

# SheffCare Limited

# Knowle Hill

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 25 September 2018 and was unannounced. This was the first inspection of Knowle Hill since the service moved to this address.

Knowle Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Knowle Hill can accommodate up to 74 people who require accommodation and personal care. The home is purpose built over three floors and each floor has communal lounges and dining areas. At the time of our inspection there were 64 people living in the home.

There was a registered manager employed at Knowle Hill. A registered manager is a person who has registered with the CQC 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 told us they felt safe. Staff had received training in their responsibility to safeguard vulnerable adults. They all knew what action to take if they witnessed or suspected abuse.

People's medicines were not always managed safely. Some aspects of the medicine system were well managed, however medicine administration records for topical medicines were not adequately completed. This posed a risk to people's health.

People's needs were assessed before they moved into the service. Suitable risk assessments were in place, such as moving and handling, use of equipment and risk of falls. People's care records were sufficiently detailed and person centred. They set out what care the staff needed to provide. People's care plans and risk assessments were kept under review.

People living at Knowle Hill were happy with the staffing levels in the home. However, staff felt the staffing levels were too low and this was affecting their ability to deliver person centred care. We have made a recommendation about staffing levels.

Staff were kind and caring. We observed staff treat people with dignity and respect. People we spoke with and their relatives were very positive about the staff at Knowle Hill and the care they received.

Staff received regular supervision, appraisals and appropriate training to support them to carry out their jobs effectively.

People were supported to have maximum control and choice over their lives and staff supported them in

the least restrictive way possible. Policies and systems in the service supported this practice.

People had access to a range of activities at Knowle Hill, which were tailored to their personal preferences and abilities. They were also supported to access the local community.

The registered provider had an appropriate complaints procedure in place. People's complaints were recorded, investigated and responded to appropriately.

The registered manager and team leaders completed various audits of the service to identify anything that could be improved. Audits were usually acted upon, however not all audits resulted in necessary improvements being implemented. We have made a recommendation about the audit system used by the registered provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's medicines were not always managed safely.

The registered provider's recruitment procedures made sure staff were of suitable character and background. Staff told us the staffing levels were too low, though people living at Knowle Hill raised no concerns about this. We have made a recommendation about staffing levels.

Staff were able to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

### Is the service effective?

**Good** 

The service was effective.

Staff were provided with an induction, relevant training and regular supervision to give them the right skills and knowledge to support people.

People were supported to maintain a varied and balanced diet. The service worked closely with a wide range of health and social care professionals to support people to maintain their health.

The service was compliant with the Mental Capacity Act 2005. Staff had received training in this area and the registered manager understood their responsibilities under the Act.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives told us the staff were kind and caring. They were overwhelmingly positive in the comments they made about staff.

People were treated as individuals. Their choices and preferences were respected. During this inspection we observed staff respect people's privacy and dignity.

Staff spoke with knowledge about people's needs and their likes and dislikes.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care records were person centred and were sufficiently detailed to guide staff in providing care to people in accordance with their preferences.

There was a range of activities available at Knowle Hill. People were supported to maintain their hobbies and interests.

The registered provider had an effective complaints procedure in place. People living at Knowle Hill knew how to make a complaint but told us they had never had reason to.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The registered manager used numerous quality assurance audits to check whether any improvements could be made to the service, however not all audits were effective. We have made a recommendation about the audit system used by the registered provider.

Staff meetings took place so information could be shared about the service, however we received mixed feedback from staff about their effectiveness.

People were regularly asked for their feedback about the service. The feedback was analysed to help drive improvements at the service.

# Knowle Hill

## 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 registered 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 25 September 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, an assistant adult social care 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 had experience in caring for older people and people living with dementia.

Before this inspection we reviewed information available to us about the service. We contacted social care commissioners who help arrange and monitor the care of people living at Knowle Hill to ask for their feedback. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information gathered to inform our inspection.

During this inspection we spoke with nine people living at Knowle Hill and eight of their relatives and friends. We spoke with seven care staff, two domestic and kitchen staff, two activity coordinators, the deputy manager and the registered manager. We also spoke with a community health professional and the registered provider's quality manager who were visiting the home on the day of this inspection.

