

The Knoll Care Home Limited

The Knoll Care Home Limited

Inspection report

33 Preston Road
Yeovil
BA21 3AE
Tel: 00935 421822
Website: www.knollcarehome.co.uk

Date of inspection visit: 8 July 2015
Date of publication: 31/07/2015

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 8 July 2015

The Knoll Care Home is registered to provide accommodation and nursing care to up to 34 people. The home specialises in the care of older people. At the time of this inspection there were 31 people living at the home.

The last inspection of the home was carried out 25 February 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

People told us the registered manager was open and approachable and they would be comfortable to make a complaint or raise any worries or concerns. People were also able to share their views at care plan reviews, regular meetings and through annual satisfaction surveys.

Summary of findings

Staffing levels were kept under review and people were supported by enough well trained and competent staff to keep them safe. Staff had access to a variety of training to make sure they had the skills required to meet people's needs.

People were complimentary about the staff who assisted them. One person said "The girls are lovely with you." Another person told us "The staff are kind and gentle." Many people commented about the fun they had with the staff who supported them. One person said "We actually have lots of fun." One person who chose to spend their time in their room said "There's always someone popping in for a chat and a laugh." Throughout the day we heard lots of friendly banter and laughter. One person said they liked the home because the staff always seemed happy.

Registered nurses were always available in the home to monitor people's health needs and ensure they received effective support and treatment. People were referred to other health care professionals according to their individual needs.

People were able to make choices about all aspects of their day to day lives. Everyone we spoke with said they

were able to decide when they got up, when they went to bed and how they spent their day. Comments included; "You choose everything," "They're pretty good with choices" and "You can please yourself but they're always around to help."

People had their nutritional needs assessed and were provided with a diet that meet their needs and preferences. Drinks and snacks were available throughout the day and night. People were able to make choices about the food they ate and where they had their meals.

People were able to take part in a range of activities according to their interests. There was a timetable of organised activities and specialist workers were employed to support people to occupy their time. Some people pursued their own hobbies. There were trips out and events held at the home. There were photos around the house of activities and trips that people had taken part in including a trip to Weymouth the day before the inspection.

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.

There was sufficient numbers of staff to meet people's needs safely.

People received their medicines from registered nurses who were competent to carry out the task.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

Good



Is the service effective?

The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

Registered nurses monitored people's healthcare needs and made referrals to other healthcare professionals were appropriate.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to voice their opinions about the care they received.

Good



Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure it was in line with people's wishes and needs.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who was open and approachable.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and plan ongoing improvements.

Good



The Knoll Care Home Limited

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 inspection took place on 8 July 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally

required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 25 February 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

During the inspection we spoke with 14 people who lived at the home, six visitors and seven members of staff. Staff spoken with included trained nurses and care staff. We also spoke with the registered manager who was available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We looked at a selection of records which related to individual care and the running of the home. These included five care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us “I couldn’t feel safer. It reassuring to know there is always someone about if you need them.” Another person said “I’ve never heard a cross word here. I definitely feel safe with all the staff.” A visitor commented “I have real peace of mind knowing they are well looked after and happy here.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person told us “They always have time for a chat and a laugh.” Staff said there were usually enough staff although recent high levels of staff sickness meant that agency staff had been used more frequently. One person said “If the real staff aren’t available they get people from an agency. It’s usually the same people and they’re very good.”

Requests for assistance were responded to promptly and people said call bells were always answered quickly when they rang for help. During the inspection visit we did not hear call bells ringing for extended periods of time which showed people received assistance in a timely manner when they requested it. One person said “I don’t ring the bell that often but if I do they come trotting along in minutes.”

Staffing levels were regularly monitored and adjusted to make sure they continued to meet the needs of people. The registered manager used a recognised dependency tool to identify the staffing levels required to support people safely. The registered manager explained that the dependency levels of people had recently increased and in response to this additional staff had been employed. This would mean that additional staff would be available on each shift to ensure people continued to receive the support they needed.

Risks of abuse to people were minimised because the provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered manager.

Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us they had in the past reported some concerns to more senior staff and had been very happy with how their concerns had been dealt with. They said “When I raised an issue action was taken immediately.”

Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Staff carried out risk assessments to enable people to take part in activities with minimum risk to themselves and others. Staff were very aware of people’s right to take risks if they chose to do so. Staff told us they explained things to people but ultimately, if they felt people were mentally able to make the decision, then they had a right to take some risks.

One person told us they liked to go out on their own and they were aware of the measures in place to keep them safe. These measures included making sure staff were aware of when they left the building and ensuring they had medication with them if they were going to be out for a long period of time. Staff were able to tell us about these measures however we found the full risk assessment had not been recorded in their care plan.

People’s medicines were administered by registered nurses who had their competency assessed on an annual basis to make sure their practice was safe. People told us they had confidence in the registered nurses who supported them with their medicines. One person said “They know what they are doing there. You always get your medicine on time.”

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. One person said “They always offer me pain killers and it’s my choice if I want them or not.” After lunch we heard the registered nurse on duty discussing with people their need for pain relief and administering in accordance with people’s wishes. One person who was prescribed pain relief on an ‘as required’ basis was unable to verbally express their need for this. For

Is the service safe?

this person the registered nurses used the 'Abbey Pain Scale' to determine their need. This is a check designed to measure pain in people who have dementia but are unable to verbalise their needs.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that

medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The induction programme was in line with the newly introduced care certificate which meant new staff undertook training in a wide range of subjects when they began work. One person commented “Staff are very kind to you. They’ve been taught well.”

There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. Staff were extremely complimentary about the training available. One member of staff said “The training here is brilliant.” One person told us “The staff are good at what they do. I can’t fault any of them.”

Many of the care staff had completed, or were working towards, nationally recognised qualifications in care which gave them the knowledge they required to effectively care for people. In addition senior carers had undertaken training which enabled them to train other care staff in subjects such as moving and handling and care of people with dementia. To make sure people benefited from the training, senior staff carried out observed practices of other staff. This identified how learning had been put into practice.

There were always qualified nurses on duty to make sure people’s clinical needs were monitored and met. People told us they felt confident their healthcare needs were met by staff at the home or by referrals to outside healthcare professionals. One person said “Nurses always check on me to make sure I’m ok.” Another person told us “If I was uncomfortable or in pain the girls would get the nurse straight away and they’d sort it out.”

People told us they had access to healthcare professionals according to their individual needs. One person told us the staff had assisted them to attend hospital appointments and another said they arranged for a chiropodist to see them. Care and support plans contained information about appointments with healthcare professionals. These records showed people were seen by a variety of healthcare professionals to make sure they received appropriate treatment to meet their needs.

Risks to people’s physical health were minimised. Assessments had been carried out regarding people’s vulnerability to conditions such as pressure ulcers and skin damage. Where people had been assessed as high risk in any area, appropriate equipment had been put in place to minimise risks. For example one person’s assessment said they required a pressure relieving mattress on their bed and a special cushion in their chair. This equipment was in place and being used by the person.

Most people who lived in the home were able to make decisions about what care or treatment they received. During the inspection we saw a registered nurse sitting with a person explaining about a forthcoming hospital appointment. The registered nurse took time with the person and offered to answer any questions the person had to assist them to make a decision.

People were always asked for their consent before staff assisted them with any tasks. Staff asked people if they were ready to be helped and respected their decisions. One person said “No one tells you what to do. You always have a choice.”

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

One person had a number of falls and a pressure mat was in place. This was a floor mat linked to the call bell system to alert staff when the person was moving around their room. The care plan contained an assessment which showed the person did not have the mental capacity to consent to this. The staff had therefore consulted with people who knew the person well and recorded the decision as being in the person’s best interests. This demonstrated how staff worked in line with the legal requirements of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

Is the service effective?

there is no other way to look after the person safely. In response to changes in this legislation the registered manager had up dated the home's policy on the use of DoLS and made appropriate referrals to make sure people who may require this level of protection had their needs assessed.

The main meal of the day was at lunch time and we saw people were able to choose where they ate their meal. Some people choose to eat in the lounge area, some in the dining room and others in their bedrooms. One person said "I eat all my meals in my room because I like to watch the telly. Staff accommodate me." Another person said they liked to remain in a lounge chair. They told us "I think the girls appreciate that I'm comfy here. If I had to get up and go to the dining room I'd be too exhausted to eat my dinner."

