

Knowle Care Home Limited

# The Knowle Care Home

## Inspection report

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14 April 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Knowle Care Home provides personal care and accommodation, in the Ashton area of Preston, for up to 32 people, some of whom are living with dementia. At the time of inspection there were 28 people living in the home. Accommodation is provided in single rooms over two floors. There is a lift for access. There are a variety of communal areas and an enclosed courtyard and gardens outside.

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

Risk management needed to improve in relation to; falls monitoring, record keeping and the cleanliness of some staff areas. We have identified a breach of the regulations in relation to mitigating the risks of falls. We have made recommendations about record keeping and cleanliness of some staff areas in the report.

People were supported by trained staff who were caring and compassionate. Enough staff were in place to maintain people's safety, the manager had already identified this could be improved by introducing an additional shift over teatime and the early evening.

People received their medicines from trained staff who had their competencies checked by management.

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.

The manager, who had only been in post for a short time, had begun to embed improvements to care quality and record keeping. The manager and staff helped ensure people were involved and their voices heard. People had found some reorganisation of communal areas had added value to their home and created more space and social opportunities.

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.

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

Rating at the last inspection

The last rating for this service was good, published (8 December 2020). At this inspection the overall rating has deteriorated to requires improvement.

Why we inspected

We received concerns in relation to the management of medicines, moving and handling, nutritional needs and maintaining people's dignity. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from

these concerns. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# The Knowle Care Home

## 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 Care Act 2014.

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 completed by one inspector.

#### Service and service type

The Knowle is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who had applied to be registered with CQC. At the time of this inspection the manager was on leave. The inspection was supported by the provider's head of care and a quality control manager. We spoke with the manager on their return to discuss the findings of our inspection and seek their feedback.

#### Notice of inspection

This inspection took place on 13 and 14 April 2022, and 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the care manager and the operations manager. We spoke with three care staff and sought the views of six other staff using questionnaires. We consulted with the relatives of four people. We walked around the building and looked at communal areas, bathrooms and toilets and some bedrooms. We reviewed a range of records including, everyone's medicine records and the care records of four people. We looked at the homes fire safety, maintenance and equipment records. We looked at policies and procedures and the homes auditing and governance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk management plans had been reviewed and appropriate referrals made on a regular basis. However, falls records showed 50% of falls people had were only discovered by staff on routine checks. This meant on some occasions people may have been on the floor for up to two hours which indicated a need for more fall sensors. We discussed this with the care manager who said the majority of people did not have falls sensors because they had sensors on bedroom doors, however these would only be activated if the person opened the door.
- Two people who had recently fallen were reported to be having hourly observations, but we found no record of the hourly observations either on paper or in the electronic system. There was no evidence of harm, however the operations manager acknowledged staff needed support to be more vigilant in using the care record system. We were not assured the risks associated with falls had been mitigated.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found occasions when electronic care records had not reflected care provided. One person was recorded as being supported to get up and ready for the day, but we found they were still in bed three hours after the entry in the records. There was no evidence of harm, however the operations manager acknowledged staff needed support to be more vigilant in using the care record system.

We recommend the provider follows best practice guidance in relation to contemporaneous record keeping.

- The provider ensured people living in the home were supported to manage other risks in their daily lives. Risk assessments in care records included; skin integrity, nutritional needs, choking and oral health. There were suitable risk management plans in place.
- The provider ensured environmental risks were identified and mitigated. Records showed fire safety, electrical and gas supplies and equipment including hoists had been regularly serviced and, where required, up to date certificates were in place.

Preventing and controlling infection

- The corridor outside the kitchen, accessible to staff only, was very dirty and needed cleaning, a door from the outside leading back to the kitchen area was unpainted and very dirty. The trolley used to take drinks to people was worn through and chipboard was visible. Pans in the kitchen were very soiled on the outside. These issues presented a risk of infection or cross contamination. We discussed this with the manager who

reviewed these areas and confirmed they would be addressed.

We recommend the provider reviews all the areas staff access and ensures these meet appropriate standards of hygiene.

