

Knotty Ash Residential Care Home Ltd

# Knotty Ash Residential Home

## Inspection report

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Date of inspection visit:  
29 December 2016  
06 January 2017

Date of publication:  
22 March 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on 29 December 2016 and 06 January 2017. The first day of the inspection was unannounced. Knotty Ash Residential Home is registered to provide support for 35 people. At the time of our inspection 31 people were living there. The home is situated in a residential area of Liverpool near to local amenities and public transport. Accommodation is largely over the ground floor with three bedrooms on the first floor accessed via a lift.

The home did not have a registered manager at the time of the inspection visit. 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. Shortly after our inspection visit the manager was registered with CCQ.

We found breaches of regulations relating to the premises being safe to use, record keeping and systems for assessing and improving the quality of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

We found that records were not consistently managed well. This included records not being stored confidentially. Some records were out of date, not available or inaccurate. The provider was open and honest with us about record keeping and management within the home.

Some systems were in place for auditing the quality of the service however these were not always effective. Audit systems had not been in place or robust enough to identify issues we identified during the inspection. This included issues with records relating to medication, recruitment and assessments. It also included issues relating to the safety of the building.

People received their medication as prescribed and staff had a good understanding of medication people were receiving. However records relating to medication were not always up to date.

Applications for Deprivation of Liberty Safeguards had been completed for people who needed them. The manager had a good understanding of the Mental Capacity Act 2005 and how to apply it. However assessments of people's mental capacity were not always correctly completed and the manager was unaware of this.

Sufficient staff worked at the home to meet people's care needs. Staff had received training to help them carry out their role safely and well.

People felt safe living at Knotty Ash and staff knew how to report and manage any safeguarding concerns that arose.

People liked the meals and were offered nutritious homemade meals daily. People could choose where and when they ate their meal and were regularly offered snacks and drinks. Mealtimes were sociable and unrushed.

Staff had built good relationships with people living at the home and people liked and trusted them. Staff took time to get to know people and to talk with them about their interests as well as meeting their health and personal care needs. A number of activities took place at the home that people could participate in.

Staff were responsive and provided the support people needed with their health and personal care

## 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.

Parts of the environment presented a risk to people.

Medication was given as prescribed but records were not always up to date.

Sufficient staff worked at the home to meet people's care needs. Recruitment procedures were in place but records were not always well managed.

People felt safe living at Knotty Ash and staff knew how to report and manage any safeguarding concerns that arose.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's right to consent to care and treatment was not always assessed correctly.

Applications for Deprivation of Liberty Safeguards had been completed for people who needed them.

People received the support they needed with their nutrition and health care.

Staff had a good understanding of their role and received appropriate training .

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff had built good relationships with people living at the home and people liked and trusted them.

People were kept informed about the home and given information about how it operated.

**Good** ●

The environment was comfortable and cosy and staff took time to talk with people and check their comfort.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff responded quickly to requests for support.

People's care needs were assessed and care plans were in place to guide staff on how to support people.

People felt confident to raise concerns or complaints with staff and a system was in place for dealing with these.

A number of activities were arranged in the home for people to participate in.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

The home had a manager who was registered with CQC shortly after this inspection.

Some systems were in place for auditing the quality of the service however these were not always effective.

Records were not always stored confidentially, nor were they always accurate or up to date.

The provider was open with CQC and took action regarding inaccurate records

# Knotty Ash Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection was carried out on 29 December 2016 and 06 January 2017. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, five of whom we spoke individually with. We spoke with relatives of three people living at the home and with 12 members of staff who held different roles within the home. We also spoke with a visiting healthcare professional.

We time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for five of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

# Is the service safe?

## Our findings

People told us that they thought Knotty Ash was a safe place to live. One relative told us "I am happy. I feel Mum is safe." This was reiterated by a second relative who said "My Mum is safe. I get peace of mind."

Certificates and checks were in place for the environment this included checks of the fire system small electrical appliances and gas supply. We also saw that water temperatures had been checked although records of these were difficult to follow. On the first day of our inspection radiators in the hall and a bedroom were very hot to touch and accessible to people living there.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the premises were not always safe.

On the second day of the inspection we were told that a guard had been fitted to the bedroom radiator. The hall radiators had been regulated and work was booked to fit guards to these.

We visited the laundry and saw that it was clean and tidy with clear systems in place for infection control. All other areas of the home that we visited were clean, tidy and odour free.