People told us the quality of the food was "Alright" and "Sometimes better than others but always plenty to eat."

People also said they were able to have drinks and snacks at any time of the day or night. One person commented "You'd never starve here. You only have to mention something and they bring you drinks and food. It could be a drink before lunch or a sandwich at five in the morning." Several people told us that once a month they had fish and chips from a local fish shop and this was very much appreciated. One person said "I love it when we have fish and chips from the chip shop."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person had been seen by a speech and language therapist who had recommended the person received a soft diet. At lunchtime we noted the person received a diet in line with the recommendations. Another person told us they preferred to eat a vegetarian diet and we saw this was provided.

Is the service caring?

Our findings

People said they were supported by caring staff. Many people commented how kind the staff who assisted them were. One person said “The girls are lovely with you.” Another person told us “The staff are kind and gentle.”

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. Some people needed to be assisted with their mobility by staff using mechanical hoists. Whenever someone was assisted in this way staff explained everything that was happening and gave constant reassurance to the people they were supporting. Where people had difficulty with hearing staff sat close to them and spoke to them without raising their voice.

Many people commented about the fun they had with the staff who supported them. One person said “We actually have lots of fun.” One person who chose to spend their time in their room said “There’s always someone popping in for a chat and a laugh.” Throughout the day we heard lots of friendly banter and laughter. One person said they liked the home because the staff always seemed happy.

People had formed relationships with the staff who supported them and other people who lived at the home. Two people told us they had become firm friends as they had similar routines and enjoyed the same type of things. One of the people said “We are both early risers and not many people are. We usually have breakfast together and then spend the day together. We’ve become good friends.” Another person told us “I get on with all the carers, they seem to like chatting to me as much as I like their company. It’s a two way thing.”

Staff helped people to celebrate special occasions. The relatives of one person told us how the home had helped them to celebrate a milestone birthday. They said “The staff

were brilliant.” They told us all the arrangements for their party had been taken care of with great enthusiasm which had made it “A day to remember.” Other people told us staff always made a fuss of them on their birthdays. One person said “When it’s a special day you always get a cake and a present.”

People’s privacy was respected and people were able to choose to socialise or spend time alone. Some people said they preferred their own company and staff respected their choices. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. The majority of people chose to see visitors in the lounge which created a family type atmosphere.

People told us staff were very considerate when assisting them with personal care and they were able to choose when to have a bath or a shower. One person said “You can have a bath or a shower and they will help you. I love a bath and they never rush you.” Another person said “When they help you with the bath they are very good and always gentle. It’s not embarrassing because they are so good and make sure you’re covered up as soon as you get out.”

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Visiting relatives told us they were involved in decisions about care provided and were always able to ask questions. Where appropriate care plans had been signed by people or their relatives to show they agreed with the contents.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Everyone we spoke with said they were able to decide when they got up, when they went to bed and how they spent their day. Comments included; “You choose everything,” “They’re pretty good with choices” and “You can please yourself but they’re always around to help.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. People received written information about The Knoll Care Home so they had the information they needed to help them to make a decision about making it their home.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans contained information about people’s likes and preferences as well as their needs. This made sure people received care in a way that respected their wishes and choices. One member of staff said “We have received training in person centred care and I really feel that it is put into practice here.” Another member of staff told us “We try to keep to people’s own routines so they feel comfortable and in control.”

In addition to care plans each person had a document called “This is me.” This is a document which was designed by the Alzheimer’s Society and gives information about people’s needs, their wishes and the things that are important to them. The document can be used by other professionals, such as hospital staff, to make sure anyone caring for the person has the information they require to provide personalised care and support. Staff told us these documents were completed with people to make sure they were in full agreement with everything that was written about them. One member of staff said “We do them together. It’s time well spent. You find out what’s really important that you might not have known otherwise. It means we do things how they want them done.”

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. One member of staff said “Everyone is different we have to

adapt to each person.” People said they thought the staff knew them well and provided care that was appropriate to them. One person said “They know me very well you don’t have to constantly tell them what you want.”

The staff responded to changes in people’s needs. One person’s physical and mental health had improved greatly since living at the home and they felt ready to live in a less supported environment. The staff were working with other health and social care professionals to secure appropriate alternative accommodation.

