

Alan Coggins Limited

# Knyveton Hall Rest Home

## Inspection report

34 Knyveton Road  
Bournemouth  
Dorset  
BH1 3QR

Tel: 01202557671

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This was an unannounced comprehensive inspection that took place on 1 and 2 September 2016. At the last inspection completed in April 2015 the provider was compliant with the regulations and quality but we recommended some improvements.

Knyveton Lodge provides accommodation, care and nursing for up to 39 older people, some of whom were living with early stages of dementia in a homely environment. At the time of the inspection there were 35 people living at the home.

There was a registered manager at the home at the time of the inspection. 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, relatives and staff were very positive about the standards of care provided at the home saying people were treated compassionately as individuals.

The staff were knowledgeable about people's needs.

Staff had been trained in safeguarding adults and were aware of how to make safeguarding referrals.

Risk assessments had been completed to make sure that care and support was delivered safely with action taken to minimise identified hazards. Accidents and incidents were monitored to look for any trends where action could be taken to reduce chance of such accidents recurring.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home. The home had a longstanding, loyal staff team who had worked at the home for many years.

Medicines were ordered, stored, administered and disposed of safely but there was improvement required concerning the recording and management of controlled drugs.

The staff team were both knowledgeable and well trained and there were induction systems in place for new staff.

There were good communication systems in place to make sure that staff were kept up to date with any changes in people's routines requirements.

Staff were supported through supervision sessions with a line manager and an annual performance review.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs.

People's care needs had been assessed and care plans put in place to inform staff of how to care for people. The plans were person centred and covered people's overall needs. However, the plans we looked at in depth were not all up to date and some improvement was needed.

There was a programme of activities to keep people occupied and engaged.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

The home was well-led with a positive, open culture with staff.

There were systems in place to audit and monitor the quality of service provided to people.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service is safe.

Staff could recognise abuse and knew how to report concerns appropriately.

There were sufficient staff to ensure people's needs were met.

Medicines were generally managed safely but improvements were required with regards recording and management of the controlled drugs register..

### Is the service effective?

Good 

The service was effective.

Staff received regular training, supervision and appraisals and were well-supported to carry out their role.

The service was compliant with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink so that their dietary needs were met.

### Is the service caring?

Good 

The service was caring.

The staff team demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

### Is the service responsive?

Good 

The service was responsive.

People's care and support needs had been assessed.

Individual care plans had been developed for people that were

accurate and but improvements was needed in keeping all records up to date..

There was a well-publicised complaints procedure

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager and management team provided leadership.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were auditing systems in place to seek improvement in the running of the home.

# Knyveton Hall Rest Home

## Detailed findings

### Background to this inspection

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

Before the inspection, the provider completed a Provider 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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department about the service provided to people at Knyveton Hall.

This inspection took place on 1 and 2 September 2016 and was unannounced. Two inspectors carried out the inspection over both days. We met with the majority of people living at the home and spoke with eight people who were able to tell us about their experience of living at the home.

The management team, consisting of the registered manager, the deputy manager and sister of the registered manager, assisted us throughout the inspection. We spoke with seven members of staff, visiting relatives and district nurses who were attending the home on one of the inspection days.

We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Knyveton Hall.

# Is the service safe?

## Our findings

People generally had positive things to say about the care and support they received at Knyveton Hall. No one had any concerns about their safety. One person told us, "I don't ever feel worried; I take life as it comes", they went on to tell us; "I can't put my finger on a fault".

The provider had systems to make sure that medicines were managed safely; however, improvements were required in relation to the recording and management of controlled drugs.

One of the senior staff had delegated responsibility to manage the ordering of medicines, checking in medicines received from the pharmacist and auditing regularly auditing medicines held in the home. The auditing of the controlled drugs register had, however, failed to resolve recording errors in the controlled drugs register. These included medicines returned to the pharmacist but still recorded as being held in the home and incorrect balances of medicines held. These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other respects the home was compliant with regards to the management of medicines. The staff responsible for administration of medicines had received training in safe medication administration and had also had their competency assessed.

Medication administration records showed people received the medicines prescribed by their GP. There was a system for recording of prescribed creams administered by care staff. Information about any allergies people had to any medicines was recorded at the front of their records together with a photograph of the person. Where a variable dose of a medicine had been prescribed, the number of tablets given was recorded. One person was having their medicines administered covertly and there was a record of authorisation from their GP and the pharmacist that this was both safe and in the best interest of the person.

