

Knowle Care Home Limited

# The Knowle Care Home

## Inspection report

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Date of inspection visit:  
26 July 2017

Date of publication:  
15 August 2017

## 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

At the last inspection March 2015 the service was rated Good. At this inspection we found the service remained Good.

The Knowle is registered to provide personal care for up to 32 older people. The home offers short and long term care. Accommodation is provided on the ground and first floor, which is accessed by a passenger lift. There are fifteen single and four double bedrooms, five of which have en-suite facilities. There are two communal lounges, a dining room and a conservatory on the ground floor and ramped access to the garden.

People who lived at The Knowle Care Home told us they felt safe and supported by staff and the management team. Assessments took place to ensure people's needs could be met by the service. Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up-to-date safeguarding training and understood the provider's safeguarding adult's procedures. People told us there were enough staff on duty and the staff came quickly to any requests for support.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks. These checks ensured staff had the required knowledge and skills, and were of good character before they were employed at the service.

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

People received care which was relevant to their needs and effective because they were supported by an established staff team. They had received appropriate training such as moving and handling and had a good understanding of people's needs.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. People's comments about the quality of food varied. One person said, "The food is good, sometimes the vegetables are watery." We raised this with the registered manager who agreed to address this and speak to people about the quality of the food to ensure consistency.

Care plans showed where appropriate staff had made referrals to health care professionals such as the community nursing team and doctors.

We received consistent positive feedback about the care provided at The Knowle Care Home from people who lived at the home and their relatives. We saw, from care records, staff had discussed people's

preferences for end of life care. We found assessments were undertaken by the registered manager and staff prior to any person being accepted into the home.

The registered manager and staff told us they fully involved people and their families in their care planning. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The Knowle Care Home had procedures to monitor the quality of the service provided. Regular audits had been completed. These checks helped to drive up improvements in the service. This helped to ensure people were living in a safe environment.

The registered manager kept up to date with current good practice guidelines. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# The Knowle Care Home

## Detailed findings

### Background to this inspection

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

This inspection visit took place on 26 July 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had background knowledge of caring for older people.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

We spoke with a range of people about The Knowle Care Home. They included 18 people who lived at the home, three relatives, the registered manager and four staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire county council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of five people, staff training records, medication documentation and records related to the management of the home. We looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People who lived at The Knowle Care Home told us they felt safe and supported by staff and the registered manager. For example some comments included, "I feel safe and comfortable." And, "It's marvellous, I enjoy everything here."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up-to-date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse. Staff members we spoke with demonstrated they knew about the procedures they should follow if they were concerned people may be at risk.

Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, we saw in one person's file a detailed behaviour management plan with very clear guidance on how to safely support the person whilst encouraging independence. Staff told us they had access to this information in people's care records and ensured they used them.

We looked at medicine administration records of people who lived at The Knowle Care Home. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time.

People were protected by suitable procedures for the recruitment of staff. The provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People told us there were enough staff on duty and staff came quickly to any requests for support. One person told us, "Staff are available to offer help if needed." We viewed a selection of staff rotas which showed staffing levels to be adequate to meet the needs of the service.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were completed and the management team made regular checks to ensure cleaning schedules were completed. We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons.

# Is the service effective?

## Our findings

People received care which was relevant to their needs and effective because they were supported by an established staff team. People we spoke with said staff were extremely knowledgeable about all their needs. One person told us, "The staff understand my relatives needs well."

Staff had received appropriate training such as fire safety training and first aid and had a good understanding of people's needs. We observed staff put their training into practice while delivering care to people.

We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. For example a staff member said, "We get lots of training, we are well supported".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and the associated DoLS. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show considerations had been made to assess and plan for people's needs in relation to mental capacity.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We observed lunch being served, people ate in a relaxed manner and they enjoyed their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. One person requested an alternative to the lunchtime menu and was given what they requested. We saw people were offered extra food and two people accepted an extra serving of pudding. Peoples comments about the food were varied, comments included, "The vegetables can sometimes be watery." And, "The food is good we are spoilt." We raised this with the registered manager who agreed to address this and speak to people about the quality of the food to ensure consistency.

One relative told us, "Before coming to Knowle Care Home, my relative didn't eat and had lost lots of weight but ever since becoming a resident at Knowles, she's been putting weight back on."

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed. People were registered with local GPs and received visits from

them when they needed them. People who lived at the home told us they were supported to see a doctor if they needed one.



# Is the service caring?

## Our findings

We received consistent positive feedback about care provided at The Knowle Care Home from people who lived at the home and their relatives. People we spoke with told us, "The staff look after me really well.", "Nothing is too much trouble for staff." And, "Staff take care of me."

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff spoke with people who lived at the home in a respectful and compassionate manner. For example, we observed staff members spoke with people at their level so they had good eye contact. Staff understood the needs of people they supported and it created trusting relationships with them.

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on their doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain their dignity throughout the day.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

We saw, from care records, staff had discussed people's preferences for end of life care. This meant the provider would know what the person's preferences were and to respect these at the end of their lives. At the time of our visit, no one living at the service was receiving palliative or end of life care.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require assistance to express their views. Signposting people towards advocacy services helped to ensure their rights to make decisions about their care and support were promoted.

Information was provided, including in accessible formats, to help patients understand the care available to them.

## Is the service responsive?

### Our findings

People we spoke with told us their individual needs were catered for. One person told us, "All my needs are being met and the staff look after me really well."

We saw care records were written in a person-centred way. Staff took note of the records and also provided care that was person-centred. For example, we observed a staff member supported somebody to walk into the dining room. They were gentle with the person and used good communication. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs.

We found assessments were undertaken by the registered manager and staff before any person being accepted into the home. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and or their relevant family members had been consulted during the assessment process.

Documentation was shared with other professional's about people's needs on a need-to-know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person told us, "Whenever a concern is brought to the manager, it is always dealt with."

There was a system for recording and managing complaints and concerns. We saw evidence of complaints being raised. Information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

## Is the service well-led?

### Our findings

The Knowle Care Home 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.

Relatives we spoke with felt the service was well led and that they got involved with feedback at the home. Staff we spoke with spoke highly of the registered manager. Comments included, "We get lots of support." And "The manager is approachable I can speak to her about anything." We observed the registered manager offering support to a staff member during the inspection visit; the support was kind and compassionate.

The Knowle Care Home had procedures to monitor the quality of the service provided. Regular audits had been completed. These checks helped to drive improvements in the service. This helped to ensure people were living in a safe environment.

During our inspection visit, we saw updates were completed on each change of shift and any appointments required were added to the diary. This helped to ensure any change in a person's condition and subsequent alterations to their care plan was effectively communicated. In addition staff were clear about any follow up action required.

We viewed evidence which demonstrated views of stakeholders, including people who lived at the home, staff and visiting professionals, had been sought. This information had been acted on for the purposes of continually evaluating and improving the service.

We found minutes of staff meetings were retained. Staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all information we requested.