

# Caring Homes Healthcare Group Limited

# Knowle Park 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

### About the service

Knowle Park nursing home provides care and accommodation for up to 49 people some who have physical needs, some people who are living with dementia. On the day of our inspection 40 people were receiving care and support at Knowle Park nursing home.

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

There were sufficient staff at the service to support people with the needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. 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.

Staff received appropriate training in relation to their role and were encouraged to progress. Staff were valued and had opportunities to win employee of the month to celebrate their good work.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. There were times where people felt that staff went above and beyond what was expected of them and were appreciative of this.

There were sufficient activities and outings for people. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs. There was a robust system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was effective.

### Rating at last inspection

At the last inspection the service was rated Good (the report was published on the 15 February 2017).

### Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### 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 we receive any concerning information 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.

# Knowle Park Nursing Home

## 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

Our inspection was completed by four inspectors.

#### Service and service type

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

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. The registered manager was present on the day of the inspection.

#### Notice of inspection

Our inspection was unannounced. The inspection took place on the 26 November 2019.

#### What we did before the inspection

Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House. We reviewed the Provider Information. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with five people that used the service and three relatives. We spoke with the registered manager and seven members of staff including nurses, care staff, office staff and kitchen staff. We observed interactions between staff and people. We reviewed eight people's care records, three staff personnel files, training and supervisions for staff, audits and other records about the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff at the service. One told us, "Staff have never been unkind to me." A relative told us, "I have no doubt that she is safe." Another told us, "I watch the carers with mum and they are so patient."
- Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would report to the manager and if there was a witness I would take them with me."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us that they would not hesitate to raise concerns. One told us, "We have a whistle-blowers hotline and I would use it if needed."

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to skin integrity, mobility, nutrition and choking.
- The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one person's care plan stated that they required their call bell and walking frame needed to be within reach at all times. We saw that this was done.
- Staff were knowledgeable about reducing risks to people when giving care. One told us, "If a person has had a fall the previous day then we will take to two carers in with us. We may suggest they use a wheelchair and always encourage them to use their walking frame." Another said, "A lot of people can take day to day risks around the home. They treat the place like a home which is nice, so they go wherever they want to go."
- Equipment was available to assist in the evacuation of people. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Staff understood what to do in the event of a fire. One member of staff said, "If the fire alarm started I would report to the fire marshal, identify from the fire panel where the fire is and call the fire brigade if needed."
- Where clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other health care concerns. Where wounds had been identified regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.

Staffing and recruitment

- People and relatives told us that there were enough staff. One person said, "Staff come running if I use my bell."
- During the inspection we saw that where people needed support this was provided by staff straight away.
- Staff told us that when there was occasional last minute sickness it was sometimes difficult to manage.

However, they said that when all staff were present this was enough to support people. One member of staff said, "I feel there are enough staff, people get everything they need." Another said, "Even though there may be times when we are short staffed, we cover as there will be nurses on duty who help out."

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

#### Using medicines safely

People told us they received their medicines when needed. One told us, "They come on time. If I ask for pain relief I get it."

- There were appropriate systems in place to ensure the safe storage and administration of medicines.
- People's medicines were recorded in all the medicines administration records (MAR) and were easy to read. Each MAR chart had a picture of the person and details of allergies, and other appropriate information. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and that their competency was observed and assessed before they were signed off.

#### Preventing and controlling infection

- The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas. One relative said, "The cleaners work very hard here."
- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff said, "We make sure we wear PPE (Personal Protective Equipment). We make sure our hair is tied up and always wash out hands." Another said, "Always wash hands, encourage people who live here to do the same and encourage colleagues."
- We saw that laundry room was set up to reduce the risk of infections spreading. The registered manager undertook hand cleaning audits and ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place.

#### Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had behaviours that challenged or where people had fallen.
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen a sensor beam had been put into place, so staff were alerted when they left their room. The registered manager said their falls had decreased.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Information about people's needs had been assessed before they moved in. This was to ensure they knew the service could meet their needs.
- The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent in their role. One relative said, "The nurses are exceptionally good."
- Staff completed a full induction before they started caring for people. The registered manager said of staff, "We allocate new staff a buddy and we they work for around two weeks supernumery depending on their experience." Staff also undertook the care certificate. The registered manager told us, "After they have completed that they will go on to do diplomas in care."
- Staff were provided with training that was specific to their role. Nurses were provided with updated clinical training including blood taking and catheter care. One nurse told us, "My colleagues are very good at supporting us with the training." A member of care staff said, "The dementia training was so good."
- The registered manager told us, "Every couple of weeks I check the training and we are now at 99% of completion." We saw that training was up to date and staff were reminded if they needed to have any refresher training.
- Senior staff and the registered manager undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "The supervisions are helpful."