The home had adequate storage facilities for medicines and these were stored in an orderly way. There was a small fridge for storing medicines that required refrigeration and records were maintained daily of the temperature. It was agreed that the maximum/minimum temperature range would be recorded.

People were protected from abuse and avoidable harm as staff had been trained in safeguarding adults and people's care and support was overall well managed. Information about safeguarding adults was displayed around the home, should staff need to refer to this information for guidance. Records showed that staff had received initial safeguarding training followed by regular update training. The staff we spoke with confirmed they had received safeguarding adults training and were aware of how to report any concerns.

The provider had systems to ensure risks were minimised in delivering people's care. Risk assessments had been completed for identified risk areas commonly associated with the care of older people such as malnutrition, falls, mobility and skin care. Overall, the assessments were up to date but there were some that had not been reviewed and updated. For example, one person's skin care assessment had not been

updated since February 2016 at a time when the assessment determined that the person was at high risk of skin breakdown.

People who had bedrails in place to prevent their falling from bed had a risk assessment on file to make sure that the rails were fitted correctly to minimise risk.

People had personal evacuation plans recorded within their care.

The provider monitored accidents and incidents that occurred in the home looking for any trend or hazard where action could be taken to reduce further such occurrences.

The premises had been risk assessed to minimise potential hazards that could cause harm to people. At the last inspection we identified that two radiators that posed a risk to people had not been covered. These and other radiators were covered to protect people from hot surfaces. Window restrictors were fitted to windows above the ground floor to prevent accidents and thermostatic mixer valves on the hot water outlets of baths fitted to protect people from scalding water. Portable electrical equipment had been tested to make sure equipment was safe to use.

The fire safety system had been tested and inspected to the required timescale and a fire risk assessment had been carried out. The provider showed us certificates verifying that the boilers, the lift, electrical wiring and water systems were safe. The home employed a maintenance worker and there were systems to make sure any issues reported were followed up.

The home had systems in place to make sure equipment and systems were serviced and maintained. The fire log book showed that tests and checks of the fire safety systems were carried out to the required timescale. Portable electrical equipment had been tested, the water systems checked for risks from Legionella, the boilers serviced and the electrical wiring tested. The home had a current certificate for employer's liability insurance .

People and the staff we spoke with said that staffing levels were sufficient to meet the needs of people accommodated. There was a core of longstanding staff in post so that people received care from the consistent staff team. At the time of inspection between 7.30am and 2.00pm, there were eight care staff on duty; between 2.00pm and 9.00pm seven care staff. During the night time period there were two awake members of staff on duty.

Staff recruitment procedures were in place and being followed so that all the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to references checks and interview. A check had also been made against the register of people barred from working in positions of care.



# Is the service effective?

## Our findings

People told us that their care and support were met by the staff. One person told us, "I have never had to raise any concerns", and another person, when asked about their care and support, said, "Everything is okay here".

Staff we spoke with were all satisfied with the levels of training provided and said that the deputy manager arranged update training as required. Records showed there was effective monitoring of people's training needs with update training for staff in October 2016. Core training included safeguarding adults, infection control, health and safety, moving and handling, and medication administration for those staff who administered medicines.

New staff received induction, undertaking the Care Certificate, the industry standard for inducting new staff. This was confirmed by staff we spoke with.

Staff felt well supported by the registered manager and deputy manager of the service. They also told us that they received regular one to one support through supervision sessions and an annual appraisal to review their knowledge and skills. Records of the staff whose recruitment records we checked showed staff received one to one supervision in line with the home's policy.

There was a system to make sure that the requirements of the Deprivation of Liberty Safeguards (DoLS) were met. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. One of the senior staff had been given delegated responsibility for making applications to the local authority for people they believed were at risk of being deprived of their liberty and to monitor if any conditions were met. One person who was subject to a DoLS had had a condition attached to this authorisation for them to be taken out of the home. This person's health had deteriorated to the point that they now spent most of the time in bed. Furniture had been rearranged so that the person could look out into the garden and a special chair was being bought, following assessment by an occupational therapist, so that the person could be taken from their room.

People told us that their consent was always about how they were looked after and we saw interactions between staff and people where staff talked with people about how they wish to be supported before assisting them.

Where people lacked the mental capacity to make specific decisions a mental capacity assessment had been completed. We also saw examples of 'best interests' decisions made with those people who had been involved in coming to the decision.

People were generally very complimentary about the standards of food provided in the home. Examples of comments included, "Lovely meals", "The food is getting better", and "Overall, it is very good".

