint. This was also available in the hallway for visitors to see.
- People and relatives said they would have no hesitation about raising any issues with the registered manager but said they had no reason to.
- There had been no formal complaints received in the past year. The management team had plans to start recording informal comments as these were also taken seriously and acted upon.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and visitors said the registered manager was open and candid. Their comments included "[Registered manager] is very approachable" and "[Registered manager] is brilliant – if you want anything changed she sorts it out straight away."
- Staff said they were proud to work for a provider whose priority was good quality, individualised care rather than profit. Staff comments included, "It's a very caring place to live or work."

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

- The registered manager was clear about her responsibilities. They were also the provider's representative and understood the regulatory requirements to report notifiable events to the CQC.
- There were clear lines of accountability and responsibility. Staff understand their roles and said there was very good team-work and staff morale in the home.
- The registered manager completed audits to check the quality and safety of the service.

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

- People and relatives enjoyed residents' meetings. They described these as "lively" and a good opportunity to make "plenty of suggestions". They said their views were always acted upon by the registered manager.
- The service promoted a Relatives, Friends and Families discussion group which was chaired by the relative of a former resident. The group provided support for relatives who may be anxious about their family member being in a care service.
- Staff were encouraged to raise suggestions at team and during daily discussions.

Continuous learning and improving care; working in partnership with others

- The service had a strong local community ethos. It had good links with community groups that were meaningful to the people who lived there. These included local schools, social groups and farms.
- The provider was committed to continuous development of the service. Future plans for improvements included further use of technology and long-distance training courses for staff to support their continuing professional development.