

Ashdown Care Limited

Knappe Cross Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Knappe Cross Care Centre provides personal and nursing care to up to 42 older people. The home is a detached house set in its own beautiful grounds in the seaside town of Exmouth in the coastal area of East Devon. At the time of our inspection there were 35 people using the service.

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

People were at risk because systems to monitor their well-being were not fully effective, for example the increased monitoring of people at risk due to constipation. In addition, staff were not always proactive in responding to and addressing risks in a timely way.

Medicines were not always managed safely, or in line with the providers medication policy. Risk assessments had not been completed regarding flammable paraffin-based creams; guidance had not been sought from a pharmacist about the effectiveness of crushed medicines given in yogurt; and staff were not consistently following systems for ordering, receiving and storing medicines.

These issues had not been identified by the providers governance systems which meant they were not fully effective. Action previously taken to address concerns about staff practice had not always led to improvements, for example related to medicines administration and recording.

The management team promoted a culture of openness and honesty. They were open and transparent during the inspection and took immediate action in response to concerns raised. This included seeking advice from external health professionals; ensuring staff were aware of the importance of monitoring and recording and arranging relevant training. Improvements were also made to monitoring systems.

The manager had been registered with the CQC for 3 weeks at the time of the inspection. They were being mentored by the operations manager who had previously managed the service. They told us they were well supported by the provider and felt safe and comfortable.

Overall, people and relatives spoke highly of the quality and safety of the service. Comments included, "They do everything to accommodate both of us. They support us with telephone calls morning and afternoon, and when I visit twice a week for a couple of hours. Completely brilliant. They said I am family as well" and, "I have no concerns about [family members'] safety. She has often said that they are good and that she's happy there."

Staff told us they felt valued and happy working at the service. They felt well supported and were passionate about their role.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 13 September 2017).

Why we inspected

We received concerns in relation to the quality and safety of the support provided. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knappe Cross Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the assessment and mitigation of risks; the safe management of medicines and the effectiveness of governance processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Knappe Cross Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Knappe Cross Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Knappe Cross Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at Knappe Cross Care Centre and 10 relatives/friends. We spoke with 8 members of staff including the registered manager and operations manager. We reviewed a range of records. This included 8 people's care records, medicines administration records (MAR), 4 staff recruitment files, staff training records and other records related to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were at risk because systems to monitor their wellbeing were not fully effective. For example, some people were at risk of harm due to constipation and required increased monitoring of how frequently they opened their bowels. Documentation showed there were several days where some people had not opened their bowels. This had not been identified.
- Staff were not always proactive in recognising and addressing risks. For example, during the lunchtime we observed one person was distressed because their wheelchair was too small for them and causing them pain. It was several minutes before staff responded. The management team were aware the wheelchair was not appropriate for them but had not addressed this.

The failure to assess and mitigate risks put people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- The provider responded immediately during and after the inspection in response to feedback. They sought advice from external health professionals; ensured staff were aware of the importance of monitoring and recording, and arranged relevant training
- We had received concerns that people were at risk because staff did not consistently follow the guidance in risk assessments and care plans. This had been highlighted following a recent incident which caused significant harm to one person. The management team had subsequently carried out a comprehensive investigation and taken action to minimise the risk of recurrence.
- There were systems in place to keep staff informed about any changes to people's risks and needs, however these were not always effective. This had been identified by the management team and action was taken to ensure staff had read the handover notes. They told us staff were still getting used to the handovers on the computerised care planning system, when previously they had been paper based.
- Despite these concerns people told us they felt safe and relatives were confident any risks to their family member were managed well. Comments included, "I have total, complete and utter confidence in them" and, "I have complete faith and trust in the quality of care and understanding of all staff members."
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained. Emergency plans were in place.
- The service worked in partnership with external professionals, such as social care professionals, community nurses and GPs to support and maintain people's long-term health and well-being.

Using medicines safely

- Medicines were not always managed safely.

- There were no risk assessments in place for paraffin-based creams, which are a potential fire risk. There was no reference to this in the medication policy.
- Although documented in the medication policy, advice had not been sought from a GP or pharmacist to ensure it was safe to crush people's medicines before administering, for example in yoghurt. This is necessary as crushing can alter the chemical properties of the medication.
- Systems were in place for ordering, receiving and storing medicines, but they had not been followed by staff in relation to the medication stock held for 2 people. This issue had previously been identified and addressed by the management team but was still the case at the time of the inspection.
- Medicines administration records (MAR) had not always been signed by 2 members of staff where required, in line with the medication policy. This issue had previously been identified in medication audits, addressed with staff and signed off as completed, but this was not the case at the time of the inspection.

The failure to ensure the safe management of medicines put people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- The provider responded immediately during and after the inspection in response to feedback. Issues related to medicines administration were addressed with the staff team; appropriate advice was sought related to the crushing of medication and risk assessments were put in place for paraffin-based creams.
- Staff received the training necessary to administer medicines safely, and their continued competence was regularly checked.
- The registered manager carried out regular checks and audits to check safe medicine practices were followed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One relative told us, "I have no concerns about [family members'] safety. She has often said that they are good and that she's happy there."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. They were able to describe how to report concerns.
- There were systems and processes in place at the home to ensure people were protected from harm and abuse. The provider had responded promptly and in detail to safeguarding concerns raised, working alongside the local authority to investigate them and taking any action necessary to protect people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Staffing and recruitment

- A dependency tool was used to calculate staffing numbers, and there were enough staff to support

people. However, the staff team told us there had been a lot of new staff, which they had found challenging in terms of establishing the routines.

