Integrated Nursing Homes Limited

The Knolls Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We undertook an unannounced inspection of The knolls Care Home on 27 November 2014. The home provides accommodation, support and nursing care for up to 50 older people. At the time of our inspection there were 48 people living in the home, some of whom were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe and risks to people were assessed and minimised.

There were appropriate numbers of suitably skilled and qualified staff on duty to meet people's needs. Staff received on-going training and support and were aware of their responsibilities when providing care and support to people at the service.

Summary of findings

Medication was administered by staff who had received training on the safe administration of medication and accurate medicine administration records were kept.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), but some assessments had not been appropriately completed.

Each person had a support plan in place detailing their needs and preferences. People were supported to access healthcare services as required .

People's views were sought, but not always used effectively to make improvements to the quality of the service.

Audits were not used effectively to monitor the quality of the service because information about actions taken was not always recorded. Records were not always well organised, up to date or fit for purpose.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had been trained in safeguarding and were aware of the processes that were to be followed if they had any concerns about people's safety.

Staffing levels were appropriate to meet the needs of people who used the service.

Medicines were managed appropriately.

Good

Is the service effective?
The service was not always effective.

Staff had the skills and knowledge to meet people's needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs), but not all assessments were appropriately completed.

People were supported to eat and drink to maintain good health, but the risks in relation to nutrition were not always accurately assessed.

Requires Improvement

Is the service caring?
The service was caring.

People who used the service had positive relationships with staff who treated them with respect.

People's privacy and dignity were protected.

Good

Is the service responsive?
The service was not always responsive.

Staff provided personalised care based on people's individual needs and preferences.

Some people were not supported to pursue their hobbies and interests.

Complaints were not managed appropriately to ensure that the service learned from them to make improvements.

Requires Improvement

Is the service well-led?
The service was not always well-led.

Records were not organised or up to date and some were not fit for purpose.

People's views and feedback were not used to inform the development of the service.

Requires Improvement

Summary of findings

Staff felt comfortable discussing any concerns with their manager.

The manager promoted a person centred culture throughout the home.

The Knolls Care 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 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 27 November 2014 and was unannounced. The inspection team consisted of two inspectors.

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 also reviewed other information we held about the service. This included information we had received from the local authority and the provider since the last inspection, including action plans and notifications of incidents. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with nine people who used the service and six relatives. We also spoke with the manager of the home, two nurses, four care staff and three visiting health and social care professionals. We reviewed the care records of eight people that used the service and records relating to how the provider assessed and monitored the quality of the service provided.

After the inspection visit we contacted three health care professionals who worked with the home in order to gain feedback from them about the quality of the care provided.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. A relative told us, "I have no concerns. Staff look out for [my relative's] welfare." We observed that people appeared relaxed and comfortable in the company of staff.

Discussions with staff and a review of records showed that staff had received training in how to safeguard people. They demonstrated a good understanding of the safeguarding process and were able to explain their responsibilities to report any concerns they might have about people's safety. They had a good knowledge of the different types of abuse and signs to look for that abuse may have taken place. They were aware of the whistle blowing policy and spoke confidently about reporting any concerns they may have to their manager and other external agencies, such as the local authority and CQC.

Each person had individual assessments in place which identified any areas of risk, such as a risk of falling or developing pressure areas, and how these would be minimised. We saw that people were involved in making decisions about risks and about how they would like to be supported to stay safe and maintain their independence as much as possible. Each person had a personal emergency evacuation plan within their care records which explained how they should be assisted to evacuate the premises safely in the event of an emergency. The manager had also completed environmental risk assessments, such as fire assessments and water temperature assessments.

Records of accidents and incidents were completed when required. However, the system in place to review them looked at the numbers of incidents but did not support the manager to identify patterns or trends to enable staff to learn from them and improve care.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs safely. People told us that there were enough staff to support their needs, although some people commented that staff were very busy. Most people said that staff answered call bells quickly. We observed that staff were visible throughout the home and they responded quickly when people needed assistance. We saw that the staffing levels were determined by the number of people living in the home and the level of their needs. For example, we saw that one person whose needs were changing was receiving additional support from staff. The manager confirmed that this person was receiving more one to one care to support them .

