

Raj & Knoll Limited

The Knoll Nursing Home

Inspection report

196 Dover Road
Walmer
Deal
Kent
CT14 7NB

Tel: 01304374679

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 18 October 2018 and was unannounced.

The Knoll 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 are looked at during the inspection. The Knoll accommodates up to 29 older people in one adapted building, which included up to 5 people who were receiving short term support and assessment as they had just come out of hospital. At the time of the inspection 25 people were living at the service.

There was a registered manager in post who was also the provider. 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 service was last inspected in March 2016 and was rated Good overall. At this inspection, we found two breaches of Regulation, the service is now rated Requires Improvement.

The registered manager was present at the service on a regular basis, but they relied on a team of staff to run the service on a day to day basis. The registered manager did not have oversight of the quality of the service. Checks and audits had been completed, however, the staff completing them did not have the knowledge to know when there were shortfalls and what action to take. The registered manager had not checked the audits staff had completed and had not been aware of the shortfalls present in the service.

Potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to mitigate the risk. People's care plans had been reviewed but they did not always reflect the care being given. Some care plans did not contain detailed guidance for staff about people's choices and preferences.

Before people moved into the service, staff completed an assessment of the person's clinical needs, using referral documents and telephone assessments from health professionals. They did not meet with the person to discuss their needs and check that the service could meet their goals, cultural and social needs.

Medicines were not managed safely. Staff had not received regular training updates, however, staff were observed working within the current guidance. Staff understood their responsibility to keep people safe, the registered manager reported any concerns to the local safeguarding authority.

Accidents and some incidents had been recorded and analysed, however, more detail was required about the action taken to reduce the risk of them happening again. Some areas of the service such as the laundry room were not clean.

Checks had been completed on the environment and equipment to keep people safe. Checks had been completed on fire equipment. Fire drills had been completed, however, staff names had not been recorded and the drills had not been reviewed to assess if any issues needed to be addressed. The Knoll had been adapted to meet people's needs, however, some areas needed refurbishment.

Staff were recruited safely, there were enough staff on duty to meet people's needs. Staff received appraisal and supervision to discuss their practice and development needs. People's health was monitored and referred to health professionals when required. Staff followed the guidance from health professionals to maintain people's health. People were supported to eat a balanced diet and lead as healthy a life as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make decisions about their care and support. Staff supported people at the end of their lives.

People had access to a variety of activities which they enjoyed. The provider had a complaints policy and any complaints received were investigated following the policy and resolved.

People were treated with kindness and respect. Staff supported people to be as independent as possible. Staff knew about people's choices and preferences including their religious needs and supported them to live the lives they wanted.

People were comfortable in the company of the registered manager and people told us the management team were approachable. The registered manager attended local forums and groups to keep up to date. The service worked with other agencies to provide joined up care for people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

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.

Potential risks to people's health and welfare had been assessed but there was not always guidance for staff to mitigate the risk.

Medicines were not managed safely.

Accidents and incidents were recorded and analysed, however, there was not always detailed information about the action taken.

Staff knew how to report concerns about abuse. The registered manager took appropriate action when concerns were raised.

Staff were recruited safely. There were sufficient staff to meet people's needs.

Some areas of the service were not clean. Checks had been completed on the environment and equipment to keep people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not meet with staff before moving to the service, people's clinical needs were assessed using referral documents from other health professionals.

Staff did not always receive training updates; however, staff were observed working within current guidelines.

Staff were working within the principles of the Mental Capacity Act 2005.

People were supported to eat a balanced diet. People were encouraged to lead as healthier life as possible.

Staff referred people to other health professionals when their needs changed.

Requires Improvement ●

The Knoll had been adapted to meet people's needs, but some areas needed refurbishment.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People were encouraged and supported to be involved in their care and support.

People were supported to be independent as possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Each person had a care plan but these did not always contain details about people's choices and preferences. Care plans did not always reflect the care being given.

