

Silver Tree Care Limited

# Knoll House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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: Knoll House is registered to provide accommodation and personal care for up to 22 people. At the time of inspection, 14 people were using the service

People's experience of using this service:

- People did not always receive safe care. Appropriate window restrictors were not in place on first floor windows. This was a potential risk to people.
- The service was clean, but some areas appeared tired and in need of replacement.
- Staff understood safeguarding procedures.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Medicines were stored and administered safely.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people likes dislikes and preferences.
- People were able to take part in a range of activities.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required
- Audits of the service were detailed and any issues found were addressed promptly.
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published September 2016)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

**Good** ●

# Knoll House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Knoll House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection process we looked at two people's care records, we spoke with four people, two members of staff, the chef, the activity coordinator, the registered manager, and the provider. We also examined records in relation to the management of the service such as quality assurance checks, staff

training, safeguarding information and complaints.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The service was not always safe. Windows on the first floor of the building, including people's bedrooms, did not have effective window restrictors on them. The Health and Safety Executive guidelines for care homes state that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. The windows did have a mechanism which initially stopped them from opening wide, but this was easily disabled. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to climb up and out. The service supported people who may have dementia, and had not considered the windows to be a risk to people who could climb out and fall. This meant the premises were not fully safe for people to be living in. We raised this with the registered manager and the provider, who were able to immediately arrange for suitable restrictors to be purchased and fitted.
- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced.

### Preventing and controlling infection

- The environment within the service was mostly clean and tidy, however there were several areas that were tired, stained, and would benefit from replacement or refurbishment. Areas of carpet in communal spaces, as well as several chairs people were using, were stained. Staff regularly cleaned these areas, but the carpets and chairs remained stained. The registered manager told us they had spoken with the provider about this, and had requested that replacements be purchased.
- The service had been given a rating of five out of five for food hygiene by the local authority.
- Staff told us they had the equipment and personal protective equipment they required to prevent and control infection.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I have always felt safe, it's a nice place to live."
- Systems and processes in place to ensure people were protected from abuse and staff confirmed they had received training in this area. Staff told us they would report any concerns immediately and were confident the registered manager would take appropriate actions to keep people safe from harm.

### Staffing and recruitment

- People told us staffing levels were good. One person said, "It's not a huge place, and there are always staff around."
- Our observations on the day of inspection were that there were enough staff on site to meet people's needs promptly.

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

#### Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

#### Learning lessons when things go wrong

- The registered manager was able to demonstrate that lessons were learnt from any mistakes that had been made, or from any incidents that took place. For example, after one person had a fall, the incident was reviewed along with the environment and equipment in place. New systems were then implemented to reduce the likelihood of re-occurrence.
- The registered manager monitored all accidents and incidents to check for trends and patterns.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed before they came to the service to ensure they could be met. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had, and staff were given information about this to ensure they understood people's beliefs and backgrounds.

Staff support: induction, training, skills and experience

- A regular programme of training was in place, including training in supporting people who may have dementia. Staff told us the training on offer was of good quality, and helped them in their roles. One staff member said, "The training is excellent, and we update it regularly."
- We saw that an ongoing schedule of training was in place, to ensure people kept up to date.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know residents, as well as covering the basic training subjects.
- Staff were regularly supervised and told us they could get support from management at any time.

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

- People were supported to maintain a healthy diet, and enjoyed the food on offer at the service. One person said, "The food is very good, we had shepherd's pie for lunch, very nice."
- One member of staff had devised a fresh smoothie menu for people. Smoothies were used as an alternative way to create high calorie drinks for people at risk of weight loss.
- People's food and drink likes and dislikes were documented within their files, and staff had a good knowledge of what people preferred to eat.
- Staff understood any allergies or special dietary requirements people had, for example, when a specific type of meat was required due to someone's religious beliefs.

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

- There were good relationships in place between staff and healthcare professionals to ensure that people saw them when required.
- People confirmed they had regular access to healthcare professionals when they needed. One person said, "I can see a doctor when I need to, no problems."
- Care plans documented any healthcare requirements that people had. We saw that one person had been under the care of district nurses to monitor an ongoing skin condition.



