

Knowles Care Home Limited

The Knowles

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Knowles is a residential care home providing personal care to up to 38 people. The service provides support to older and younger adults some of whom are diagnosed with dementia. At the time of our inspection there were 35 people using the service.

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

People told us they were happy living at The Knowles. Peoples' risks were assessed and regularly reviewed. Peoples' care plans gave staff clear direction of how to support people to manage risk safely. Systems were in place to ensure safeguarding concerns were identified and reported appropriately. People received their medicines safely and staff administering medicines had been trained and assessed as competent to do so.

Staff were recruited safely and there were enough staff to meet peoples' needs. The service was adhering to current UK Government guidance relating to the management of Covid-19.

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.

Systems had been implemented to ensure the quality of the service was monitored and regulatory requirements were met. This included daily, weekly and monthly monitoring and a range of audits across the service which had been regularly completed. The provider had strengthened reporting systems and received structured and detailed reports from the manager on a regular basis. People, relatives and staff were regularly asked for formal and informal feedback which helped to drive improvements in the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 October 2019).

At our last inspection we found breaches of the regulations in relation to safe care and treatment and good governance of the service. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 September 2019. Breaches of legal requirements were found in relation to Safe Care and Treatment and Good Governance.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led.

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 requires improvement to good. This is based on the findings at this inspection.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Knowles 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 we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 07 April 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 29 April 2022 and ended on 05 May 2022. We visited the location on 29 April 2022.

We spoke with five people who used the service and four relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff, the maintenance person, the cook, a housekeeper, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included a review of five people's care plan records plus other care records related to people's care and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, accidents and incidents, quality monitoring, health and safety, and safeguarding people records.

After the inspection

We continued to seek clarification from the provider about evidence provided.

Is the service safe?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the risks associated with people's care had not always been effectively acted upon to reduce the risk of them happening again, and records were not always clear, to support staff in managing risks. This was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were managed safely. Care plans and risk assessments contained detailed information to inform staff of how to support people and reduce individual risks.
- Staff understood potential risks and how to reduce them. A staff member explained how they supported a person to reduce their risk of falls by reminding them to use a walking aid and to take their time when moving around the home. Another person was at risk of falling from their bed. Care records clearly described how these risks were to be managed and we saw equipment was in place in their bedroom to reduce the risk of injury if they fell.
- Staff undertook regular checks of the premises and equipment to ensure people lived in a safe environment. Any improvements required were quickly undertaken by members of maintenance staff.

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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from the risk of abuse and told us they felt safe. One person told us, "I feel safe, I like living here."
- A relative told us they initially had concerns about their family member decline in health when they first moved into the home which they raised with the provider. They went on to say that after this the concerns

were addressed, and other organisations had provided support to improve the person's well being.

- Staff were knowledgeable in identifying different types of abuse and knew how to report any concerns.
- The manager understood and followed safeguarding procedures if any concerns were identified.

Staffing and recruitment

- Safe recruitment practices were followed, and pre-employment checks were completed for all potential new staff. These included gaining references from previous employers, evidence of good character and checking the Disclosure and Barring System (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet the needs of people. Following our previous inspection the provider told us they had reviewed their deployment of staff which included staff always being in communal areas with people. This meant staff were easily available when people needed them. A person told us "There is always someone (staff) about, it helps me feel safe here."
- The provider used a tool to work out how many staff were needed based on people's needs. The rota was managed in a personalised way, it was adapted based on people's needs.

Using medicines safely

- People received their medication as prescribed. Systems were in place for the safe storage, administration and recording of medicines.
- Staff received training and competency assessments to ensure they had the knowledge to administer medication.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Following our last inspection, the provider created, and shared with us, an action plan detailing the improvements they were going to make and how they would do this. This action plan was reviewed regularly and adapted when the provider identified new areas for improvement. This demonstrated the provider was eager to improve the service and use previous failings as learning points.
- The provider and manager monitored all accidents and incidents and had monthly meetings to identify trends or patterns so they could take action to reduce the chance of further incidents.
- The provider and home manager encouraged people, staff and relatives to raise any concerns or issues they identified so they could make continuous improvements.

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 requires improvement. At this inspection the rating has improved to good.

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

At our last inspection we found the provider's systems and processes had not been consistently effective in identifying and swiftly acting upon areas of risk that impacted on the quality and/or safety of the service. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The manager and provider monitored quality and compliance with regular audits, meetings and surveys. These systems were continuously used to look at ways to improve care.
- The manager and staff were clear about their roles and responsibilities. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The senior management team met regularly with staff to offer support and reflect on learning and good practice.
- The provider completed regular checks, based on a CQC inspection, to identify if there were areas of improvement needed and if the service was operating in line with regulation. The most recent inspection style check completed by the provider provided positive feedback to the home and identified improvements had been made.
- The registered manager had recently left the organisation. The provider had recruited an experienced manager to lead the service and who was in the process of completing their registration with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People benefitted from a management team that demonstrated a strong commitment to providing person-centred, high quality care. Staff were committed to putting the people they support at the heart of everything they did.
- People told us they were able to share their views and opinions of the service. One person told us "They take me seriously"
- Relatives told us they were asked for feedback about the service and improvements had been made since our last inspection. One relative told us "They have worked very hard, especially during the pandemic. Even when they were at their busiest, they made time to call me and let me know how (name of family member)

was. The service isn't perfect, but they do a good job."

- Staff told us there had been a period of instability before the previous registered manager left but spoke positively of the new manager. A staff member told us "[Manager] hasn't been here long but already things feel better. They are approachable and I can go to them to discuss anything."
- The manager and provider understood their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were numerous ways the manager engaged with people to gather feedback on the service. This included daily walks around the service so people and relatives recognised them and could have conversations. The manager and provider also held regular meetings with people and relatives and surveys.
- Feedback was used to identify areas to improve the service or to make changes. People had requested more activities were provided and the provider had employed an additional activity co-ordinator to facilitate this. The provider also planned events based on people's interests and hobbies.
- Staff worked with professionals and organisations to ensure people got the support they needed and incorporated any actions into people's care plans.
- The provider had developed links with the local authority to aid partnership working and to drive improvement in the service.