People had access to activities they enjoyed.

People were supported at the end of their lives.

Complaints were recorded and investigated in line with the provider's policy. □

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Staff completed checks and audits, staff had not recognised when there were shortfalls and had not acted. The registered manager did not have oversight of the audits and these had not been effective.

People were comfortable in the company of the registered manager.

People, relatives, staff and stakeholders were asked their views on the quality of the service.

The registered manager attended local forums to keep up to date.

The service worked with other agencies to deliver joined up care.

The Knoll Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2018 and was unannounced. The inspection team consisted of one 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 asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the PIR and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or serious injury.

We spoke with 12 people living at the service and two relatives who were visiting the service. We spoke with the registered manager, operations director, clinical lead, deputy manager and three care staff. Before the inspection we had feedback from two professionals that had contact with the service.

We observed how staff spoke with and engaged with people. We looked at how people were supported throughout the inspection with their daily routines. We reviewed three care plans and risk assessments. We looked at a range of other records including medicines, checks and audits to assess and monitor the quality of the service. The provider had four services, staff were employed to work at all the services, staff records were reviewed during an inspection of another service. We did not use the Short Observational Framework for Inspection, as people were able to speak to us about their experience of living at the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service and this helped them to live their life as fully as possible. One person told us, "It makes me feel safe that someone knows where I am at all times even when I am out they know where I am going." Another person told us, "I do get help when I ask for it and that makes me feel safe." Despite these positive comments the service was not always safe.

Potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to mitigate the risks. Some people were at risk of choking, the care plans contained details about how to support people to reduce the risk. However, there was no information about how to recognise when people were choking and what action should be taken if a person was choking.

Some people displayed behaviours that may be challenging. Staff had completed some behaviour charts, with information about what had happened before, during and after an episode of behaviour. However, there was not enough detail included and the charts had not been reviewed by the nurse or senior staff. The conclusion was completed by care staff and that the behaviour was due to the person's health condition. The care plan did not contain guidance for staff about how to recognise triggers and how to manage the behaviour. Staff told us, the behaviours did not happen that often and they tried to calm the person and remove them from the communal room if needed. There was a risk that people would not be supported in a consistent way to remain safe.

When people required equipment to mobilise around the service, their needs had been assessed. However, the guidance available to staff did not contain all the information needed for staff to be able to move people safely. Care plans stated that a hoist and sling should be used with the size of the sling, but the type of sling and how to position it were not available. Staff told us what slings they used and we observed people being moved safely.

Medicines were not managed safely. Some people had 'when required' medicines such as pain relief and medicines for anxiety. There was no guidance for staff about when to give the medicine, how often and what dosage to give. There was a risk that without guidance the person would not receive the medicine when they needed it.

Most medicines prescribed were ordered and received by the service on a 28 day basis. The medicines received into the service had not always been recorded accurately. One person was prescribed Sodium Valporate 200mg, to treat epilepsy, two tablets in the morning and one in the evening. Staff had recorded that they had received 84 tablets on 30 September 2018. During the inspection there should have been 31 tablets left, however, there were 90 tablets available. When checked, the full box of medicine had not been dispensed until 15 October 2018 and the stock medicines had not been recorded. We were not able to check if the person had received their medicine as prescribed.

When medicines are not prescribed regularly, a stock should be kept by the service. This stock should be counted and recorded to inform staff when additional stock needs to be ordered. One person was

prescribed thickening powder, there was no record of stock being received, the deputy manager confirmed there was none in stock for that person and other people's stock was being used.

Some medicine instructions had been hand written on the medicines administration record. These instructions should be signed by two staff to confirm the instructions are correct, staff had not followed this practice. Medicines stored in bottles are effective for a limited amount of time following the bottle being opened. It is good practice for the opening date to be recorded on the bottle so staff know when the medicine should no longer be used. Staff had not followed this practice, there were no opening dates on the bottles.