The manager told us and records confirmed that, although there were some vacancies in both nursing and care worker positions, they had arrangements in place to cover these posts with regular agency staff where necessary. She confirmed that a recruitment process was underway to bring further stability to the staff team. She described a robust process through which all the appropriate checks, such as references, Disclosure and Barring Service (DBS) checks and a full employment history, were made to ensure, as far as possible, that suitable staff were appointed.

People were assisted to take their medicines safely. One person told us, "They give me my tablets at the right time. They are patient with me and give me plenty of water which makes it easier." We observed that nurses administering medicines were focused on this task, taking care to ensure it was done safely. Medicine Administrations Records (MAR) were completed accurately and medicines were stored appropriately, with dates of opening recorded for all liquid medicines. This protected people from the risks associated with taking out of date medicines. Nursing staff who administered medicines had all been trained and assessed as competent to do so. During our visit, there was a medicines audit being completed by a pharmacist who told us that they were satisfied that the home was managing and storing medicines safely.

Requires Improvement

Is the service effective?

Our findings

People spoke highly of staff skills and said they met their needs well. One person said, "They know what they are doing." Another person said, "They do a good job. They look after us well."

Staff told us that they had good opportunities to complete relevant training and additional qualifications. Some staff had completed training which enabled them to train other staff in specific topics, such as safeguarding and moving and handling. We reviewed the training records of staff and found that training considered mandatory by the home was up to date other than for staff who were very new in post and still completing their induction. The home had an induction process which staff confirmed was valuable in supporting them to get to know the home and understand their role and the needs of the people. We observed that staff knew people well and had the skills to meet their needs. For example, we saw that staff supported people to move around the home safely in line with their care plan and were competent in using moving and handling techniques and equipment. Staff told us that they received good support from the manager on a day to day basis, although some said that formal supervision was not as frequent as they would like. They said that the support and training opportunities they had enabled them to provide good care to people. The supervision log we looked at was not up to date and we were therefore unable to determine if staff had received regular supervision in accordance with the provider's own policy.

The manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and gave us examples of how the MCA and DoLS would be used in the home. We saw that the manager had completed a DoLS screening checklist for everyone using the service to assess whether a referral was necessary to protect people from harm. At the time of our inspection, there was no one who had a DoLS authorisation in place. However, we discussed with the manager if further assessments were required for a person whose records indicated they had made attempts to leave the building, including pushing past visitors and walking to the home's car park before being supported to return by the staff.

Where people did not have the capacity to make decisions about their day to day health and care requirements, we saw that their family members and health and social care professionals were involved in making decisions for them in their 'best interest'. Although the manager told us that appropriate capacity assessments were undertaken if they had any concerns regarding a person's ability to make a decision, we saw that some assessments had not identified the specific decision the assessment related to.

Staff gained consent from people before providing any care or support. Care plans contained written consent which had been obtained from the person using the service or where appropriate, family members or representatives. Throughout our inspection we saw staff asking people before giving them support. Where people were not able to give their consent verbally, we saw that staff took time to explain what they were doing and that they observed people's body language and non verbal communication for signs of their agreement before supporting them.

Although some people told us they enjoyed the meals provided by the home, several people said they did not. One person said, "The meals are tasteless and awful." and another person said "The only complaint I have is about the food. It's terrible." At lunchtime we saw there was a choice of main meals each of which looked fresh and appetising. We saw that menus were varied and nutritionally well balanced and that the manager had taken steps to involve people in planning what meals were provided. However, a recent survey had also shown that views about the food were varied. The manager acknowledged that further work was required to explore and address the concerns that people had in relation to the quality of the food. At lunchtime, we saw staff offered appropriate assistance to people to eat and that an effort was made to ensure mealtimes were a pleasurable and social experience where visiting family members were also welcomed. We observed that people were offered snacks and drinks throughout the day and that, where needed, people received support to drink to ensure that they drank enough to maintain their health and wellbeing. .

We saw from records that people's weight was monitored and the risk of them not eating enough was assessed. However, a recent report from a dietician who worked with the home highlighted that there were errors made when using a nutrition screening tool and in recording people's weight. This could have led to people's weight loss not being identified and prompt action not being taken in order for them to be appropriately referred to a dietician,

Requires Improvement

Is the service effective?

where necessary.Following our inspection, we spoke with the dietician who confirmed their concerns, but told us that training was taking place to develop the staff team's understanding of the importance of accurate nutrition screening.