We looked at recruitment files for four members of staff. We asked who was responsible for ensuring recruitment checks were carried out and were advised by the manager that there was no clear system in place with different people being responsible for sending for references. One member of staff had only one reference on file. A second member of staff's application did not give their work history but gave the address of two other care homes they had worked at for references. However only one reference was on file and this was a personal reference. No information was recorded as to why references had not been sought from their past employer or record made of a request for a reference and a follow up call. We were later advised that these references had been located and were available at the home.

The medication room had been moved since our last inspection and we saw that medication was stored in a room that had limited space to work in. For example the inspector had to stand on tip toes to open the drug fridge.

A senior member of staff discussed medication with us and we found they had a good knowledge of the medication people were taking. However records relating to medication were not always clear. A list of people who were taking once a week medication was out of date although we saw people had received their medication correctly. Records of room and fridge temperatures had not always been recorded.

The medication administration record (MAR) for one person had a handwritten note stating this medication had been stopped by their GP however this was not signed to say who had recorded the instruction. We saw that this medication had not been given. However there were no clear instructions recorded to remind staff to remove this on a daily basis. It would have been safer to return the blister pack to the pharmacy and ask them to remove this.

We checked a sample of medication stock against records and found that these tallied. We also looked at medication stored in the fridge and found this was stored correctly. Stocks of medication were well managed in order to keep stock levels to a minimum and there was a clear system in place for ordering medications from the pharmacy including medication that was needed quickly.

A leaflet entitled 'keeping adults safe' was available in the foyer of the home. This provided brief information on the types of abuse that can occur and how to report them to relevant authorities. In addition we saw that some of the people living at the home had attended training on safeguarding adults alongside the staff team. This is good practice as it helps to ensure people are informed about their rights and how to raise a concern.

Policies and procedures were in place to guide staff on the actions to take if they had a safeguarding concern. Staff had received training in safeguarding adults and told us that they would not hesitate to report any concerns that they had. Records in the home showed that safeguarding concerns had been reported to the appropriate authorities. When requested to do so an investigation of the concerns had been undertaken by the provider or manager.

We asked staff what actions they would take in the event of an emergency occurring such as a fire alarm sounding or a medical emergency. Staff knew where first aid boxes were located and were able to explain the actions they would take in the event a fire alarm sounded. Personal emergency evacuation plans were in place for people living at the home. This gave information about the support the person would need in the event of an evacuation.

People told us that staffing levels at the home were sufficient to meet people's needs. People living at the home told us that when they requested support staff responded relatively quickly. Staffing levels during the day consisted of four care staff and a senior carer and at night two care staff and a senior carer. In addition the home also employed chefs, a kitchen assistant, domestic staff an administrator and handyman. A member of staff was also employed 20 hours a week to support people with activities. During the two days of our inspection we found that sufficient staff were available to support people in an unrushed manner.

## Is the service effective?

### Our findings

A relative told us that they thought staff had the skills and knowledge to support people well. They said they had observed staff using gentle humour to distract people who became upset or agitated and that this worked well.

A member of staff told us "I like to learn" and said that they had received training and were confident if they requested relevant training it would be arranged. A second member of staff told us "I like to do any (training). Sometimes I look on line for information."

Staff told us that they found the management team and provider approachable. They said that they could always seek advice if needed. Record showed that staff meetings had taken place and that for some staff one-one supervisions had been undertaken. The manager told us that plans were in place to ensure all staff received regular supervision.

Records showed that staff had received training in a number of relevant areas including obtaining national qualifications in care and understanding dementia. The manager told us that a matrix of staff training was being put together to help plan future training. Some of the training records we were provided with were later updated by the provider who explained they had been inaccurate.

A new member of staff told us that when they commenced work they had been given an induction to the home and had received support from the deputy manager including one to one supervision meetings. Records confirmed that all new staff had undergone an induction period.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. Nobody living at the home currently had a DoLS in place however we saw that a number of applications had been made to the relevant authorities.

We found that the manager had a good understanding of DoLS and supporting people with decision making. Forms for assessing people's capacity to make decisions had been introduced into their care file. The contents of these were variable with some forms completed well and others not being clear as to the

decisions the person's capacity was being assessed for. We discussed this with the manager who advised she intended to intrude training for staff in completing the forms correctly.

