Knowles Care Home Limited

The Knowles

Inspection report

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Date of inspection visit: 26 January 2015
Date of publication: 24/04/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 26 January 2015 and it was an unannounced inspection.

The Knowles is a care home that provides personal care and support to older people with dementia. It is registered to accommodate a maximum of 38 people. On the day of our inspection there were 35 people living in the home.

The home has 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 had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been given training to help ensure they understood how people who lacked capacity could be supported to make decisions. Some staff remained unclear on their responsibilities under this

Summary of findings

legislation although they knew not to undertake care practices against the wishes of people who lived in the home. We saw people had been assessed to determine how decisions could be made in their best interests and applications for DoLS had been completed and were in the process of being submitted for approval to the Local Authority.

People living at The Knowles told us they felt safe. Staff knew how to recognise abuse or poor practice and told us they would report abuse if they observed this happening. Care staff understood their responsibilities in being observant at all times to keep people safe. Staff communicated any concerns at the handover between shifts so any risks to people's health and welfare could be managed. There were plans in place for staff to follow in the event of an emergency, such as a fire, to make sure people were kept safe.

People were provided with food that met their identified health needs. Choices of drinks were available during the day but we noted there was a delay in some people receiving a drink when they got up in the morning. Where people had lost weight, or there were concerns regarding their health, their food and fluid intake was monitored to make sure they were having enough to eat and drink.

People received their medicines as prescribed. Staff told us appointments with health professionals such as the GP and district nurses were arranged to support people's health needs when required.

Social activities were not necessarily focussed on people with dementia and were not always person centred in accordance with people's interests and wishes. We observed there were suitable numbers of trained staff on duty to meet people's care needs but occasionally some people received delayed support. Everyone spoken with considered staff to be kind and caring and told us they were available when they needed them. People and visitors were positive in their views of staff and stated they would feel comfortable raising any concerns if they needed to.

People and their relatives were encouraged to provide feedback about the quality of care and services in the home. Quality satisfaction questionnaires seen showed positive responses. Areas needing improvement were discussed during staff meetings so they could be actioned.

Summary of findings

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 safe.

People were protected from harm by staff who understood their role in keeping people safe. There were sufficient numbers of trained staff on duty to keep people safe within the home. Potential risks to people's health were assessed and care plans were in place to manage any identified risks.

Medicines were administered as prescribed and were stored safely.

Good

Is the service effective?
The service was effective.

The registered manager understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make specific decisions, best interests meetings or DoLS referrals were in progress so that arrangements could be made to support these people in making decisions.

People were supported by care staff who had the necessary skills to support people effectively.

Good

Is the service caring?
The service was caring.

People told us staff were friendly and respectful towards them. We observed staff were caring and supportive when interacting with people and respected theirs privacy and dignity. People told us they were involved where able in decisions about their care.

Good

Is the service responsive?
The service was not consistently responsive.

People were not always involved in planning their care or supported to take part in interests and hobbies that met their needs.

Complaints received had been responded to and action had been taken to make improvements when necessary.

Requires Improvement

Is the service well-led?
The service was well-led.

People told us the home was well managed by the registered manager. All staff understood their roles and responsibilities and there were processes in place to monitor the quality of care and services provided to people.

Good

The Knowles

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.

This was an unannounced inspection carried out by two inspectors and an expert by experience on 26 January 2015. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with the local authority and asked them if they had information or concerns.

We reviewed the information in the provider's 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.

Not all the people living in the home were able to share their views and opinions about how they were cared for. This was because some had varying levels of memory loss or dementia. We spent time observing care in the communal areas. We also 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 two people who lived at The Knowles and five visitors. We also spoke with six care staff, the maintenance person, the cook, the operations manager and the registered manager.

We looked at a range of records including three care plans, three recruitment records, complaints and medicine records. We also looked at the provider's quality monitoring records including quality audits, thank you cards, safeguarding records and incident and accidents at the home.

Good

Is the service safe?