We looked at five people's care records, a selection of medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service. We observed care and support provided in communal areas and we looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment. With their

permission we also looked in several people's bedrooms.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. We found some aspects of the medicine system were well managed, however, we also found examples where the registered provider was not following safe medicine practice.

The registered provider had an up to date medicines policy and procedure and staff responsible for supporting people with their medicines had received training in how to provide this support safely. Staff underwent competency checks to ensure they understood procedures for safe management and administration of medicines. The arrangements in place for storage of medicines were satisfactory. Temperatures were checked daily in the storage areas and the fridges used to store medicines, in accordance with good practice guidelines.

Staff did not routinely record the dates on which medicines were opened. This meant there was a risk medicines could be administered after their expiry date. Where medication administration records (MARs) were handwritten, they were not routinely checked and countersigned by a second staff member, in accordance with good practice guidelines. This meant that was a risk of errors on the records, which could lead to people not receiving their medicines as prescribed.

MARs for people's topical medications were not completed appropriately or in a timely way. We looked at a selection of these records and found staff were not routinely recording when topical medicines had been administered. At the time of our inspection, no records had been made about the administration of topical medicines to people residing on the lower ground floor for eight days prior to the inspection. We asked staff if they were recording the administration of topical medicines. They told us they asked for records to complete, but they had not been forthcoming so they were not recording when topical medicines were administered. This meant it was not possible to determine if a person had been given their topical medicines as prescribed. As there were no records, staff would have been unable to tell when a person's topical medicine had last been administered and therefore when the next dose was due. This posed a risk to people's health.

We found a person's prescribed medication in the medication trolley, but saw it was not listed on the person's MAR. Staff were unaware this medication continued to be prescribed. This meant there was a risk this medication would not have been administered, in the event the person needed it. During the inspection, staff obtained confirmation from the person's GP that the medication continued to be prescribed and the person's MAR was updated.

Controlled drugs (CDs) are prescribed medicines that are often used to treat severe pain. There are legal requirements for the storage, administration, recording and disposal of CDs. The service stored CDs safely, in line with current legislation. During the inspection we observed a staff member countersign the CD register to confirm they had witnessed the administration of a CD to a resident. However, the staff member had not checked which CD was administered nor did they actually witness the administration, in accordance with good practice guidelines.



We concluded medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

People told us they felt safe whilst living at Knowle Hill. Comments included, "Yes, I'm safe. I can't think of any one reason why I feel safe; I just do", "Oh yes, I'm safe. They're smashing with me. I've no worries" and "Absolutely, I'm 100% safe. The staff are brilliant." People's relatives also felt their family member was safe living at Knowle Hill.

The provider had appropriate systems in place to safeguard people from abuse. Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse. Staff were confident the registered manager would take appropriate action if they reported any safeguarding concerns to them. The registered manager knew when incidents or allegations of abuse should be reported to the local safeguarding authority and to the CQC.

During this inspection staff were available to meet people's needs in a timely manner. People living at Knowle Hill and their relatives were not worried about staffing levels however they felt it would be good if there were more staff available. Comments included, "They could perhaps do with one or two more staff, but then again it's down to money", "People always come when you press the buzzer" and "Yes, there's enough staff about, they're all fantastic."

Staff told us they felt staffing levels were too low since the service had moved to its new address in a much bigger building. Comments included, "I think there is a much higher need for staffing", "At the moment it's difficult because we've moved to a bigger unit so they're building the staffing team", "We could do with more staff here. We've had a lot of new people come and go. We work with agency quite a lot" and "We're rushed because we're so short staffed. The other place [the previous address] was much easier. We can't sit and have a chat with anyone at all, because we don't have time." We discussed these concerns with the registered manager during the inspection. They acknowledged that recruiting and retaining new staff was a challenge. They told us the registered provider had taken steps to address this by changing the way they advertised vacant posts and by using a specialist recruitment agency. We recommend the registered provider reviews the staffing ratios used at Knowle Hill, considering the feedback provided by staff.