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

- People were provided a selection of nutritious food and drinks that met their needs. One person said, "The food is good. I know I can have more if I want." One relative told us their family member had a pureed meal and this was, "Nicely presented."
- Throughout the day people were offered snacks and drinks. Staff actively encouraged people to drink. We heard one member of staff saying, "Please do tell me when you wish to have a drink."
- During lunch the tables were laid nicely, and people were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. Where people required support to eat their meal this was given. In one person's room we heard one member of staff say to a person, "Madame, lunch is served. It is chicken and leek soup. Why don't you try some and if you don't like it you don't have to have anymore." The person ate their meal and said they enjoyed it.



- Where people were at risk of dehydration or malnutrition there were plans in place to address this. People were weighed regularly and if a person was too frail to be weighed staff would take their arm measurements as an alternative to monitoring weight loss.

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

- Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required. One member of staff said, "We just all muck in and talk to each other throughout our shifts and at handovers at the beginning and end of our shifts."
- People told us they were able to access health care services when needed. One told us, "They responded rapidly when I became ill."
- Staff worked alongside healthcare professionals and other organisations to meet people's needs. One relative told us that a GP was called for their loved one whenever it was necessary.
- Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, dentist, opticians and hospital appointments. We saw that staff were following any guidance provided. One health care professional fed back to the service, "I just wanted to let you know how impressed I was with his (the member of staff) knowledge and that he was so helpful in the assessment."

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.

- During the inspection we saw staff asked people for their consent before they delivered any care.
- Staff were aware of the principles of MCA. One member of staff told us, "Everyone has the right to make an unwise decision."
- Where people's capacity was in doubt capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, having medicine and having bedrails. However, some of the assessments and best interest decisions were not present in the care plan. The registered manager acted on this straight away to do a review of all the care plans and to complete all necessary documentation. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

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

- The service was adapted to meet the needs of people. One relative said, "Its welcoming, spacious and nicely decorated. Makes you feel relaxed here."
- The corridors and rooms were spacious to allow people to move freely. Each person's room was tastefully decorated with modern fixtures and fittings. Furniture was arranged in small sections to encourage

socialisation and this was seen during the inspection.

- The garden was well maintained and had a ramp for wheelchair users.
- There were signs on communal doors including the bathroom and toilets to help orientate people. There were also memory boxes outside people's rooms.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring towards. One person said, "Staff are marvellous." Another said, "Wonderful staff and the nurses are so caring."
- We saw examples of staff being kind and attentive to people throughout the day. One member of staff said to a person, "Would you like a sip of water? That's nice, isn't it. Are you okay darling?" Another member of staff was heard to say, "Hello my lovely" when going into one person's room. They assisted the person to adjust their neck scarf commenting that it looked nice on them.
- There were times where people and relatives told us that staff went above and beyond in their delivery of care. One person told us a member of staff had noticed that the hedge outside the person's window was obscuring the persons view. They arranged for the hedge to be cut straight away. The person said, "Its lovely out there now."
- Another person told us staff assisted them to maintain their scrabble group with friends they had before they moved to the service. The person told us their visitors, "Always look forward to the tea."
- There were religious services planned for people of various denominations. This included services at the home and people attending services outside.
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "I have never felt unwelcomed in any shape or form."

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

- People told us that they felt involved in their care planning.
- There were people that chose to stay in their rooms and staff respected this decision.
- People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in.
- People rooms were personalised with things that were important to them. One relative told us, "Every room is different and very homely."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us that staff were respectful. When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff knock on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner. We observed a member of staff walking very slowly with one person supporting them with their arm and chatting nicely to them.

- Staff encouraged people to do things rather than assume they could not do them. One person said, "I am very independent, but I know staff are there if I need them."
- Staff told us that they liked working at the service. One said, "I originally was encouraged to become a carer but in time it became my passion. When I am on holiday I miss the people here that I support."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has Good. This meant 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

- There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One person said, "Staff know how I like to be assisted."
- Care was planned to ensure that it was provided specific to people's needs. The registered manager told us that one person, who was living with dementia, had periods of anxiety during the day. Staff knew what the person's previous job was and the person assisted the registered manager with duties that were linked to the person's previous job. The registered manager told us, "This gives her a purpose and reduces her anxiety." We saw the person undertaking this meaningful activity which they were enjoying.
- Where people had diabetes there was information available to all staff about the management of if their blood sugar levels were too high or too low. Staff on the day were knowledgeable about people's care needs.
- Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken. We did raise with the registered manager that a summary of people's care would benefit staff to give them an outline of the person's background. They told us they would address this.

