

WT UK OPCO 1 Limited

Knowle Gate Care Home

Inspection report

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Tel: 01564332233

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05 February 2020

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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 ●

Summary of findings

Overall summary

About the service

Knowle Gate Care Home is care home providing personal and nursing care to a maximum of 60 younger people, people aged 65 and over, people with mental health conditions and people with physical disabilities and sensory impairments. Some of those people lived with dementia. The home is purpose built and during our visit 53 people lived at the home.

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

People felt safe and the provider's safeguarding procedures protected them from harm. Risks associated with people's care had been assessed and were well managed. Staff understood the risks and knew how to care for people safely.

Staff were recruited safely, and enough staff were on duty during our visit to meet people's needs in a timely way. Recruiting new staff was one of the registered managers main priorities.

The environment continued to meet people's needs and plans were in place to ensure the home remained a pleasant place for people to live. The building was clean and infection prevention and control measures were effective. Staff completed infection control training and their practice protected people from the risks of infection.

People had confidence in the ability of staff to deliver their care effectively. New staff completed an induction in line with nationally recognised induction standards when they started work at the home. Staff spoke positively about their training and were encouraged to develop their skills to benefit people.

People enjoyed the food and were encouraged to eat nutritionally balanced meals to maintain their health. People had access to health professionals when needed and the staff team worked in partnership with health and social care professionals to ensure people received the care they needed to remain well.

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.

Staff demonstrated commitment to protecting people's rights in relation to equality and diversity. People felt respected and confirmed their independence was promoted and care was provided in a dignified way.

People received personalised and responsive care from kind and caring staff. People and those closest to them had contributed to an assessment of their needs before they had moved into the home. Care records contained sufficient information about people to help staff provide person centred care. Good teamwork and information sharing ensured people received the care and support they needed.

People were happy with the range of social activities and events available to occupy their time. People had opportunities to maintain important relationships and develop links with their local community which enabled them to develop friendships and meet new people.

People and relatives knew how to make a complaint and felt comfortable to do so. Lessons were learnt when things went wrong, and accidents and incidents were recorded and monitored to minimise the risks of a reoccurrence.

The culture was friendly, and people and relatives spoke positively about the leadership of the service. The registered manager led by example and communicated a clear vision of how they expected people to be cared for. Quality assurance systems were effective to quickly identify and address any areas that fell below the provider's expectation. The management were open and transparent during our inspection visit. They welcomed our feedback and showed dedication to their roles.

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

Rating at last inspection

The last rating for this service was Good (published 04 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Knowle Gate Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting people living with dementia.

Service and service type

Knowle Gate Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection visit took place on 05 February 2020 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and four people's relatives about their experiences of the care provided. Due to their needs some people could not tell us about the care they received, or quality of service provided. 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.

We spoke with 13 members of staff including the registered manager, the regional manager, the operations director, two nurses, the head chef, one team lead leader, one activities worker and three care workers, one domestic assistant and the administrator.

We reviewed a range of records. These included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and we viewed variety of records relating to the management of the service including quality audits and staff rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe and the provider's safeguarding procedures protected them from harm.
- Staff completed safeguarding training and understood their responsibilities to inform their managers if they had concerns about anyone who lived at the home. One said, "If I saw or heard anything that worried me I would tell immediately the nurse or go straight to the manager."
- The registered manager understood their legal responsibilities to keep people safe. They had shared important information with us (CQC) and the local authority, when required.

Assessing risk, safety monitoring and management

- A variety of risk assessment tools were used to identify risks to people's health and wellbeing. Where risks had been identified, risk management plans had been completed and regularly reviewed to support staff to manage risks. For example, one person was at risk of falls and a sensor mat was in place to reduce this risk. Specialist advice had also been sought from health professionals to manage this risk and we saw staff followed their advice during our visit.
- Discussions with staff confirmed they understood the risks associated with people's care and they knew what action they needed to take to keep people as safe as possible.
- Emergency plans were in place to ensure people could be evacuated quickly and safely if needed. Staff received training in fire safety and understood the provider's emergency procedures.
- Effective checks minimised risks related to the premises and equipment. Checks included safety checks of water and gas in line with safety guidance.