Recruitment checks were completed to help make sure the staff employed at Knowle Hill were assessed as suitable to work at the service. Recruitment records evidenced that each employee completed an application form detailing their work history, at least two references were obtained and checks had been made with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Risks to people were assessed when they moved into the service. We saw various risk assessments had been completed for each person to identify specific risks posed to them. For example, risks around moving and handling and falls were assessed. The assessments were person centred and provided staff with information they needed to support people to stay safe. However, additional information was required in people's care plans where they were at risk of developing pressure ulcers and required an airflow mattress to reduce the risk of an ulcer developing. People's care plans did not specify what setting their mattress should be set at, so there was a risk staff would not ensure the mattresses were used effectively. We discussed this with the registered manager who informed us she would seek further clarification from the district nurse about this issue.

The registered provider had a system in place to learn from any incidents or accidents. This reduced the risk of them reoccurring. The registered manager collated records of any incidents and accidents, such as when

someone had a fall. They reviewed and analysed the records every month to identify any trends and common causes. The registered manager told us there had been a high level of falls over the summer. As a result of this, they had requested the involvement of a community health professional to advise on falls prevention. They continued to work closely with this professional to identify any further action the service could take to reduce the risk of further incidents.

Knowle Hill was very clean and there was an appropriate infection control system in place. People living at Knowle Hill had no concerns about the cleanliness of the home. The staff followed cleaning schedules and had access to personal protective equipment, such as gloves and aprons. Regular checks of the building were carried out to keep people safe and the home well maintained.

# Is the service effective?

## Our findings

People's needs were assessed before they moved into Knowle Hill, to check the service was suitable for them. People living at Knowle Hill and their relatives were very positive about the care they received. Comments included, "I can't fault it, it's brilliant", "It's great. It's lovely here for [relative]", "They do a good job" and "I've got no concerns about how [relative] is looked after."

People and their relatives told us they thought staff had the necessary skills and abilities to look after them. Everyone spoke positively about the attitude of the staff.

Staff received regular training which supported them to deliver effective care to people. All staff completed a range of training which the provider considered to be mandatory. This included topics such as safeguarding adults, infection prevention, dementia awareness, moving and handling, equality, dignity and falls prevention. Staff told us the training they completed supported them to do their job properly, however some staff told us they would like additional training on caring for people with behaviour that challenges. The registered manager confirmed she had already taken steps to arrange additional training in this area.

Staff received regular supervisions from their manager and appraisals twice per year. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff supervisions were mostly up to date and the registered manager had a supervision tracker in place to monitor how frequently staff were being supervised.

People were supported to maintain a balanced diet. People were asked about their dietary needs and food preferences when they moved into Knowle Hill. The kitchen staff were knowledgeable about people who required a special diet and they told us they were kept informed about people who were losing weight and required fortified meals. People and their relatives were complimentary about the food at Knowle Hill. Comments included, "The food is very, very good", "[Relative has a fab breakfast. They enjoy that]" and "The food looks lovely. There's always a choice and there's plenty of it."

People were supported to access community healthcare services whilst living at Knowle Hill. People's care records evidenced the service had made referrals to a variety of different health professionals and a GP visited the home every week. A community health professional who was visiting Knowle Hill during this inspection told us that all staff they encountered knew people living at Knowle Hill very well. They told us the registered manager had been proactive in making referrals to their service when this was necessary.

Staff told us the staff team generally worked well together to deliver consistent support to people. However, they told us the transition to the new address had been challenging and they were still embedding the service in the new location. Staff completed handovers to the next staff on shift and this supported them to work collaboratively with each other.

Some people residing at Knowle Hill were living with dementia. Knowle Hill contained some signage to

support people to navigate their way around the building. For example, toilet doors contained pictorial signs and people's bedroom doors had their names on. We observed that the home would benefit from further signage in the corridors to help people locate the lounges and dining areas. The corridors were wide and easy to negotiate.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether they were complying with conditions placed on authorisations.

The service was making appropriate applications for deprivation of liberty authorisations, for people who required them. The registered manager checked all new authorisation documents to make sure the service could comply with any conditions placed on authorisations. Staff received training on the MCA as part of their mandatory training. During the inspection we saw staff asking for consent when providing care to people. People's care records evidenced their mental capacity had been considered and assessed, where appropriate, and any best interest decisions were clearly recorded.