- Communal areas of the home, bathrooms and bedrooms were clean and tidy. Relatives praised the cleanliness of the home when they visited.
- COVID-19 policies and procedures followed current guidance.
- Staff were trained in infection prevention control and we saw they used personal protective equipment, (PPE). There was PPE available throughout the home and disposal facilities were good.
- The provider ensured, testing of staff and people living in the home was completed in line with guidance.
- The providers policy on visiting reflected guidance and helped protect people from the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear policies and procedures to help protect people from the risk of abuse and avoidable harm.
- Staff had received training and understood how to recognise potential abuse. Staff were able to describe how they would raise any concerns both within the home or with the local authority.
- Safeguarding records were maintained, and safeguarding matters had been raised with the local authority when required, and notified to CQC.

Using medicines safely

- The providers medicine management policies and procedures were robust and understood by staff. Staff responsible for administering medicines had been trained and their competencies checked.
- People received their medicines as prescribed. Medicine administration records (MAR) had been completed properly. Any gaps in signing had been identified by the providers audits and acted on. There was a medicine error file to ensure all errors could be identified and lessons learned applied.
- Some people had medicines prescribed to be administered before food. Staff told us how they ensured they met this requirement but did not record the time they had given the medicine on the MAR. We discussed this with the manager who agreed to implement this during the inspection.

Learning lessons when things go wrong

- The provider had a system in place to analyse incidents and accidents in order to identify themes and improve practice.
- Staff had not always completed the analysis on the electronic record system. We spoke with the manager who was addressing the need for staff to fully utilise this system.

Staffing and recruitment

- Recruitment records included all necessary documentation, including pre employment checks such as disclosure and barring (DBS). This helped ensure staff were suitable to work with vulnerable people.
- The provider used a system to calculate how many staff were needed based on the levels of support people required. Rotas showed staffing had been maintained at the levels assessed. However, some staff felt it was too busy during the teatime period due to staff being stretched as they had to provide the teatime meal. The manager told us they were aware of this and planned to recruit an additional member of staff to cover this period.
- Staff appeared to have time to support people and responded to people calmly.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had an auditing system in place to check the quality of care provided, care records and the quality of the environment. We found this system had not identified issues we had found in relation to falls, we have discussed this in more detail in the safe domain of this report.
- Other audits we looked at had been completed in line with the providers timetable, areas which needed to be improved had been identified and an action plan developed to ensure this was completed in a timely way.
- A quality manager visited the home regularly to review audits and support the manager to embed improvements.

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

- The manager and provider were clear about the quality of care expected and promoted good outcomes for people living in the home. The manager had set up 'topic of the month' to encourage improved awareness about key areas of good practice for staff.
- Staff praised the manager and the positive impact they had on the home since they had arrived. Relatives were equally positive about the impact the manager had on the home.
- Feedback contained in a recent visit and view report from Health Watch included many positive comments from residents, relatives and staff about the impact of the new manager.

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

- The provider and manager understood their obligations in relation to the duty of candour. Relatives we spoke with said they had been regularly contacted and updated about any incidents involving their relations.
- The manager encouraged open communication with the team which helped promote an open culture where people could express their views.
- The manager had notified the appropriate authorities of any notifiable events; this included, CQC, public health and local authority safeguarding.

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

- The provider had systems in place to engage with stakeholders, this included; people living in the home, relatives, staff, community organisations and community-based health professionals.
- Relatives told us they felt they had been involved in decisions about their relations care and, felt confident they could approach the manager. One relative felt it would be better if staff wore name badges as they could not always remember their names. Health Watch also identified name badges as potentially beneficial. One relative felt unclear whether their relations cultural needs had been considered, though they had only recently moved into the home. The manager agreed they would address this as part of the ongoing assessment and support planning.
- The manager held regular staff meetings with staff. This helped ensure staff were involved and made aware of positive achievements as well as any areas for improvement. Meetings were minuted and the minutes were available for staff to read.
- The manager and staff had begun arranging trips out for people to support them to engage more in the local community. This included attending a coffee morning at a local church which held a dementia café.
- The provider and manager were committed to working in partnership with others, this included community-based health services, commissioners and stakeholders.

#### Continuous learning and improving care

- The manager was committed to improving care quality and supported staff to develop their knowledge and skills.

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 provider had failed to mitigate the risks associated with falls. 12 out of 19 falls people had in a 5 week period were found by staff during routine checks. Falls sensors could have alerted staff earlier.