Using medicines safely

- People received their medicines when they needed them.
- Medicines continued to be administered safely and since our last inspection an electronic medication management system had been implemented to support safe administration.
- People's medicines were administered by registered nurses and trained staff whose competency to do so had been assessed by their managers. Medicines were also ordered, received, stored, and disposed of safely.
- Guidelines informed staff when 'as required' and time specific medicines needed to be given as prescribed.
- Regular medicine checks took place which meant any errors could be identified and addressed promptly.

Staffing and recruitment

- Staff were recruited safely, and enough staff were on duty during our visit to meet people's needs in a timely way. There were some staff vacancies at the home and the registered manager informed us recruiting new staff was one of their main priorities. As a temporary measure a small number of consistent agency staff were working at the home to ensure people received the care they needed.

Preventing and controlling infection

- The environment was clean and infection prevention and control measures were effective. One person said, "My room is cleaned every day. If something isn't clean I tell them, (staff) and it gets sorted."
- Staff completed infection control training and understood their responsibilities in relation to this. They wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify and address any trends or patterns to minimise the risks of a reoccurrence. For example, some people had fallen, and analysis of their falls had identified they were falling during the early evening. As a result, more staff were now on duty at that time. This action had been effective because the number of falls people had experienced had reduced.
- There was an open culture in the home. The whole staff team demonstrated commitment to learning lessons when things had gone wrong. The provider had shared learning throughout their organisation to ensure outcomes for people were continually improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to deliver their care effectively. One person said, "They (staff) have training days. They know how to look after me, so I am happy."
- New staff completed an induction in line with nationally recognised induction standards when they started work at the home. The registered manager said, "I had a really good induction. I had plenty of time to ask questions and understand what was expected before I even started my role."
- Staff spoke positively about their training and told us it helped them to care for people well. One said, "We get lots of good quality training. Managers check we put it into practice, so I am confident people's needs are met."
- Staff were encouraged to develop their skills to benefit people. For example, 'train the trainer programmes' and advanced senior care worker training courses were available. The regional manager said, "We pride ourselves on developing our staff."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals when needed. One person said, "The dentist is coming out today to sort my teeth out for me." We saw this visit took place.
- The management team and staff worked in partnership with health and social care professionals such as, community nurses to ensure people received the care they needed to remain healthy and well.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food provided and were encouraged to eat nutritionally balanced meals to maintain their health. One person said, "The kitchen is open all hours, you can go and get a drink or anything else that you want at any time. If don't fancy what is on the menu the chef makes me something else."
- Mealtimes were positive for people. Staff gently encouraged people to eat and people were showed plated food options which was supportive of people living with dementia.
 - Specialist advice was sought, and outcomes recorded for people who were nutritionally at risk. For example, people who were at risk of choking were provided with soft or pureed foods.
- Staff including the head chef knew what people enjoyed eating and drinking. The head chef said, "When someone new moves in I get a diet notification sheet which details the things I need to know such as their preferences and allergies. It means people's dietary needs are met."