The registered person had failed to do all that is reasonably practical to mitigate risk and ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The communal areas and people's rooms appeared clean and odour free. The laundry was a small room at the back of the building. The area was not clean, the windows had cobwebs over them and the floor had not been swept. Both clean and dirty laundry was kept in the room. We discussed this with the clinical lead, if it was acceptable that people's clean clothes were not kept in a clean environment. They agreed that the laundry area needed to be cleaned. We will check this on our next inspection. Staff had access to gloves and aprons and during the inspection, staff used these appropriately.

Accidents and some incidents had been recorded and analysed to identify patterns, but there was little detail about the actions taken. People had been referred to health professionals when they had fallen.

Checks had been completed on the environment and equipment to keep people safe. Regular checks were completed on the fire equipment and each person had a personal emergency evacuation plan, with information about how to evacuate them safely in an emergency. Fire drills had been documented but the staff attending had not been recorded and there was no record that a drill had been completed at night. The management team had not recorded if the drill had been successful or if any improvements were needed.

Staff understood their responsibilities to keep people safe and protect them from abuse. Staff described how they would identify types of abuse and the action they would take. Staff told us they were confident that the registered manager would take appropriate action if they reported concerns. Staff were aware of the whistle blowing policy and felt confident to whistle blow when needed. Safeguarding concerns had been raised with the local authority, however, the documentation was difficult to follow and not complete. There was no information about the investigation and what action had been taken following the safeguarding.

Staff were recruited safely. Checks had been completed to make sure staff were honest, trustworthy and reliable. These checks included a full employment history, photo identification and written references. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were sufficient staff on duty to meet people's needs. The registered manager used a dependency tool to calculate how many staff were needed. People told us that staff were available when they needed them. We observed staff being available to support people when they needed it and call bells were answered promptly.

Is the service effective?

Our findings

People told us that they enjoyed the food available and could make their own decisions. One person told us, "I can decide when I want to eat with others or eat in my room." Another told us, "There is plenty of food, sometimes too much."

An assessment was completed before people moved into the service. We reviewed the provider's pre-admission policy. The policy stated that 'A meeting with the prospective resident, preferably in the form of a visit will be arranged.' Also, 'We will discuss this issue with prospective resident and relatives or care manager as appropriate.' The registered manager was not working within the policy. The clinical lead told us they would review the policy to reflect the assessment process they followed.

Staff did not meet with people before they moved into the service. An assessment was completed by using written information from other health professionals and a telephone assessment with staff providing care to the person. Staff only met with the person if they had needs such as behaviours that challenge. The clinical lead told us that the service had a good working relationship with the hospital and other health professionals. They felt they received appropriate information that meant they could meet people's needs. The assessment did cover people's physical, emotional and social needs, but this was from the prospective of the professionals. Following admission to the service, people's needs were assessed using recognised tools and following current guidelines.

Staff told us that they received training appropriate to their role. The training matrix supplied by the registered manager showed that staff had not received refresher training regularly. The clinical lead told us that a new system of training had recently started. Staff received a mixture of online and face to face training, some staff had attended practical moving and handling training recently. Staff had been supported to complete vocational qualifications, these qualifications were competency based. Staff described to us how they put their training into practice to support people. We observed staff moving people safely and giving people choices.

New staff received an induction, they completed a training booklet and online training to meet the requirements of the Care Certificate. The Care Certificate is a set of standards that care workers are expected to adhere too. Staff worked with more experienced staff to learn about people's choices and preferences. Staff told us that they only supported people by themselves when they had been assessed as competent.

Staff received regular supervision and appraisal to discuss their practice and development. Staff told us they felt supported by the management team and could discuss any work or personal concerns they may have.

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 as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

The registered manager had applied for DoLS authorisations when appropriate and these had been authorised. There was a system in place to identify when the authorisations were coming to an end, and had made applications in a timely manner. Staff supported people to make decisions about their day to day lives, what they wanted to wear and how to spend their time. When decisions had been made in people's best interests these were recorded and involved staff, relatives and professionals who knew the person well.