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

- People's rooms were personalised and contained belongings and items that were important to them. The home was decorated and furnished in a homely style.
- Communal space was available for people who wanted to spend time with others, and this included outside garden space which was accessible to people who used the service.
- A lift was in use to assist people to reach the upstairs areas within the home.

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, and found they were.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People felt well cared for, one person said, "The staff are very fair-minded people, you couldn't ask for more. Another person told us, "They are very respectful, I have nothing to complain about at all."
- We saw a written compliment from a family member of a person using the service which said, 'We are very appreciative of the most kind, caring, affectionate, and professional manner of staff.'
- Our observations were of people and staff, including management, interacting in a warm and friendly manner. Staff and management clearly knew people very well, and gave them the time they required to communicate and receive care.

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

- People felt able to express their views and were involved in making decisions about their own care. One person said, "The staff always ask for my opinion, they wouldn't do anything without asking first."
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. Care plans we saw prompted staff to consider people's privacy and dignity. For example, staff were reminded to ensure curtains were closed when supporting people with personal care within their rooms.

# Is the service responsive?

## Our findings

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

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

At our last inspection in September 2016, this key question was rated "requires improvement". This was because people told us there were not always activities to take part in. At this inspection, we found the provider had taken steps to improve in this area. Therefore, the rating for this key question has increased to "good".

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

- The provider had employed an activity coordinator to run activities during the week. The people we spoke with were happy there was enough to do. One person said, "There is plenty to do. We have animal therapy, they brought in animals from the zoo, it was very good." During our inspection, we saw that people were receiving one to one time and having their hands massaged and nails painted.
- A plan of activities had been created so that people knew what was on. A record was also kept to record feedback on each activity, so that staff knew which people had taken part, and what activities they liked best.
- People received personalised care. The registered manager told us that one person who had specific religious beliefs, was being supported to communicate with members of their religious community, as well as making contact with family members they had not spoken with for some time. The registered manager said, "[Name] chooses not to communicate sometimes. We contacted a person from their religious community who was able to come in and advise us about [Name's] faith, and also speak with them. This has helped a lot with communication and support. For example, we now know the type of clothing that is specific to their culture and background, so we can support with that."
- Care plans documented people's personal history and backgrounds. Information on people's religion, religious beliefs and religious terminology was recorded so that staff could have a basic understanding of the important aspects of a person's faith.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. Complaints could be recorded along with the outcome of any investigation and action taken. We saw that complaints were acted upon and responses given to people.

End of life care and support

- No current end of life care was being delivered, although the staff were experienced in providing this care to people, and had done so recently. The registered manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

# Is the service well-led?

## Our findings

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

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

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

- There was a positive, open and honest atmosphere within the home. We saw people and staff interacting with each other throughout the day and communicating well.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level. All the staff spoke positively about the management, and felt that any concerns they took to the registered manager would be addressed promptly.
- People confirmed they saw the registered manager on a regular basis and found her approachable and helpful. One person said, "Yes we see the manager a lot. I know I can speak to her if I need to."
- The registered manager had an excellent knowledge of the people that were using the service. They knew people's personal history, health requirements, and the things they enjoyed doing.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- Staff felt well supported in their roles. One staff member told us, "It's a very good team. I feel very well supported by the managers."
- Auditing systems were in place which were used to check the service was operating to the providers expected standard. Audits were carried out on areas such as medicines management, care and support records, health and safety and the environment. Following audits, actions were taken to address any concerns raised.

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

- People were engaged in the service and felt they could express their opinions at any time. The registered managers office was located on the ground floor and was easily accessible to people and visitors who wanted to speak with them.
- We looked at resident meeting minutes and saw that feedback was gathered about the food, activities, and future plans. Actions were taken when required to address any concerns.

Continuous learning and improving care

- Staff told us that team meetings were utilised to ensure that learning and improvements took place. Staff said they were comfortable in raising any issues or concerns within team meetings, and that the

management were open to feedback.

- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with outside agencies. This included the local authority, who also conducted inspections at the service and set areas for improvement. We spoke with a member of staff from the local authority who confirmed the registered manager was always open to feedback, and worked with them positively to improve any identified areas promptly.