Adapting service, design, decoration to meet people's needs

- Knowle Gate Care home is a purpose-built care home and the environment continued to meet people's needs. For example, signage helped people to orientate themselves around the building.
- A range of communal areas offered people a choice of where to spend their time. For example, there was a bistro, cinema room and a hairdressing salon. Accessible landscaped gardens and outdoor terraces were also available for people to enjoy.
- The environment and décor were under constant review. Plans were in place to repaint some walls and replace curtains and carpets to ensure the home remained a pleasant place for people to live.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and those closest to them had contributed to an assessment of their needs before they had moved in. The assessments gathered information on people's physical and mental health needs, and how they preferred their care and support to be provided.
- People were then invited to spend time at the home to help them decide if they wanted to live there.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was compliant with the MCA. The management team had submitted DoLS applications when needed to keep people safe and effective systems were in place to meet and renew any recommendations of authorised applications.
- Staff received training to help them understand the Act. People confirmed staff worked within the principles of the MCA. One person said, "Oh yes, they (staff) always ask me first before they help me with anything...like a shower."
- People's care records documented whether or not they had capacity to make specific decisions about their care. When people had been assessed as not having capacity, best interest decisions had taken place. Decisions made were clearly recorded which demonstrated how people's rights were upheld.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt staff were kind and caring. Relatives shared this view point. This demonstrated the provider's values of showing people warmth, kindness and compassion was achieved.
- Staff enjoyed their jobs and were committed to providing good quality care. One said, "I love my job, we have a good team. By working together, we make sure our residents are happy."
- During our SOFI people and staff laughed and joked together which demonstrated they had good relationships and enjoyed each other's company. People appeared to benefit from this engagement.
- Equality and inclusion for all was promoted. Staff completed training to help them understand the Equality Act and one told us, "Everyone is different and accepted for who they are here."
- The provider's supporting sexuality and intimate relationships policy was underpinned by the Human Rights Act. The registered manager understood the importance of supporting people to express their sexuality which enabled them to live their lives how they wished to do so.

Respecting and promoting people's privacy, dignity and independence

- People felt respected. One person said, "Staff have good manners. They are polite when they speak to me."
- People told us their care was provided in a dignified way. One person said, "Men don't come past my door, it's been like that from the very start. Me and my son made it clear that I was only happy for females to provide my care." Staff knew this was extremely important to the person.
- People's right to privacy was upheld. One person explained they liked to live a 'quiet life'. They told us they enjoyed their own company and staff respected their decision to spend a lot of time in their bedroom.
- People's independence was prompted. On one occasion we saw a staff member reminded a person to hold onto a handrail when they walked along a corridor. The staff member said, "Just a gentle reminder is all they need to get to where they want to be." Care records reminded staff of the importance of encouraging people to do as much as possible for themselves.
- Further plans were in place to encourage and promote independence. Support from an external physiotherapy service was due to commence shortly after our visit. The aim of physiotherapy is to restore movement and function when someone is affected by injury, illness or disability.
- People's personal information was managed in line with data protection law.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their daily lives as much as possible such as, supporting them to choose what they wanted to eat and drink.
- While some people could not recall being involved in planning their care records showed where possible

that they and their families had been involved in planning and reviewing care.

Is the service responsive?

Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was focused on providing person-centred care and support to people.
- Most people felt their needs were met by staff who knew them well. However, some people and some relatives felt the care provided would be improved when all of the staff vacancies had been filled. One person commented, "All the staff are friendly, but I am looking forward to the new staff starting so I can get to know them properly. It has been a little unsettling for me over the last few months with the agency staff." The management team were in the process of recruiting new staff.
- A 'resident of the day' system was used to check people's needs continued to be met and their care had been provided in line with their wishes. For example, checks confirmed one person had been supported to shower every other day and another person had provided with cups of tea containing sugar in line with their preferences.
- Care records contained sufficient information about people to help staff provide person centred care. The registered manager explained they were in the process of adding further information to improve the personalisation of care records.
- Memory boxes were located outside of people's rooms which contained photographs and things that were important to the person. For example, one person used to be a tennis player their memory box contained a tennis ball. The boxes helped people to locate their bedrooms and also helped staff get to know people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were happy with the range of social activities and events available to occupy their time. During our visit some people chose to take part in an art and craft session, a church service and a quiz. People who did not want to, or could not join in group activities, were provided with frequent 'one to one' activities such as pamper sessions by the team of activities staff.
- People were involved in planning activities that were inclusive and were based on their interests. Some people enjoyed watching sport and the cinema room was available for people to watch a range of live sporting events such as, golf and cricket tournaments.
- People were supported to access local facilities including a shopping centre. Some people attended coffee groups at other nearby care homes which supported them to develop friendships and meet new people.
- People continued to be supported to maintain relationships with those that mattered to them in a variety of ways including talking to each other over the internet. People confirmed their visitors were welcome to visit them at any time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated well with people during our visit. Care records detailed people's preferred methods of communication which helped staff engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand such as, large print to help people make informed choices.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt comfortable to do so.
- The provider's complaints procedure was available and included contact details of external organisations people could approach if they were unhappy with how their complaint had been dealt with.
- When complaints had been received, they had been investigated and responded to in line with the provider's policy.
- Learning from complaints had been shared with staff so they could improve outcomes for people.

