

Knowles Care Home Limited

The Knowles

Inspection report

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Date of inspection visit:
16 January 2024

Date of publication:
21 March 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Knowles is a residential care home providing personal care for up to 38 people. The service provides support to younger and older adults some of whom are living with dementia. At the time of our inspection there were 36 people using the service and 2 people were in hospital.

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

Fire safety risks were not always identified or responded to in a timely way. Some audits and checks to monitor the safety of the service were not always effective as they failed to identify the issues we found, for example issues around infection control and prevention. People felt safe living at The Knowles. People received their medicines safely, when needed by staff trained in medicines management. Staff were recruited safely.

A range of quality monitoring systems were in place; however, further improvement was needed. We made a recommendation to implement robust systems and checks to monitor the safety of the service. The registered manager and staff team demonstrated their commitment to ensuring people received a quality service and worked with other professionals to achieve good outcomes for people. Staff felt supported by the management team.

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

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

Rating at last inspection

The last rating for this service was good (published 26 May 2022).

Why we inspected

We received concerns in relation to the staffing levels and culture of the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvements based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to make improvements to mitigate any risks to people.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for The Knowles on our website at www.cqc.org.uk.

We identified a breach in relation to assessing and managing safety risks within the environment.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|--------------------------------------|
| <p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p> | <p>Requires Improvement ●</p> |
| <p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p> | <p>Requires Improvement ●</p> |

The Knowles

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Knowles is a 'care home'. People in care homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. The Knowles is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with the CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 5 relatives about their experience of the care provided. We spoke with 14 staff including the registered manager, operations manager, chef, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to 2 health care professionals who were visiting the service and carried out general observations of the way people were supported.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Fire safety risks were not always well managed. For example, the management team had identified a number of fire doors were not closing properly, while a risk assessment was in place, some control measures to mitigate the risk were not being followed and urgent action had not been taken to resolve this risk of potential harm to people. The provider took immediately action during the inspection to fix the doors before we left.
- Other fire safety risks had not been identified. For example, the lock had been removed from 1 bedroom door, leaving a hole and we saw hoist batteries charging next to a hot radiator. The provider took immediate action during the inspection to repair the door and relocate the battery charger.
- Medicines were not always stored safely. For example, we saw the fridge used to store medicines had frozen icicles and ice on the internal walls. Staff had been completing daily checks, but not identified an issue with either the thermometer or the fridge. This meant medicines stored in the fridge were unsafe to be administered because the manufacturer's instructions for safe storage had not been followed. We brought this to the attention of the registered manager, who took action to address this during the inspection.
- We were not assured that the provider was promoting safe hygiene practices within the premises. Some areas of the home were not always clean and hygienic, and some shower aids were dirty, with rusty patches underneath. The provider took action to address these shortfalls during the inspection, prior to the identified refurbishment of the shower room being completed.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with people's care were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care and were regularly reviewed.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of unexpected circumstances, for example adverse weather conditions.
- People received their medicines as prescribed from trained staff whose competencies were regularly checked. One person said, "I have tablets twice a day, they always wait till I take them, no problems at all."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people visiting the home at the time of the inspection.

Staffing and recruitment

- On our arrival some people told us they often waited for drinks and breakfast. We raised this with the registered manager who acted on our feedback by implementing a change in the rota to provide an additional staff member from 7am to support with this.
- The number of staff required on each shift was determined by assessing people's individual needs. The registered manager reviewed these assessments regularly, to ensure staffing levels remained safe.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I feel safe, everyone is nice to me." Another person said, "It's safe, I love it here."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. One staff member told us, "Safeguarding is very important. You have to recognise, respond, record and report any concerns."
- The registered manager understood their responsibility to report any concerns to the local authority and CQC to ensure any allegations or suspected abuse were investigated."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People told us, and we saw staff worked within the principles of the Mental Capacity Act by seeking people's consent prior to supporting them.
- Care plans contained capacity assessments and decisions relating to a range of aspects of care had been made in people's best interests.
- The registered manager understood their responsibilities under the Act. Where needed, applications had

been made to restrict people's liberties to keep them safe.

Learning lessons when things go wrong

- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.
- Improvements evidenced during the inspection demonstrated lessons had been learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems and processes to monitor the service were not always effectively operated or embedded. For example, the delay in fixing the fire doors and the failure to identify the issues we found regarding the cleanliness in some areas of the home.

We recommend the provider implements robust systems and checks to ensure all environmental safety issues are quickly identified and resolved.

- Other audits and checks in place to monitor the service were effective to drive forward improvements. For example, checks on care records, staff competencies and the provider's refurbishment plan for the home.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Staff understood what the provider expected of them and demonstrated a commitment to providing good care. One staff member told us, "[Manager] is very friendly. You can go to them at any time, and they will help. If anything is wrong, they will talk to you and explain things, so you do it right."
- Staff felt supported and received guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "Managers are approachable, you can speak up. There is an open atmosphere, and everyone is respected." Another staff member told us, "The residents are safe and well looked after. It's about them, not the money for the provider."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Most people and relatives spoke positively about the service. Comments included, "I'm more than happy with the care, they're never treated me badly," "Staff are marvellous, very caring," "The staff are brilliant," and "I am happy with the staff and the care [Person] gets there."
- People and relatives were encouraged to provide feedback during meetings and phone calls with the registered manager. One relative said, "[Manager] seems good and deals with things when we mention them." At the time of our inspection the service was planning to send out a quality questionnaire to gather feedback on the service.
- Staff gave positive feedback regarding the open, honest, and supportive culture of the service. Comments included, "The manager is very good and approachable," "The provider really listens to us, and I love what

they are doing with the home," and "I love working here, it's like family."

- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010. Care plans viewed captured people's culture and beliefs and recorded how they wished to be supported with this.
- The registered manager demonstrated a commitment to ensuring people were supported to achieve good outcomes. One relative told us, [Manager] is very good, they phone me and tells me how things are. I find [Manager] supportive."
- In the short time the registered manager has been in post they have identified key areas to drive forward improvements and gained the confidence, trust and respect of the staff team.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.

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 12 (1) (2) (a) (b) (d) (g) (h) The provider did not ensure risks relating to the environment were safely managed. |