We observed part of the lunchtime period on one of the days of the inspection. The majority of people had

their meal in the dining room but some chose to have their meal in their room and one person chose to eat in the lounge. People were assisted appropriately and the mealtime looked a positive experience for people.

A nutritional assessment had been completed with each person and care plans informed staff of any assistance a person required. People's weight was monitored each month and action taken if people lost weight, such as the fortifying of meals and drinks or a referral to their GP.

People were registered with a GP and appointments made when people needed to see a doctor. District nurses were visiting the home each day and they reported good working relationships with the home. People's care records showed they were supported to receive chiropody, dentistry and other health care as required.

## Is the service caring?

### Our findings

People were generally complimentary about the staff team. One person, who was attending the home for respite care, told us. "Everybody is friendly.....I feel I have had a bit of a break." Another person told us of their relative's care. "The staff are absolutely marvellous, He's done very well since being here. He is happy."

Throughout the inspection we observed positive and caring interactions between people and staff. For example, one person was having a coughing attack in the dining room. Staff were swift to intervene and very supportive of the person putting them at ease and reassuring them.

Staff listened to what people were saying to them and responded promptly. Staff spoke about people in a way that demonstrated respect for them including referring to people by their preferred form of address. We also observed that staff respected people's privacy, knocking on bedroom doors before entering and ensuring doors were closed when providing people with personal care.

Relatives told us that they could visit at any time and were always made to feel welcome. They told us that a long standing core team meant that the staff knew people as individuals and also their needs.

## Is the service responsive?

### Our findings

People received the personalised care that they needed.

The home had a procedure of assessing people's needs before being admitted to the home, to make sure that people's needs could be met. We identified an area of risk with the deputy manager with respect to respite care. Over recent months a higher proportion of people requiring respite care had been admitted, which had put strain on management through assessing people's needs and developing care plans. One person had recently been admitted to the home for a short stay following a hospital admission for a seizure. No assessment or care plan had been developed at the home to inform the staff on how to support this person should they have another seizure. By the second day of the inspection the deputy manager had developed a care plan and assessment for this risk. They also informed us that, in discussion with the registered provider, fewer respite admissions would be arranged to make sure the home could both plan and meet needs of people admitted.

Other people's care records showed that after an admission, more in-depth assessments were completed in the areas such as, people's personal care needs, skin care, nutrition, falls risk assessment and a moving and handling assessment. Additional assessments were put in place if people had higher care needs, such as the use of bed rails or fluid monitoring.

The assessments had been used to develop care plans with the person and/or involvement with relatives. The care plans we looked at were generally up to date, although there could be improvement as some assessments and other documentation had not been updated as often as required. Overall, care plans and the service people received was person centred and responsive to their needs. For example, there was a system to make sure that people with an air mattress had the mattress set to correspond to their weight. People at risk of dehydration had their fluid intake monitored and people whose skin integrity was at risk were repositioned at appropriate intervals.

People said they enjoyed the activities provided at the home. Staff discussed people's interests, hobbies and the way people liked to spend their time. This information was then used by the activities coordinator who then planned meaningful activities in the home. Activities arranged included games, crafts an exercise group, manicures and some visits away from the home. We saw that a personalised record was maintained of each activity undertaken by any person.

The home had a well-publicised complaints procedure, this being detailed on the notice board in the reception area also a copy held in each person's care plan. No one we spoke with had any complaints about the service they received. One person told us that if the deputy manager was not available they had confidence to speak with the registered manager. People told us that they had confidence their concerns or complaints would be taken seriously. We looked at the complaints book and found that no complaints had been raised since the last inspection.

## Is the service well-led?

### Our findings

The staff told us that the registered manager looked after the staff team very well as they were always available to listen and accommodate their work needs where possible. They also said the registered manager provided good leadership together with the deputy manager and lead for administration and development. Staff said that overall, the leadership team had evolved into a caring culture with people's care at the centre.

Records showed that the management took action and used staff disciplinary procedures when needed.

Staff knew how to whistleblow to raise any concerns and information was displayed in the staff office.

One area for improvement was for managers to ensure that accurate record keeping was maintained as some people's assessments and care plans were not fully up to date.

Resident's meetings and staff meetings were being held each month. Records showed that people could discuss things important to them, such as meal options and ideas for activities.

The management had systems of delegation for carrying out audits in key areas to monitor quality and seek improvement. These included an audit of incidents and accidents and medicines.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The auditing of the controlled drugs register had failed to resolve recording errors in the controlled drugs register. These included medicines returned to the pharmacist but still recorded as being held in the home and incorrect balances of medicines held.</p>