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. One person told us, "When I became ill, they called an ambulance very quickly. They are always quick to respond to any health worries. They call a GP out for me if ever I need that." Relatives told us that the home contacted them when changes in care were required due to health care professional's advice. They also confirmed that they attended regular meetings in the home to discuss the care and any changes required. A healthcare professional we spoke with told us that the staff were quick to act on any health concerns that were raised, followed their guidance and responded quickly to any changes to people's needs. Another said, "They are very professional, very thorough and make appropriate referrals to us." Care records confirmed that people were referred to community health professionals such as physiotherapists, community nurses and doctors, where appropriate and that advice from these professionals was acted on.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support they received from the staff. They said that they were supported by staff that were kind, caring and respectful. They also told us that the staff listened to them and they provided care that people were happy about. One person said, " The staff are perfect. I really can't fault them." Another person said, "[Staff Name] is really good. She does a lot to make people feel happy and cared for." One relative said, "The staff are really caring and compassionate. It is the extra things they do for people that make all the difference." People's comments about the staff supported our observations during the inspection. We saw positive interactions between the staff and people they supported. The downstairs lounge was particularly lively, with a lot of conversations and laughter evident throughout our time at the home..

People told us they were involved in making decisions about their care, that staff listened to them and respected their wishes. One person said, "They care about me here. It is never a problem when I ask for help." Another person said, "They are good girls and they look after me the way I want." We observed that while supporting people, staff gave them the time they required to communicate their wishes. During lunchtime, staff offered an alternative meal to a person who did not like the meal they had previously chosen. Staff told us that they encouraged people to get involved in their care and supported them to express their views and make choices about how they wanted to be supported. One member of staff said, "We get to know people well, their needs and what they like." Where people were not able to communicate their wishes, we saw that the home involved relatives as much as possible and also used an independent advocacy service to represent people who did not have the support of family members.

We observed that the staff protected people's privacy, dignity and confidentiality. The staff ensured that people were supported with their personal care in private. We saw that when staff assisted people to move from communal areas, this was done in a discreet and respectful manner. Although they told people that they were moving them, others in the room would not have known why they were being moved. The relatives we spoke with told us that they could visit whenever they wanted. One relative said, "We visit regularly and the home always has a pleasant atmosphere." Some of the visiting relatives mainly spent time in communal areas of the home and we observed that some were interacting with other people that they had got to know well over time. Relatives who had visited from far were able to have lunch with their relative. They said that this was a lovely gesture that allowed them to have a meal and spend quality time with their relative. This demonstrated that the provider promoted positive family relationships between people who used the service and their families.

Requires Improvement

Is the service responsive?

Our findings

People told us they received care that met their needs appropriately. We saw that people's needs had been assessed and each person had care plans in place that took account of their individual needs, preferences and choices. We noted that the provider encouraged people and their relatives to contribute in the planning of their care and that the plans were reviewed regularly or when people's needs changed. Due to the complex needs of some people, they were not able to tell us if they had been involved in the planning and reviewing of their care plans. However, one person said, "I think the staff know what to do to look after me. They do it well." We saw that some relatives attended people's planned care reviews. There was also evidence of regular communication with people's relatives. The relatives we spoke with were happy with the level of information they received from the home. One relative said, "I am not the next of kin and therefore I do not attend the care reviews. I know that [relative] attends and they phone her if they are any issues." A member of staff told us that they always involved people in the planning of their care.

The home had both female and male care staff, and people told us that they were given choice if they did not want to be supported with personal care by a staff member of a different gender. We observed that call bells were responded to and people received support when it was needed. The staff told us that they really enjoyed their work. They explained how the 'key worker' system ensured that they provided regular and consistent support to an identified group of people. They told us that this enabled them to know those people really well. The names of people's keyworkers were displayed in their bedrooms to enable them to remember this information. One member of staff said, "I am still fairly new here, but I have been given enough information to support people well. I like talking to people so that I can get to know them well." We observed that the staff understood the needs of people who were not able to communicate verbally. They explained that they understood people's body language and facial expressions. This ensured that they provided care in a way that met each person's needs.

