Yourcare Limited

Knowle House Nursing Home

Inspection report

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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

The inspection took place on the 3 October 2017 and was unannounced.

Knowle House Nursing Home provides personal care, accommodation and nursing care for up to 35 people. On the day of our inspection there were 22 older people at the service, some of whom were living with dementia and chronic health conditions. The service is spread over three floors with a passenger lift, communal lounge and dining room and a garden.

At the last inspection on 8 September 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities.

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff

worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People, staff and relatives found the management team approachable and professional.

Further information is in the detailed findings below:

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Knowle House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 October 2017 and was unannounced. The inspection team consisted of 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. The expert-by-experience for this inspection was an expert in care for older people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge areas of the service. We spoke with five people, two relatives, five care staff, the chef, the activities co-ordinator, the registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we

check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "I feel safe because there is always someone around and if not there are bells everywhere, near my chair, near the bed and in the toilet". Another person said, "I feel safe, because if there is a fire or even a fire drill, the door closes and someone comes to see if I am alright, because I am in a wheel chair. No one is ever angry or shouts at me, they know I would tell the boss and he would deal with them".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

People and relatives felt there was enough staff to meet their needs. One person told us, "I think there are enough staff to keep me safe, but I expect they would like a few more at busy times". Another person said, "They [staff] work in shifts. If they go sick, or are on holiday, they buy in extra staff". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff added, "Yes, I think we have enough [staff]".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information for any trends.

People continued to receive their medicines safely. Nursing staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed

any concerns around their medicines. One person told us, "They watch you swallow them [medicine] and tick their boxes". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "They know their job and get on with it". A relative said, "My mother used to hate being hoisted, but now they are very good at it and she doesn't mind anymore".

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 when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. One person told us, "They are very good at sending for the GP if you are not well". Access was also provided to more specialist services, such as a dentists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "We've had training around dementia, it was nice to do. If I want any training I can go to the manager. I'm supported and I have regular supervisions. I can raise anything at any time".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "I like it [the food] and you can have a choice, or change your mind if you don't fancy what you asked for". Another person said, "Either the carer or the chef comes to your room the day before and asks you what you would like".

Good

Is the service caring?

Our findings

People and relatives felt staff were consistently kind and caring. One person told us, "They look after me as well they really listen and care". A relative said, "They not only care about everyone, but they care about their surroundings .The rooms are spotless and have expensive, colourful wallpaper and are freshly painted". Another relative added, "My [relative] is bedbound and they even bathe her eyes. She spends lots of time asleep, but she smiles and responds to their care, even the youngsters are so very nice and kind".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. One person told us, "You can ask them anything [staff] and they will do it if at all possible". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "It's a homely home. We try to make it friendly and happy, we have a laugh. Everyone is different and we can always have a nice chat".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they remained involved in decisions that affected their lives. A relative told us, "My [relative] tells them that she doesn't want to go to bed before 10am, because she would wake up too early. They make sure she doesn't". Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A member of staff told us, "We basically ask people all the time about everything they want, as they can change their mind each day".

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "I am always treated with dignity and respect, they are very discreet". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space.

People were consistently encouraged to be independent. They told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person told us, "The nurses and carers are all very good, they help

me to be independent. I like to do little tasks myself". Records and our own observations supported this. Staff had a good understanding of the importance of promoting independence and developing people's skills. One member of staff told us, "We encourage people to do whatever they can and as much as they can". We saw that people had access to palliative care services (end of life) and that advanced decisions made by people and their loved-ones in relation to this had been documented. The service provided dignified end of life care, and liaised with relevant professionals, such as GP's and hospices.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. One person told us, "I can get lonely, but I am never isolated even though I am in a wheel chair. I never need to be alone. I can ask to be taken to the lounge and join in". Another person said, "They moved me from my room to do some work. I loved that room and told them, so they promised I would go back and they kept their word, so that proves they listen". A relative added, "They involve the family. I have never seen [my relative's] care plan, but I know they are perfect. Sometimes I read her file in the room".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us told us they had expressed their views on how they would like their care to be delivered. They said, "They know about my likes and dislikes and I am not afraid to say if I don't like something". Staff told us that care plans remained detailed and gave them the guidance they need to continue to provide person centred care. One member of staff told us, "We read all the care plans, they are handed to the staff. They have all the information, there is everything in there".

People told us they were routinely listened to, had completed surveys, and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I would tell the boss. You can tell him anything". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

The provision of meaningful activities remained good and staff undertook activities with people and external entertainers. Activities on offer included arts and crafts, exercise, games, baking, flower arranging and reminiscence exercises. We saw photos of activities and people's artwork was displayed around the service. One person told us, "We enjoy going out. I went to Hever Castle, it was very nice". Another person said, "Three carers took me in my wheelchair to the town centre. I did enjoy it. It was just being there again, I didn't even want to buy anything". Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people singing, making cards and spending time with staff looking at books and magazines. People were clearly enjoying the activities and often engaged with other people in the room. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. One person told us, "They

have residents and relatives meetings. There is one coming up, they talk about food, changes, outings, new events and activities".

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. One person told us, "[Registered manager] is good at putting things right. He says 'good morning are you happy'". Another person said, "[Registered manager] is very approachable, he comes to talk to me. I see him talking to staff and they seem to pay attention to what he says". A relative added, "There is no care home that comes up to the standard of Knowle House. I have had other relatives in various care homes, but they cannot match the standards here".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. When asked why the service was well led, one member of staff told us, "The manager is very good and listens to us. We work well as a team and discuss any issues with the residents". Another member of staff said, "If we have any problems we can go to the manager. We help each other".

The registered manager continued to show a passion for and knowledge of the people who lived at the service. They told us, "This must be a home for everyone who lives here and visits, that is very important to me. People and staff are free to talk to me about anything, as their feedback helps improve the service. We care for the service users and their wishes. The staff are here to continue whatever routines they had in their life people had before they came here. We allow them to continue their lifestyle". A member of staff said, "We get on well with the residents, we are like family. We share our love and people are happy. We treat them very well".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, health and safety, and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff continually looked to improve and the registered manager had liaised regularly with the Local Authority and Clinical Commissioning Group (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all

providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.