## Is the service caring?

### Our findings

People living at Knowle Hill and their relatives spoke very positively about the staff and their caring attitude. Comments included, "The staff are smashing", "They [staff] are very helpful. Some are exceedingly helpful" and "Yes, I do think they care. They all love [relative]."

Staff knew people well and spoke with knowledge about the care people needed. People's life histories, likes and dislikes were documented within their care records so staff could get to know them and learn how they liked to be supported. Staff told us they enjoyed their jobs and they were passionate about providing person centred care to each person residing at Knowle Hill. We observed staff chatting with people who appeared comfortable and relaxed in the staff's presence.

People were comfortable with asking for support from staff and people actively directed what care they wanted and when. Comments included, "If I say, 'I want so and so', it's sorted for me and that's it" and "The bath is just across the way. If I want to go in, I just tell them and get it booked and that's what happens." People's care records evidenced that people's relatives were also involved in making decisions about their care and support, and reviewing this, when this was appropriate.

People's communication needs were identified and recorded so staff knew if people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care. Staff gave examples of how they could provide information to people in large print and how they took extra time to support people who required additional support with communication.

Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms or toilet areas. All staff had received training in dignity and we observed staff to be kind and respectful throughout this inspection. Staff provided reassurance to people in a patient manner when they were feeling anxious.

People looked well cared for. They were smart and clean in their appearance which was achieved through good standards of care.

The registered provider had systems in place to ensure people's personal information remained confidential. Care records were securely locked away so they could only be accessed by staff who needed to see them.

People were treated as individuals and their choices and preferences were respected. All staff completed training in equality and were expected to follow the registered provider's equality, diversity and inclusion policy. People's cultural and religious needs were recorded in their care plan, which meant staff could promote people's beliefs. Significant events in people's life were celebrated, such as their birthdays. A relative told us, "It was [relative's] birthday on Sunday and they'd made cards and a cake. They had a party and everyone had a drink to celebrate. It was lovely."

Relatives told us staff made them feel welcome whenever they visited. Comments included, "They make me feel really welcome when I come", "You can come in at any time to visit and walk around. It's good" and "It's like a family." Relatives told us staff kept them updated with information about how their family member was. They told us staff always contacted them if any issues arose.

Where people did not have any family or friends to support them, the registered manager told us they would be able to support them to access an advocacy service, if required. An advocate is a person who would support and speak up for a person who does not have any family members or friends to act on their behalf.

## Is the service responsive?

### Our findings

People received personalised care and support. Most care plans contained sufficiently detailed information about the care and support people needed. This meant they guided staff to care for people in a person-centred way, taking account of their likes and dislikes.

Care plans were kept under review on a monthly basis, or sooner if a person's needs changed. This helped to ensure people received the care and support they needed. However, we saw one care record had not been fully updated following a decline in the person's health. Some sections of the care plan accurately recorded the change in the person's needs, however the nutritional section contained conflicting information about how much support the person required to eat and drink. We observed staff providing the correct level of care when supporting the person to eat their lunch, however the care plan did not accurately record the support they currently needed. We discussed this with the registered manager who assured us the care record would be reviewed and updated as a matter of urgency. Before the end of the inspection, the care record had been updated.

People were supported to take part in a variety of activities, both in the home and in the community. People and their relatives were happy with the activities on offer. People commented, "Most afternoons there is entertainment. I'm not sociable but I open my door and listen. It's good" and "They do all sorts of activities, like dancing. The staff join in." The activity coordinators tailored activities to people's personal preferences and abilities. For example, they provided one to one support to people with dementia who struggled to socialise with others and take part in group activities. They supported these people to listen to music they had enjoyed throughout their life which assisted people to reminisce. A relative told us, "The one to one time is very good. [Relative] is much more alert now since they started these sessions." People were also supported to access the community and several residents were supported to go swimming each month.