Some people told us that they enjoyed the activities provided at the home, although other people chose not to take part. We observed that a range of seasonal activities took place, and people who used the service and their relatives were involved in planning what activities or entertainments they wanted. A bazaar had been planned for the weekend following our inspection and we saw that some of the people were knitting scarves and other items to be sold on the day. The manager told us that the money raised would be used to pay for additional entertainment and resources to support people to follow their hobbies and interests.The staff told us that they supported people to pursue their interests and hobbies within the home, but people went out only when accompanied by their relatives. This was supported by one relative who said, "[Name] doesn't go out unless we take [them]." Another visitor said that their male relative did not take part in activities because the focus of most activities was on female interests. They also said, "I wish some of the activities catered for men more. He would do more if it was something he enjoys. When I visit, all the ladies seem to have something to do, but the men just sit and watch TV." This was also our observation in the downstairs lounge, although we saw that the staff regularly engaged each person in a conversation.

People were given information on how to make a complaint. Copies of the provider's complaints procedure were available at the reception and on display boards around the home. People told us that they were comfortable with raising complaints and concerns when necessary and they felt these would be responded to in a timely manner. One relative said, "We have not had any reason to complain, but I'm sure the manager would deal with it if we had to." Everyone, including the staff told us that the manager was approachable and would respond appropriately to their concerns. We reviewed the provider's processes for handling complaints and concerns. We saw that any complaints received by the provider had been investigated and responded to appropriately. However, we found that the manager did not have a system in place to analyse the themes from the complaints to ensure that appropriate improvements could be made. There was no system to monitor how many complaints had been received and what actions had been taken to ensure that the provider had learnt from these.

Requires Improvement

Is the service well-led?

Our findings

We found that some records did not support the manager to analyse information and monitor the quality and effectiveness of care and treatment provided. For example, we saw that repositioning charts were in place for one person which identified the times that the person needed support to change position in bed. However the record did not identify the time repositioning was done. Therefore the manager was not able to monitor if this was being done in line with the planned care.

Although the provider carried out quality monitoring audits which highlighted areas for improvement, the manager was unable to demonstrate whether or not action had been taken to address the issues. When asked she was unable to locate an action plan. She was also unable to locate other documents and auditing tools requested during the inspection, such as care plan audits.

Accident and Incident monitoring forms were completed but they were not analysed effectively to identify trends or patterns of incidents. The required action was not followed up and it was not possible to know whether anything had been done to reduce the possibility of further incidents.

The manager created opportunities for people to share their views but we found that she did not always use this information to make improvements to the service. Satisfaction questionnaires had been given to people and their relatives to enable them to share their views and experiences, and to provide feedback about the home. A report had been produced to share the results of the survey. However, the report focused on the positive feedback received and did not identify how the service intended to make improvements where people were less happy with the care they received. The manager told us that she held regular residents meetings, but the most recent minutes on file were for the meeting held on 19/03/2014. Again , there was no evidence to show how these meetings had been used to make improvements to the care provided to people.

There was no formal complaints log and although the manager showed us how she had dealt with three complaints, there was no way to check whether these were the only complaints received by the service in the 12 months prior to our inspection. There was no evidence of analysis of the themes from the complaints and therefore no evidence of learning from these. We saw that the manager spent time talking to people, listening to any issues they raised and coming up with solutions in relation to day to day issues. However, there was no evidence to show what actions they had taken in response to issues raised during these conversations, or if they had been resolved.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post who was present during our inspection and was able to demonstrate that she understood her responsibilities. We found that she had a 'hands on' approach to her role and that she promoted a person centred culture within the home. One person told us, "The manager is lovely. We can talk to her, she always around and about." We saw that people knew the manager well and that she was visible and accessible to people. Staff told us that the manager was approachable and that they were able to express their views to her. One member of staff said, "I love working here. It's the best job I've had." Staff were clear about their duties and responsibilities and understood the manager's expectations of how they provided care to people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected against the risks associated with unsafe or inappropriate care because the registered person did not have an effective system to monitor the quality of the service. The registered person did not use people's views, comments and complaints to effectively monitor, evaluate or make improvements to the service provided Regulation 17(1 (2) (a) (b),(d) and (f)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.