People were encouraged to eat a balanced diet. People had a choice of meals and they told us if they wanted something different this would be cooked for them. People were offered drinks and snacks throughout the day. The kitchen staff were aware of people's likes and dislikes and any special diets for religious or cultural reasons. We observed a lunch time meal, the food looked appetising and was hot. Staff provided support when people needed it, they were patient and enabled people to eat at their own pace.

Staff monitored people's health and weight, if there were any changes they referred people to the appropriate health professional. When people had lost weight, they were referred to the dietician and when people had difficulty swallowing they were referred to the Speech and Language Therapist to be assessed. Staff followed the guidance from health professionals, people were eating and drinking safely and were gaining weight. People told us they were referred to the GP when they were unwell. People were supported to attend hospital appointments, a person attended an appointment during the inspection.

People were supported to be as active as possible. People were encouraged to walk around the service and keep active. During the inspection, we observed people taking part in armchair exercises and a game of catch.

The Knoll had been adapted to meet people's needs. There was a lift so people could access all the floors of the building. There were adapted bathrooms available, however, these had not been updated and the room was not very welcoming for people. We discussed the decoration of the bathrooms and how people's bathing experiences could be improved with the clinical lead. They told us this was an area they were going to improve.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I am very well cared for which in turn makes me happy." Another person told us, "The girls are wonderful they are kind and caring."

People were supported to be as independent as possible. People were encouraged to walk with aids when needed. Staff spent time with people while they walked, offering words of encouragement and giving assistance when needed. People used plate guards and special cutlery to be able to eat independently. Staff could describe how they supported people to be independent. Staff knew people well and understood that keeping people as independent as possible enhanced their feeling of wellbeing.

People told us that staff supported them with their cultural and spiritual needs. Staff knew when people followed a religion and knew how to support them. One person told us, "We have communion every Sunday and that is most reassuring for me."

People were addressed in the way they preferred. We observed staff knocking on people's doors and waiting to be asked in. Staff sat and chatted with people, their conversations showed that people and staff knew each other well and were interested in each other. Staff spoke to people with kindness and compassion, one person was attending a hospital appointment and was quite anxious. Staff spent time with them, offering reassurance, the person was smiling and thanked staff for taking their mind off the appointment.

People's bedrooms had been personalised, people had photos and ornaments that were special to them. Relatives told us that they could visit at any time and were always made to feel welcome.

People were involved as much as possible in decisions about their care. Some people had signed their care plans to say they agreed with them. When people made decisions about their care staff respected those decisions.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. They provided information in picture form such as menus and meetings.

Is the service responsive?

Our findings

People told us that they enjoyed the activities available. One person told us, "I do look forward to the activities and I will always join in whatever is happening." Another told us, "I always go down when I know they have the singers here and that is quite a party."

Each person had a care plan that covered all aspects of their care and support. However, not all care plans included details about people's choices and preferences and did not always reflect the care that was being given.

Care plans were reviewed regularly, some care plans contained detailed information about the behaviour they might display such as punching and trying to bite staff. There was no detailed guidance about how staff should manage these behaviours. Another person had a care plan around epilepsy, but there was no information about the type of seizures they may have and how these might present. These care plans had been written in June 2018. We discussed the lack of guidance for staff with the clinical lead, they told us that the people in question had not displayed the behaviours or experienced any seizures recently. Staff confirmed that people had not experienced seizures or displayed any behaviours recently. The care plan did not reflect the care being given or people's current needs.

When people had wounds, these were managed by the nurses. A record of treatment was used but the progress of the wound had not been recorded accurately. Local Clinical Commissioning Group (CCG) guidelines state that when photographs are taken a tape measure should be used to show the size of the wound, although photographs had been taken a tape measure had not been used. Between dressing changes, the only information available to assess the wound are written records. The management of the wound may affect the needs of the person and the information available to health professionals should be accurate to enable an accurate assessment of people's needs.