- There was a safe system of staff recruitment in place. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff spoke highly of the training they received and how it enabled them to understand and meet people's individual needs. Their individual learning needs were recognised, for example if English wasn't their first language and they needed support with translation. Staff knew people well. They told us the risk assessments and care plans contained the information they needed to support people in line with their preferences.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- Staff knew how to deal with accidents and incidents, what action to take and how they should be recorded. A recent staff failure to manage an incident in line with the services policy had been thoroughly investigated, and robust action taken to minimise the risk of recurrence.
- Accidents and incidents were analysed by the provider to look for patterns and trends, and to identify any wider actions necessary to keep people safe.
- Lessons were learnt when things had gone wrong. The registered manager held regular group supervisions to discuss any concerns with the staff team and share any learning.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There were comprehensive governance processes in place. However, they were not fully effective as they didn't identify all of the issues we found, for example the gaps in recording on bowel charts for people at risk of constipation and unsafe medicines management.
- Action had been taken to address concerns about practice with the staff team through group supervisions, training and formal observations. However, they had not always led to improvements, for example related to medicines administration and recording.

The failure to assess, monitor and improve the quality and safety of the service put people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- The registered manager had been in post for 3 weeks at the time of the inspection. They had been the nursing clinical lead at the service for several years previously. The operations manager, who had previously managed the service, was supporting them during their induction. The registered manager told us, "They [Ashdown Care Limited] are a good company. They will support you with anything you need. I feel safe and comfortable."
- The management team spent time working alongside the staff team 'on the floor' to support people. They also carried out formal observations of staff practice to provide feedback and identify where improvements were needed.
- The computerised care planning system enabled the management team to have oversight and monitor the support being delivered in real time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team promoted a positive and inclusive culture with person centred care at its heart. The providers' 'Philosophy of Care' stated, "We regard residents as being entitled to live a full and active life where their lifestyles are respected, they are given the fundamental right to self-determination and individuality and achieve their full potential."
- The management team were open and transparent during the inspection, and in relation to concerns raised. They promoted openness and honesty with the staff team. The registered manager told us, "We are a family. If there is anything wrong and staff don't feel comfortable, I want them to come and tell me. Be open

and transparent if they do anything wrong. I like to have this relationship with my staff, to be honest and transparent."

- Relatives overall were very positive about the service, the kindness of staff and how their loved ones were cared for. One relative told us, "They treat him with dignity, with a human touch. They don't treat him like a resident with dementia, they treat him like a normal person."
- Staff felt well supported in their roles and told us the management team were approachable. Comments included; "We are well supported. If we have any problems we go to the registered manager or the nurses. They are there to help" and, "They [Management team] are brilliant."
- The management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They had made notifications and referrals to external agencies appropriately and been open and honest with people when things had gone wrong

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The majority of relatives we spoke to told us they were well informed about the welfare of their family member. One relative commented, "Management is excellent, and I am always kept informed of any additions to [family member's] care." However, some did not share this view and told us they were not involved in care plan reviews. The provider acted immediately following the inspection, planning to invite relatives to meet with a nurse or team leader to discuss their family members care plan, as well as continuing to ask for feedback informally when they visited. In addition, a 'resident and family meeting' was being planned where people could discuss any concerns.
- Some relatives told us the service supported them as carers and in their own right. One relative told us, "They do everything to accommodate both of us. They support us with telephone calls morning and afternoon, and when I visit twice a week for a couple of hours. Completely brilliant. They said I am family as well."
- Quality assurance surveys were carried out with relatives, residents and staff, asking them for their views about the service. Action had been taken in response to feedback, for example regarding issues with laundry.
- Staff said they felt valued and happy working at Knappe Cross. They spoke passionately about the support they gave to people using the service, and the commitment of the staff team. They told us they were able to make suggestions about how the service might be improved and were listened to.
- The provider information return (PIR) stated, "We continue to improve the environment and the level of social interaction and activities provided to prevent our residents feeling isolated." A sensory room was being developed to create a calming and relaxing space for people.

Continuous learning and improving care; Working in partnership with others

- The management team promoted continued learning at the service in order to improve care. This was evident in their response to feedback given during the inspection, and previously when concerns had been raised. After the inspection they told us, "We are currently booking training with the Frailty team to offer a better understanding to the care team about the residents needs, and the importance of daily monitoring of their health and wellbeing."
- The management team met with other managers from the providers services to share ideas and best practice. They also participated in forums for providers in the area.
- The service worked in partnership with external health and social care professionals to support people. One professional commented, "I do feel that the people are well cared for at Knappe Cross. Management are easy to talk to and willing to listen. I know they have had a change in management, which does seem to have gone well. I have not had a great deal of involvement with them lately, but when I have it has always

been a good interaction."

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 failure to assess and mitigate risk put people at risk of harm.
	Medicines were not managed safely.
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 failure to assess, monitor and improve the quality and safety of the service put people at risk of harm