Our findings

People who lived at The Knowles had varying levels of confusion and dementia. This meant they could not always respond in detail to the questions we asked about their care. People we spoke with told us they felt safe living at the home. They told us, "I feel very safe, the people are very good. I've never felt unsafe; everyone is so nice and friendly. I think for what they have to put up with, they are very patient with the cheeky ones." "If you were in trouble, they would be there for you. They are all friendly, I could go to any of them, I'm not afraid of them."

Visitors we spoke with felt their family members were safe. One told us, "Definitely, she and all the residents are very safe here. Everyone is so attentive, there is always someone around. There is definitely enough staff, you always see them around."

Staff understood how to support and protect people to keep them safe. For example, we saw staff assisted and guided people who were unsteady on their feet to move around the home. When people wanted assistance to get out of their chairs, staff were on hand to help them to prevent them from falling. Staff told us there were always two staff to assist people who needed a hoist to move. Staff said they checked for physical hazards around the home to make sure people were not put at any risk from the environment. Staff communicated any concerns regarding risks to people at staff handovers during the start of shifts so these could be managed.

We were told about one person who had behaviours that challenged staff. Staff knew what to do to calm the person to help prevent them and others being put at risk. One staff member told us, "It is knowing how to handle things, if you see people arguing to separate them before there is fighting." Staff monitored people's behaviour where this was felt necessary but the potential triggers to inappropriate behaviours were not always identified to help staff make sure they could be prevented or reduced.

When we looked at accident and incident records we saw the manager had recognised areas of risk and had taken the necessary action. For example, where a person had fallen and received a head injury, there was an 'action plan' put in place to address the injury and to help prevent this from happening again. Staff told us they monitored risks to make sure people were always supported in a safe way that met their needs.

Staff had completed safeguarding people training and told us they would report abuse if they saw it. They knew about 'whistleblowing' procedures if they felt what they had reported had not been actioned.

One person we spoke with told us, "There is always plenty of staff here." Visitors told us, "I feel the number of staff is more than adequate. I've never observed anyone being left." Staff said there were enough of them to keep people safe and through our observations we saw staff were available to support people when they needed most of the time.

We spoke with the maintenance person who told us staff recorded any repairs or work required in a maintenance book and this information was then used to carry out any necessary repairs to keep the premises safe. They told us they carried out checks of water and electrical appliances that belonged to people and a fire test was completed once a week to make sure the alarm system worked in the event of an emergency. Staff told us about the plans for people if the home needed to be evacuated. Each person had a personal evacuation plan on their care file so staff would know how each person needed to be supported safely out of the building. Staff we spoke with were not aware of any contingency plan should people not be able to stay in the home in an emergency situation. The manager told us a plan was in place which contained information of another home owned by the provider as well as local hotels that could be used in an emergency situation.

We spoke with staff about how they were recruited to the home. Staff told us they had to wait for police and reference checks to be completed before they were able to start work. We checked the recruitment records on three staff files. These confirmed all the necessary checks had been undertaken by the registered manager to ensure staff were safe to work with people who lived in the home.

We observed how people's medicines were managed and saw a staff member administer medicines to two people. They did not rush them and waited to make sure they took their medicine. The staff member said to one person, "You're very sleepy today, you take your time, there is no

Good

Is the service safe?

rush, thank you very much." Medicines were stored securely and in accordance with the manufacturer's instructions so they remained effective. Medicines given to people were regularly checked to make sure they were receiving them as prescribed by the GP. Where people had been prescribed medicines "as required" there were guidelines to staff on how these should be used to make sure dosages were not exceeded. However, one person who had behaviours that challenged staff had been prescribed medication to calm them. The person's care plan did not make it clear how this medicine should be used to ensure a consistent approach in managing the behaviours by staff.

Staff told us their medicine administration was observed by management staff and the records they completed were regularly checked, to make sure they had not made any errors which could place people at risk.

Good

Is the service effective?