The registered manager recorded and responded to any complaints in accordance with their complaints procedure. The registered provider's complaints procedure was clearly displayed throughout the home. People we spoke with knew how to make a complaint if they needed to. One person commented, "I've never had to complain, but if I had to, I'd go to see [registered manager] and talk to them." The registered manager kept a written record of any complaints received, including details of how those complaints were resolved. We checked the complaints records and observed all complaints were dealt with in a timely manner and in accordance with the complaints procedure.

At the time of this inspection, nobody living at Knowle Hill was receiving end of life care. However, the registered provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. There was a detailed policy to guide staff when caring for someone at the end of their life. People living at Knowle Hill were asked how they would like to be cared for at the end of their life. If they expressed a preference, this was recorded in their care plan. This meant people were supported to have a dignified death, in accordance with their own wishes.

## Is the service well-led?

### Our findings

There was a registered manager employed at Knowle Hill. The registered manager was keen to promote a positive culture and the provision of person-centred care within the service. During this inspection we observed the registered manager was available and visible to staff, to people living at Knowle Hill and to their relatives.

The registered provider had a range of policies and procedures in place, covering all aspects of the service provided. They set out what was expected of staff when caring for people.

Some staff felt adequately supported by the management team and commented, "I do feel supported by them. Any concerns would be dealt with" and "We can go to them if we have any problems, so yes [we are supported]." However, some staff commented, "We have a good staff team but I don't really feel supported by the managers as they have a heavy workload" and "Sometimes [I feel supported] but I don't think they understand the pressure on us and what we have to fit in as part of our daily tasks when we're short staffed."

Staff meetings took place so information could be shared about the service, however we received mixed feedback from staff about their effectiveness. Comments included, "They tend to be quite regular. Each floor has a meeting once per month. They are useful as they update us on what we need to know", "We've only had one, so I think we're lacking, but I think it's down to time" and "We have them but they're very few and far between. We could do with more. I daren't say what I want to say sometimes. We suggested a comments box and an open-door policy but they [the management] are too busy to listen to us." We discussed this with the registered manager who informed us they would consider implementing alternative methods of gaining staff feedback outside the forum of staff meetings.

A number of quality assurance audits were completed each month, covering different areas of the service such as infection control, health and safety, care records and medication administration. Where audits identified things that could be improved, an action plan was written and given to the team leaders to implement. Some team leaders signed and dated the action plans and handed them back to the registered manager, once they had been completed. Some team leaders simply informed the registered manager they had dealt with the issues raised. We recommend the registered provider reviews its system for ensuring action plans are consistently acted upon, to support the continuous improvement of the service.

The monthly medication audit completed by the registered manager did not include checks on the recording of the administration of topical medicines. Team leaders were responsible for auditing the administration of topical medicines. During this inspection we identified that the registered manager and team leaders were already aware that staff were not recording the administration of topical medicines appropriately. However, insufficient action had been taken to address this issue which meant there was an ongoing risk to people's health.

The registered manager informed us they were going to increase the number of care plans audited by the service each month, in order to drive improvements to the detail and consistency of the information



contained within people's records.

People living at Knowle Hill and their relatives were asked for their feedback on the service in a variety of ways. Questionnaires had recently been sent to residents and relatives. The registered manager told us the feedback received would be analysed and any trends identified. This process was completed annually. 'Residents meetings' were held to share information about the service with people who lived there and to obtain their views. The minutes of these meetings showed they took place regularly and were attended by residents from each corridor in the home.

The registered manager also arranged "relatives support forums" for relatives of people living with dementia. The aim of this was to support relatives' understanding of dementia, to form friendships and to enable the service to receive further feedback. Relatives were positive about these meetings and told us they found them very useful. The feedback received via the annual questionnaires and various meetings throughout the year supported the service to continuously learn and improve.

Questionnaires had recently been completed by a variety of health professionals who visited the home. The feedback they provided about the care given to people living at Knowle Hill was positive. They were happy with how staff at Knowle Hill worked with their respective organisations to achieve good outcomes for people.

The registered manager was aware of their obligation to submit notifications about various occurrences to the CQC, in accordance with the Health and Social Care Act 2008.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The management of medicines was not always carried out in a safe way.