People told us that they liked the meals provided at Knotty Ash. One of the people living at the home told us "You can always get more. I am happy with it." We found the chef very enthusiastic about meals and promoting choice. They told us that on commencing work at the home they had met with people living there to obtain their views on meals and their preferences and that they met with anybody new moving into the home.

We observed people eating their breakfast as and when they wanted to. For example on the second day of our inspection two people were enjoying sardines on toast at 10.30. Meals were freshly cooked and looked appetising with homemade cakes and soup served on the day of our inspection.

We observed part of this meal and saw that staff sat with people and promoted a calm atmosphere with discreet support being provided when needed. Throughout the day we saw that people were provided with drinks and snacks.

A visiting health care professional told us that staff knew the people living at the home well and followed any treatment plans they were given. Care plans contained information about people's health care needs and we found that staff had a good understanding of these. An information sheet had been put together for people that contained relevant information should they need to go to hospital.

All bedrooms at Knotty Ash are single rooms with en-suite facilities. The majority of the rooms are on the ground floor with three bedrooms on the first floor accessible via a passenger lift. Corridors were fitted with handrails and wide enough for people using mobility aids to get around easily. Other aids and adaptations included grab rails, call bells, mobility hoists and large lower height light switches. Bedrooms doors had photographs of the person or their name to make it easier for people to locate their rooms. We saw that bedrooms and living areas were cosy and nicely decorated with people able to bring small pieces of furniture or photographs and ornaments for home.

There were two lounges and a dining room on the ground floor along with a small room for use by people who smoked. Access to the enclosed back garden was available via the larger lounge.

## Is the service caring?

### Our findings

One of the people living at the home told us "I am very comfortable here." Everyone we spoke with told us that they liked the staff team and found them friendly and caring. Comments we received from people living at the home included "They are amazing," and "They are easy to get on with." Relatives described staff as "very good" and "attentive." A visiting health professional told us they had always found staff to be "Friendly and helpful."

We found staff very knowledgeable about the care and support people needed. In addition to which they knew people as individuals and were able to explain the things people enjoyed, their hobbies and skills and how they communicated. One member of staff told us that when talking to a lady who could no longer speak "I talk to her as though she will reply." They explained that this helped to promote the person's dignity.

Throughout our inspection we saw staff taking time to talk with people and engage with them. Practical support was offered to people in a patient and caring manner and we also observed staff taking time to reassure and distract people who felt confused or upset. We observed two members of staff moving somebody using a hoist. Throughout the process they took their time explained what was going to happen and provided reassurance.

Staff spent time talking to people about their families or their achievements. Throughout the home artwork made by one person over the course of their lifetime was displayed, staff were proud to discuss the person's talents. A document in care files contained information about the person and their history. Two members of staff explained that staff completed these with the person and their relatives and had found them very useful. They explained it helped them to get to know the person and learn about their interests.

A comprehensive 'Residents Guide' was available for people living at the home. This provided them with information about how the home operated including the care they could expect, laundry, meals, activities and contact details for the organisation and relevant outside agencies. In addition leaflets available in the foyer provided people with a range of relevant information.

Relatives told us that they were kept informed about their relatives care and any concerns that had arisen. They also told us that they had the opportunity to discuss the person's care plan with staff and offer their opinions.

A member of staff explained that in addition to some of the people living at the home being invited to attend safeguarding training they had also offered some relatives the opportunity to attend training in order to learn more about their relatives care and support needs.

Newsletters had been produced for people living at the home and their families. These included information about activities that had taken place, staff, birthdays and asked for suggestions for future events. Information about CCTV fitted to the communal areas of the home had also been made available to people via this newsletter.

The home looked cosy and comfortable with people provided with blankets or throws if they wanted them. New bedding and towels had been recently purchased and we saw that these were of a nice quality. A collage in the hallway resembled a piece of artwork but also provided different textures and materials for people to interact with. Similarly cushion covers were available that were of good quality but provided different textures, objects and fabrics for people to interact with.

## Is the service responsive?

### Our findings

One of the people living at the home told us "Staff are smashing. You call and they are there. They look after you." People told us that staff generally responded quickly to requests for support. Throughout our inspection we observed staff were responsive to people's needs and anticipated the support people may require.