Our findings

Five visitors and two people we spoke with felt staff knew what they were doing and had confidence in their skills to care for people living at The Knowles. Visitors told us, "They seem ever so good, very capable, no worries at all." "They know what they are doing; they never get nasty with us." "I'm quite happy with the staff here; they seem very knowledgeable and able."

Staff told us they felt supported in their roles and their training was kept up to date. Staff had access to essential training to help them achieve the skills and competences they needed to care for people safely and effectively. We were told they had access to a training support co-ordinator who could provide further training if staff were unclear about any of the training provided. We saw staff put into practice skills they had learned from their training. For example, we observed staff supporting a person who needed a hoist to be moved. They safely and gently moved the person from a wheelchair to an easy chair in the lounge and staff made sure the person remained calm and relaxed during the transfer. We also saw staff used aprons when serving food which is good infection control practice.

Though our observations we saw staff offered people choices when delivering care for example, a member of staff asked a person if they would like to get dressed. Another asked if they would like to sit at the table to have lunch. However, people and visitors we spoke with had differing views about people being provided with day to day choices such as baths, showers of if they wanted their medicines. For example, one person we spoke with told us, "When I have a bath they tell me what time my bath is." A visitor stated, "They say, "It's shower time [person]", they encourage rather than give a choice." We observed a staff member giving a person their tablets without asking if they wanted them. Other comments included, "I am not told to go to bed, I go when I want to." "They ask me if I want to have a shower, they don't make me."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

The provider understood the requirements of DoLS and we saw mental capacity assessments were in people's care plans to show if people lacked capacity. This was so staff would know to support those people in decision making. DoLS applications had been completed and were in the process of being submitted for approval to the Local Authority. Staff had attended training to increase their knowledge of MCA and DoLS but they did not have a clear understanding and knowledge of the key requirements. However, staff knew not to undertake care practices against the wishes of people who lived in the home. Where staff had been unsure how to manage a situation relating to capacity, they had sought advice from the registered manager. The registered manager told us staff were given opportunities to discuss any queries on training during supervision meetings.

During the day we observed how people were supported to eat and drink. When we arrived at around 7.30am, we noted some people had a drink and some did not. We observed that staff were busy getting people up and dressed at this time. Those people without a drink told us they had not been given one but we saw drinks were provided as the morning progressed and during breakfast at around 8.30am. We saw drinks trolleys in use between mealtimes and people were offered drinks and snacks. One person told us, "It always comes between 10.30am and 11.00am that's why I sit in here." People told us they enjoyed the meals provided. One person told us, "You can't fault the food; we get a choice when we sit down. If you want something special and you ask them in advance, they would do it, they are very helpful."

We observed the lunchtime period in two of the lounge/dining rooms. Our observations showed people had different experiences. In one lounge people were offered a choice of meals and drinks and received staff assistance where required to eat their meals. For example, we observed one person not eating their meal. A staff member went up to the person to encourage them to eat. The person took hold of the staff member's hand and kissed it, to which the staff member replied, "I love you too sweetheart, but you need to eat." The person clearly enjoyed the staff's response and took a few mouthfuls of

Good

Is the service effective?

food. The person also put some of the food in their mouth with their fingers. The staff member said, "It's hot, be careful", but did not discourage this as it helped to increase the food intake of the person. People enjoyed their meals and there was little left on the plates.

In a second lounge/dining area, two people were eating their meal from small tables. Staff did give people choices to sit at the large tables but respected people's choices not to. The small tables were observed to be unstable because of the way they were positioned. One of these was not in front of the person making it difficult for them to eat and there was no staff member available in the dining area to assist them because they were assisting people in other areas of the home. This person continued to eat at their own pace independently for some time.

People who had poor food and fluid intake and were at risk of ill health were monitored. The registered manager told us all people who had lost weight had been referred to the district nurse, dietician, or GP and had been provided with high calorie meal supplements if needed. Staff told us if people did not eat their meal they would ask the cook to prepare something different. We spoke with the cook who told us they were able to provide alternatives to the daily menu if someone wanted something different. The cook also told us, "I have got a list in the kitchen of people encouraged to eat snacks. I will cook little sausage rolls and pork pies so they have always got something to eat."