The registered person had failed to maintain accurate, complete and contemporaneous record in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care plans contained details about people's choices and preferences. This included when they liked to get up and go to bed and how they liked to be supported when getting washed and dressed.

People were supported at the end of their life. People were asked about their end of life wishes and these were recorded, some people had declined to discuss their wishes and this was respected. Staff had received training in palliative care and nurses could support people with the administration of medicines to keep them comfortable. Staff liaised with the GP and other health professionals to ensure people's needs were met. Staff made sure that people's prescribed medicines were available when people needed them.

People had access to activities. There was an activities organiser, who identified what people enjoyed and organised activities. During the inspection, we observed people taking part in chair exercises and bingo.

People were encouraged to be involved during the bingo by taking part in calling the numbers. People told us they really enjoyed arts and crafts, there were samples of their work including match stick models on display in the lounge.

People told us they were comfortable raising concerns and complaints, though they rarely had any complaints. The provider had a complaints policy and this was displayed in the service. Complaints, including verbal complaints, had been recorded and investigated in line with the provider's policy to the complainant's satisfaction. Action plans had been put in place to show the action taken to resolve the complaint.

Is the service well-led?

Our findings

People told us they thought the service was well led and the registered manager was approachable. One person told us, "It is good and if we want to talk to the manager or someone in charge we just have to ask." Another told us, "I like to keep up to date with everything going on around me so I do make sure I catch the manager for a chat now and then." Despite these positive comments, the service was not always well led.

Checks and audits had been completed on the quality of the service, however, these had not been effective in improving the service. Staff had completed checks on medicines and care plans, however, these had not identified the shortfalls found at this inspection. Audits consisted of questions that needed to be answered yes or no, for example, does the person have a mobility care plan. The answer was yes, however, this did not identify that there was not enough guidance for staff to move people safely.

The audits had not identified the shortfalls in medicines management. It had not been identified that staff were not recording stock accurately and therefore it was not possible to check if people were receiving their medicines as prescribed. Some incidents had not been analysed to identify triggers, patterns and trends.

The registered manager is also the provider, they were present at the service regularly. They were also the registered manager and provider for three other local services. The registered manager had a team of staff who were responsible for the day to day running of the service. The registered manager lacked oversight of the checks and audits that were being completed. They had not assessed if the staff completing the audits had the skills and knowledge to recognise shortfalls and act to rectify them. The registered manager did not have oversight of the audits and had not identified and acted on shortfalls.

The registered person had failed to assess, monitor and improve the quality of the service and risks relating to safety and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, people recognised the registered manager and were comfortable in their company. People and staff told us the registered manager was approachable and there was an open culture within the service.

Staff understood their roles and responsibilities. The service supported people who were at the service for short term support and assessment by health professionals. Staff told us their aim was to encourage people to improve and develop. Staff worked with health professionals to achieve the best possible outcomes for people, including returning home and moving to other services.

People, relatives, stakeholders and staff had been asked their opinion on the quality of the service. There were regular resident meetings where people were reminded how to report concerns and what would happen in the case of a fire. People had expressed concern about clothing going missing, the next meeting confirmed that people were happy with the action that had been taken to resolve the issue. Regular staff meetings were held for staff across all the provider's services, they were reminded about good practice and

any concerns people had raised.

The registered manager attended local forums and groups to keep up to date with changes. The service worked with other agencies and healthcare professionals, to provide joined up care, including the clinical commissioning group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

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
Treatment of disease, disorder or injury	The registered person had failed to do all that is reasonably practical to mitigate risk and ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to maintain accurate, complete and contemporaneous records in respect of each person. The registered person had failed to assess, monitor and improve the quality of the service and risks relating to safety and welfare of people.