Individual care plans files were in place for all of the people living at Knotty Ash. Prior to anyone moving into the home an assessment of their needs had been carried out. This pre-admission assessment had then been used to compile care plans detailed the support they required. Regular assessments of the person's care needs had been undertaken including assessments of their skin integrity, risk of falls and nutrition. These helped to establish if the person's support needs had changed and their plan of care required updating.

In addition to care plans people also had 'workbooks' and 'about me' documents. Although the information in these was valuable some of it was repeated and made it more difficult to find information quickly.

An activities coordinator was employed to work at the home 20 hours each week. During the inspection we saw a group of people sitting at the table making crafts. It was clear they were engaged with and enjoying the process. A hairdresser was also visiting the home on the first day of our inspection.

We observed people receiving one to one support to have a chat or look at reminisce books. The activities coordinator explained "I do many one-one even if it's just five minutes it is important to them to see someone one to one."

Newsletters showed that events organised at the home within the past months had included two people receiving support to go on a holiday to Blackpool, a barbeque to celebrate armed forces day, birthday celebrations and taking part in a memory walk and charity event in a local pub. Photographs in the hallway showed people enjoying Christmas events including carol singers and a party.

Relatives told us they would feel comfortable raising any concerns they had with staff. A leaflet about how to make a complaint was available in the foyer of the home. This provided information on how to raise complaint, who to contact and the procedures that would be followed. It also advised people on who they could contact if they were not satisfied with the outcome of their complaint. This information was also available in the 'Resident's Guide' given to people living at the home. No complaints had been recorded in the home within the past year.

## Is the service well-led?

### Our findings

The appointed manager was not registered with CQC at the time of the inspection. However she was interviewed and registered several days after the inspection.

We found record keeping at the home was not always confidential, accurate or up to date. On the first day of our inspection care files were stored in a cupboard in the dining room. We found this open and were able to access confidential information about people. On the second day of the inspection we found they had been moved to a more secure location.

Recruitment records were not robust and information that should have been filed in individual staff files was not always available. For example the manager later located a reference for a member of staff that was not available within their file.

Checks of water temperatures were confusing, we found that these were recorded in three separate places and it was difficult to locate which areas had been tested. The manager told us that one system had been put into place and they were unaware of and unsure why three separate systems were being used.

Medication records were not as clear as they should be. Out of date information about who took a weekly medication remained on file and records of a medication remaining in a blister pack that was not to be given were not as robust as they should be.

On the first day of the inspection we provided the manager with a list of records we wished to look at. Not all of these were provided to us or provided in a timely manner.

A series of information was forwarded to us following the inspection. We were later contacted by the provider who informed us that some of these records were out of date or inaccurate. The provider was open and honest with us about this however it is a matter of concern that inaccurate records were sent to us by the manager.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because records were not always stored securely or accurate contemporaneous and complete.

We asked to see copies of any audits or checks that had been carried out on the safety and quality of the service at the home. We were told medication was audited yearly by the pharmacy who supplied medications however a copy of this audit was not available. The manager told us internal medication audits should be carried out monthly. However these could only be located for July, August and November 2016. No issues with medication were identified on these audits. However we found some areas of medication recording that were not as robust as they should have been.

An audit of staff files had been carried out in June 2016. However no further audit had been undertaken. We

found the staff files did not contain all the required recruitment checks. This showed that systems for checking the quality of recruitment procedures had not been robust.

We found several radiators in the home which were not covered or too hot. A robust checking system of the environment would have noted these issues.

We found that assessments of people's capacity had not always been fully or correctly completed. The manager was unaware of these. A robust auditing system would have identified this issue.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes did not operate effectively to assess, monitor and improve the quality of the service.

Staff told us that they found senior staff and the provider approachable. One member of staff told us "I am very confident to speak out."

The manager's office had been moved from the centre of the home to an extension at the end of the bedroom corridor. The new office was not accessible for people with mobility issues as it had two steps leading to it and a small corner. This meant that the manager was not as accessible to people living at the home and visitors. It also meant that she was no longer 'in the heart of the home' and able to observe what was happening as readily as before. The manager advised us that she made sure she walked around the home regularly and spoke with people living there, staff and visitors.

We saw that the chef had carried out checks and audits in the kitchen and that these had been checked and signed by the manager. An audit of care plans had been undertaken in October 2016 which had highlighted areas where further information was required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The premises were not always safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records were not always stored securely or accurate contemporaneous and complete. Systems and processes did not operate effectively to assess, monitor and improve the quality of the service.