People and visitors told us health professionals were contacted and visited when needed. They told us, "The doctor was called because [person] fell in the corridor, he came very quickly. The chiropodist comes every two months." "When [person] had an abscess they called the doctor quickly and informed me." Staff told us a dentist, optician and GP visited the home when needed to see those people needing healthcare support. One staff member told us an audiologist was visiting to help fit a new hearing aid for someone as they had been unable to do this during a hospital appointment.

A health professional visiting the home told us the staff were very good at taking on board the advice they gave and people always looked well cared for.

Good

Is the service caring?

Our findings

We asked people and visitors if the staff were caring. One person told us, “They look after me very well.” Visitors told us, “They are absolutely marvellous; I don’t know how they do it. They are always very pleasant.” “On the whole it’s very good. They treat [person] with kindness, even other residents who are quite challenging.”

All staff spoken with were keen to tell us their views on the importance of caring for people. One staff member said, “If my mum or dad had dementia I would be happy for them to come here, it’s like being at home.” We saw one person was visibly distressed because they had just had a wash which they did not like. A staff member encouraged the person to sit down with them and have a hot chocolate which was their favourite drink. They knew this person liked to take notes and suggested they took notes at the staff handover meeting (The person lacked capacity and would not have been able to understand the information being handed over). The person stayed with staff during the handover and became calmer.

We saw some staff were caring towards people but there were times when staff did not acknowledge people or speak with them so they did not become socially isolated. For example, we saw eleven people in one lounge sitting for long periods of time with very little staff interaction or activity. In another lounge we saw three staff walk into the lounge without acknowledging or speaking with the five people sitting there.

We saw one person who we were told could present with behaviours that challenged staff, sitting in the lounge for most of the day. There were times when they demanded staff attention and staff gave this by offering frequent reassurance so they did not become anxious.

People told us they were involved in some decisions, where they were able, about their care and visitors told us staff kept them informed about any information of concern or contact with health professionals. One person told us, “I get up and go to bed myself, not sure if I could stay in bed. I am not told to go to bed, I go when I want to. They ask me if I want to have a shower, they don’t make me.” Visitors told us, “[Person] wasn’t well and staff told me they called the GP.”

People and visitors told us staff were respectful when supporting people. Visitors told us, “They always treat [person] with complete respect, I see they treat others the same.” “From what I have seen the staff are very caring and treat [person] in a very respectful way.” “[Person’s] clothes are changed all the time, [person] is always clean.”

Staff understood how to provide personal care whilst respecting people’s dignity and privacy. They told us, “I would ask if they wanted to wash their personal areas or whether they would prefer me to help.” “I would make sure the door was shut and the curtains were shut and explain throughout the process what was happening.”

We saw staff were respectful when talking with people, for example they addressed people by their preferred name and spoke with people quietly when asking them if they needed assistance with personal care. We saw one person being moved using a hoist. Staff spoke with the person to tell them what would happen next so they were reassured and covered the person to maintain their dignity.

Requires Improvement

Is the service responsive?

Our findings

Some people told us they were not always involved in planning their care although staff told us they did involve people. People we spoke with told us, “They just tell me what’s needed, we don’t discuss it. They never show me my records or anything.” “No they don’t involve me in anything.” This information suggested some people wanted more input into how their care was managed. Records showed relatives sometimes had input into the initial planning of people’s care and in making specific health decisions about people’s care. A visitor who had been involved in their relative’s care told us, “When we first came we went through everything with the manager. We signed a lot of things; I think we have copies of it all.”