End of life care and support

- Staff received training and felt confident to provide the care people needed as they moved towards the end of their lives.
- People's end of life wishes had been discussed and were documented if they had chosen to share the information. This included any cultural or religious beliefs, to ensure they were known and respected.
- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about a person's clinical care in emergency situations, including cardiorespiratory arrest, in which they are not able to decide for themselves or communicate their wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the leadership of the service. One person said, "The manager is always walking around. She checks things are as they should be and makes sure we are okay."
- Our observations demonstrated the culture of the service was friendly and inclusive. The whole staff team shared a commitment to providing high quality, responsive care in line with the provider's values.
- The home had been rated highly on an independent care comparison website. We looked at a selection of these reviews submitted from people's relatives during 2019 which included, 'Very impressed with this care home, as they all go above and beyond to help with anything. Would highly recommend this care home to anyone who is looking for a care home for their loved ones. Thank you!' A variety of thank you letters that had been received since our last inspection were on display in communal areas.
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how to support people's rights, and this was embedded in their practice.
- People had opportunities to maintain and develop links with their local community. For example, local school children frequently visited the home which people told us they enjoyed.
- Feedback from people and their relatives was welcomed and listened to. New blinds and a greenhouse were being in the process of being purchased at the time of our visit in response to feedback gathered.
- Good teamwork and information sharing ensured people received the care and support they needed. Daily meetings led by the registered manager took place. During the meetings the heads of departments within the home shared information about what was happening each day.
- Staff felt morale was high and confirmed they had opportunities to attend individual and group meetings to share ideas and reflect on their practice.
- The provider sent monthly newsletters to people and staff to communicate any upcoming changes and to share a variety of 'good news' stories. A social media page was also used to communicate what was happening at the home with their local community.
- The provider's staff recognition scheme identified good care and encouraged staff to continually develop their skills to benefit people.

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

- The registered manager had worked at the home for over 12 months and had registered with us in June 2019. They were an experienced nurse and demonstrated a clear understanding their regulatory

responsibilities. A deputy manager had been appointed and was due to start work shortly after our visit to strengthen the management team.

- The registered manager led by example and communicated a clear vision of how they expected people to be cared for. They said, "I am proud of bringing structure and stability to the home and winning the trust and confidence of staff and relatives and improving the resident experience and the quality of care they receive."
- The latest CQC inspection rating was on display in the home and was also available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager kept their knowledge of legislation and best practice up to date. For example, they had completed management training to help them be effective in their role and attended meetings with other managers in the local area to share good practice.

Continuous learning and improving care; Working in partnership with others

- Good governance was embedded. The effective quality assurance systems quickly identified and addressed any areas that fell below the provider's expectation.
- The registered manager had clear oversight of the service and was committed to ensuring people received good quality, safe care. Additional checks were carried out by the regional manager who visited frequently.
- Following our visit, the provider planned to implement an electronic care planning system. The operations director explained the new system would have multiple benefits. For example, staff would have more time to spend with people as they would need to spend less time completing paperwork.
- The staff team worked in partnership with other organisations to improve 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 management were open and transparent during our inspection visit. They welcomed our feedback and showed dedicated to their roles.
- The registered manager understood their responsibilities under Duty of Candour. Records confirmed lessons had been learnt and they had been open and transparent with people and their families when accidents and incidents occurred.