End of life care and support

- End of life care was planned around people's wishes. However, we have fed back that more information was required in the care plans around what people wanted at the end of their life. The registered manager told us that they would address this.
- Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. One relative fed back, "You all showed her (their loved one) respect, care and love and I will always be truly grateful." Another said, "Thank you all so much for the wonderful care you gave to (their loved one)."
- We noted on one person's table beside their bed, staff had placed a picture of them and their loved one on their wedding day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were positive about the range of activities on offer at the service. Comments included, "They do quite interesting things." Another told us, "I have been to memorial services (organised

by staff) and it means so much to me to make these trips."

- People were supported to maintain their hobbies and interests. For example, staff ensured that one person had all of their art materials with them in their room so that they could create art work. One member of staff said, "Whenever we find out about hobbies we try to integrate that in to the activities."
- We saw that the local nursery was visiting the service on the morning of the inspection and interacting with people. We saw that people enjoyed this. There were also individual activities taking place. One person was having their nails painted by a member of staff. The staff member and the person were chatting about Christmas and, nail colours. They talked about the person's favourite television programme and when it was on.
- Where people were cared for their room staff visited them to undertake one to ones to reduce the risk of social isolation. One relative said, "Staff chat with mum in her room. It gives reassurance." The registered manager said, "We have organised for entertainers to specifically go into people's rooms. Residents smile and sing along."
- The registered manager told us they had started a, "Wishing Tree" where people wrote a wish that they would like fulfilled. They told us they had already started planning one person's wish. They told us, "We focus on health and wellbeing. We don't restrict to calling it activities."

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. Comments included, "If I am not happy with something I just go straight to the office." A member of staff said, "They would just come to us, it's like that here, they know we would deal with any complaints straight away."
- Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one relative complained about the aspects of the costs of living at the service. The relative told us that they was resolved and, "It was a very positive experience."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had communication records in place. One person's care plan stated, 'If (person) is confused where his wife is, he has a notebook next to him that she writes on.' The notebook was used by family and staff read things back to the person when they forgot.
- There were documents that could be provided to people in larger print and in picture format. One member of staff said, "I always repeat myself so I'm absolutely sure I have understood them and they (the person) understands me."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- People and relatives were complimentary about the registered manager at the service. One person said, "[The registered manager] is always really approachable."
- Staff were positive about the registered manager. One member of staff said, "She will go and sit in the drawing room and talk to people." Another told us, "I think she has a hard job to do and she gets it done, she works hard, responds well to things that need to be done."
- The registered manager clearly knew all the people at the service and their needs very well. They spoke highly of their staff team and valued them for the work they did supporting people. They said, "They (staff) are all winners in my eyes."
- We did raise that at times it was fed back that they were not as visible as people and relatives would have liked. They took this feedback on board and told us that they would address this perception.
- Staff were clear on their purpose in the delivery of care. One member of staff said, "I just try to be happy and brighten up people's days. Making people smile is so important because then you know they are happy with their care."

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

- People were given opportunities to talk about things they would like at the service through regular resident's meetings and surveys. One person said, "We attend meetings and we also get the minutes."
- The registered manager told us they aimed to, "Continue to grow, develop and improve services offered by listening to residents, relatives and staff and act on their feedback and suggestions" We saw that this took place.
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "We have all these different things that are changing. (The manager is) really open to new ideas to improve the service."
- Staff were nominated for rewards in relation to their role. Two staff had recently won awards, one of these members of staff said, "This made me so proud to be a nurse and to be part of such an amazing team." The registered manager said, "You can't run an excellent service unless staff are motivated and skilled to do so."
- Staff told us that they felt supported and valued. Comments included, "I have worked hard, they (the management team) see what I could do."

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager undertook audits to review the quality of care being provided. We saw that call bells were being monitored and each month the average response time was reducing. The registered manager told us, "The call bell time has improved. It's important that if someone rings the bell they get a response as soon as possible."
- The PIR stated, "We work in an open and transparent manner with all specialists and refer to specialists when needed. We know our limitations and when to ask for specialist intervention and guidance. We work with the Community Mental Health team who have visited and assessed (the person) and suggested (the medicine) to be prescribed. This has improved her health and wellbeing and quality of life."
- The provider and registered manager worked with external organisations to drive improvements in care. The service liaised with other organisations such as NAPA (National Association for Providers of Activities for Older People), charities and the local nursery as observed on the day of the inspection. Staff at the nursery fed back to the registered manager, "It is so important that the children develop a sense of community and how their actions can help others, so thank you for allowing us to start teaching this in a practical way. I hope we can continue our visits as they are so beneficial for the children and I'm sure you'll agree for your lovely residents."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted where incidents had arisen.