Social activities were provided but these were not always person centred in accordance with people’s wishes, interests and hobbies. For example, we were told about one person who suffered from anxiety and it had been identified that social activities helped to manage this. When we looked at their care records we saw their access to social activities was limited. A person we spoke with about social activities told us, “I don’t do anything much here but they have people who come in and do sing-a-longs, we all join in.” A visitor told us, “I don’t know if they have ever encouraged [person] to sing or given [person] choices. I have never seen them do that. The music they play is not linked to their age group, it’s on a radio station.” Another visitor told us their relative did have interests and used to do them in their previous home but not at this home.

The registered manager told us there was no activities co-ordinator employed at the home because the administrator planned them and care staff provided these in accordance with the ‘planner’ on display. Activities we saw take place included two people completing a crossword with a staff member and a small group of people colouring pictures in the morning. In the afternoon there was a musical entertainer and which people appeared to enjoy, a few got up to dance with staff. Others joined in by doing hand movements and singing to the music. We were told by people, visitors and staff there was not a lot of activity outside the home and it was felt some would benefit from this.

People told us they knew how to raise concerns with staff members or the manager if they needed to and felt at ease to be able to raise complaints. Information about how to make a complaint was clearly displayed around the home. We saw complaints had been clearly documented, investigated and responded to. Records showed whether or not the complainant was happy with the outcome. We saw issues that were raised in complaints were discussed at staff meetings so that staff could learn from them.

Good

Is the service well-led?

Our findings

Some people and visitors told us they had an opportunity to be involved in the home by attending 'resident' meetings or completing quality questionnaires about the care and services provided. One visitor told us, "I did a questionnaire about four months ago. I noticed they put my views on their website. Everything works so well, we haven't had any opinions because it works so well." Another stated, "Quite involved. We know the manager, we have had meetings with her." A person we spoke with told us, "I think they have resident meetings, I don't go. Never had a questionnaire."

We saw there had been a recent visitor's quality survey and eight forms had been returned. They contained positive comments including, "I am more than happy with the care given to my mother." "Very happy with the care my aunty receives. She has become alive again. Always looks clean and happy and cared for. It's lovely to hear her laughing again." Where negative comments had been made in quality surveys, we saw action points from these had been discussed at staff meetings. Staff were given an opportunity to learn about concerns and make improvements to try and prevent them happening again. A catering survey had been completed in January 2015 where people had been asked their opinions of the food provided. All of these contained positive comments.

There was a registered manager and a deputy manager to support her in the running of the home. The manager was open with us about the challenges she faced to make sure the home continued to run effectively such as the challenges of ensuring staff worked together as a team to complete their work.

Staff felt they were well supported in their role. They told us, "We get a lot of support from [manager]." "Team leaders are very helpful, if I have a problem, I inform a senior, I can't fault them." "The care here is very good, it's improved massively and management have made the improvement. Standards have improved. They've employed the right people. Management will follow through, they will discipline people. If you go to management about staff they would keep it confidential." "Management is OK, if you need to speak with them, they are always here."

Care staff confirmed their performance and development was discussed in supervision meetings. Staff were also regularly observed by senior staff to identify if there were any concerns or training needs regarding their actions, behaviours or practices. The manager told us any concerns identified were discussed with staff in their supervision meetings so that actions could be agreed on what support they needed to address the concerns.

An operations manager was at the home on the day of our visit and confirmed they visited the home on a regular basis. They made checks to make sure staff were working to the policies and procedures as required by the provider. The manager's leadership skills were also checked to make sure she was supportive, transparent and fair in her decision making. These checks helped to ensure people received a good quality service. In addition, we were told the managing director visited on a monthly basis and completed a walk around the home to identify any areas needing improvement. Records confirmed this and detailed actions needed to make improvements. During one visit they had noted one of the showers was not working. Action had been taken for this to be replaced. The provider played an active role in quality assurance and ensured the service continuously improved.

We noted that the provider has signed up to the "Dementia Pledge" to demonstrate a commitment to providing excellent dementia care. This commitment requires the provider to develop their workforce to understand dementia and adapt services provided to meet the needs of people living with dementia such as the provision of person centred care. This meant the provider had considered how the care and services provided to people with dementia could be further improved.