People were able to take part in a range of activities according to their interests. There was a timetable of organised activities and specialist workers were employed to support people to occupy their time. One person said “I join in with everything. I always enjoy it.” Another person said they preferred not to socialise. They told us “They still tell me what’s going on and try to entice me to join in. They know I never will and we always have a laugh about it.” Some people pursued their own hobbies, one person enjoyed word searches and another was completing a number of distance learning courses.

There were trips out and events held at the home. There were photos around the house of activities and trips that people had taken part in including a trip to Weymouth the day before the inspection. During the inspection people were being assisted to make pottery bowls and prepare for the summer garden fete.

To assist people who wished to practice their religious faith there was a regular multi denominational service held at the home.

The registered manager sought people’s feedback and took action to address issues raised. There were regular meetings for people who lived at the home and their relatives. The registered manager had identified that the majority of people attending these meetings were relatives. They had therefore set up less formal meetings for people who lived at the home in addition to these. Minutes of meetings held were available in the home’s reception area. People felt their views were listened to and action was taken to act on suggestions where possible. One person said “They take notice of what we say at meetings.” One example of this was that several people had complained

Is the service responsive?

that the lounge area was often hot and stuffy. In response to this an air conditioning unit had been fitted in this area. One person said “It makes such a difference so much nicer to sit here now.”

Each person received a copy of the complaints policy when they moved into the home and this was also displayed in the reception area for visitors. Records seen showed that all complaints were fully investigated and responded to. Minutes of one meeting demonstrated that the registered manager had highlighted with people the importance of raising any concerns or complaints.

People told us they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said “I would complain to the manager if I had to. I’ve had nothing to complain about but I’m confident they would sort out anything.” Another person said “I always go to the manager if I’m not happy. She takes notice and gets things sorted.”

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by an open and approachable manager. Many people commented they had seen vast improvements since the current manager took up post. One visitor told us the registered manager was always ready to listen and had made numerous improvements to the home and the care provided. Staff said they felt extremely well supported and were able to make suggestions about the running of the home and the care they provided.

The provider carried out an annual survey to gauge the views of people using the service, staff and other interested parties. The last survey showed a high level of satisfaction but some comments had been received and responded to. For example relatives expressed a wish to know more about staff training and in response this was now a standing agenda item for residents and relatives meetings. One person commented that the tea trolley was often bought out before staff were available to assist people with drinks. This had been looked into and adjustments had been made to make sure people got drinks whilst they were still hot.

The registered manager told us their vision for the home was to provide a homely environment where family members continued to be fully involved in people's lives. The providers' website detailed their mission statement as "To ensure that our residents are comfortable, happy and as independent as possible." Staff told us they aimed to make everyone feel as comfortable as possible. One member of staff said "We must always remember it's their home not ours. We want everyone to feel as comfortable as possible."

Comments from people demonstrated the ethos and mission statement were being put into practice. Several people told us they felt very at home and visitors said they thought there was a friendly and homely atmosphere. One person said "I feel very at home." Another person told us "I have made it my home and have also made some good friends." We observed people were very comfortable in their environment and with staff. There was lots of chatter and all visitors were welcomed.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a clinical lead who took responsibility for the nursing care provided. There was always at least one registered nurse on duty throughout the day and night, there was also a team of senior care staff. This ensured there were always senior staff available to ensure people received appropriate care, respond to emergencies and to be available to discuss issues or concerns from people or their visitors.

Staff told us they felt very well supported and received regular supervisions and appraisals. These were an opportunity for staff to discuss their work and highlight any further training required. It was also an opportunity for any poor practice or concerns to be addressed and monitored in a confidential setting.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. One medication audit had highlighted some shortfalls and the issues identified had been addressed with registered nurses. The clinical lead told us this had led to improvements in medication recording.

There were effective systems in place to monitor people's care and well-being. For example each person was weighed on a monthly basis and the clinical lead collated all weights and identified where there were significant changes in people's individual weight. Records showed the action that had been taken where concerns were identified.

The registered manager kept their skills and knowledge up to date by on-going training and reading. At the time of the inspection they were undertaking a nationally recognised qualification in leadership. The home was a member of the Somerset Registered Care Providers Association which provides guidance and support to care services within the county.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.