

Abbey Healthcare (Knebworth) Ltd

Knebworth Care Home

Inspection report

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Tel: 01438810970

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07 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 November 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knebworth Care Home on our website at www.cqc.org.uk

This inspection was carried out on 7 February 2017 and was unannounced. At this inspection we found that they were meeting all the standards we reviewed.

Knebworth Care Home provides accommodation for up to 71 older people, including people living with dementia and with nursing needs. At the time of the inspection there were 38 people living there. This was because at a previous inspection we had restricted admissions to the service. However, following this inspection we found that the provider had made the necessary improvements and the conditions were removed.

The service had a manager who was not yet registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The manager was awaiting some updates to documentation before they were able to submit their registered manager's application.

People received their medicines safely and there were systems in place to robustly monitor this.

Risks to people's welfare were assessed and managed. People were supported by staff who knew how to recognise and report abuse.

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

The manager had not yet registered with the Care Quality Commission, however, this application was pending. There was positive feedback about the manager and the way the service was running from people and staff. The quality assurance systems in place were being used effectively.

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 

We found that action had been taken to improve safety.

People received their medicines safely.

Risks to people's welfare were assessed and managed.

People were supported by staff who knew how to recognise and report abuse.

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

Is the service well-led?

Good 

We found that action had been taken to make the service well led.

However, the manager had not yet registered with the Care Quality Commission, however, this application was pending.

There was positive feedback about the manager and the way the service was running from people and staff.

The quality assurance systems in place were being used effectively.

Knebworth Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Knebworth Care Home on 7 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15 November 2016 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the action plan that they sent us outlining how they would make the necessary improvements.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with four people who used the service, one relative, four staff members, the regional manager and the manager. We received information from service commissioners and health and social care professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

When we inspected the service on 15 November 2016, people's medicines were not always managed safely. The provider sent us an action plan outlining how this would be resolved. At this inspection we found that people received their medicines safely.

There had been robust systems developed to provide effective control of medicines. This included daily counting of all boxed medicines and all staff were to check and sign the medicine records at the end of each medicines round to ensure that they had been completed correctly. We saw that handwritten entries were countered signed, bottles and boxes were dated when opened and records were completed consistently. We counted a number of boxed medicines and found that they all contained the correct amount as recorded on the medicine records. We noted that the manager and deputy manager liaised with health professionals and the pharmacy frequently to help ensure the smooth and safe handling of medicines. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Risks to people's welfare were assessed and managed. People had individual risk assessments in place. These were in the process of being replaced with new and more specific assessments which were planned to be in use during the next week. Staff were observed to work safely and in accordance with these assessments. We saw that all people had a falls management plan in place which included everyone being assessed for a hoist and sling should they fall to the floor and need this to get up. The deputy manager told us that all staff were made aware of the location of the slings and the information in people's rooms in relation to this. Staff confirmed this.

People were advised and encouraged to use equipment and other measures to mitigate the risks such as from falls by using chair risers, walking sticks, frames and chairs. Where people did suffer a fall, staff reviewed their assessment to see how they could minimise the risk of it occurring again. For example, one person found it difficult to sleep and became restless and agitated. The GP prescribed a medicine to aid these symptoms, however the person subsequently fell after taking them. Staff quickly referred back to the GP, who then suspended further use until the person had been reassessed and seen by the community mental health team, where alternatives to medication could be investigated. We saw that where a person had suffered a fall, an accident form had been completed. Attached to these forms were 24 observations which included testing for changes in health or pain and guidance on how to test if a person had suffered a fracture or other injury. The manager reviewed the accident forms and completed an analysis each month. This included any further actions they wanted completed. Since the suspension of medicine the person had sustained no further falls. Where other risks to people were observed, for example people at risk of developing pressure ulcers, we saw the appropriate equipment was in place and used and assessments were regularly reviewed and updated to minimise the risks. Staff were aware of the need to reposition people regularly and following regular creaming regimes to help promote people's skin integrity and care records demonstrated these happened when required.

People were supported by staff who knew how to recognise and report abuse. People told us they felt safe. One person said, "I feel safe, I'd tell the staff if I was worried." Staff told us they knew what to look for in

relation to suspected abuse. One staff member said, "It's about protecting the residents and keeping them safe, if I see something, I go to the manager. Things like marks, bruises, and changes in their behaviour or mood I would report." They also said there had been no recent unexplained injuries. We saw that there was information displayed around the home about safeguarding people from the risk of abuse. Staff knew how to report concerns both internally and externally. We noted that the manager had submitted required notifications to the CQC and reported all concerns to the local authority.

There were sufficient staff to meet people's needs and these were recruited safely. People told us that there were enough staff to meet their needs. One person said, "They are always nice and always available." Relatives also felt there were enough staff. One relative said, "I like to be involved with what goes on here and in my opinion there are enough staff across all areas." Staff also told us there were enough staff. One staff member said, "We work as a team, there is enough staff lately, today there are four carers and a nurse, plus we have the one to one, it's busy at times, but I feel the level is just right." Throughout the inspection we saw that staff went about their duties in an unhurried manner, taking time to provide care to people sensitively and responding to their needs. For example, one person was seen throughout the morning to be restless and anxious, calling out for staff to assist them. We observed on numerous occasions care staff having the time to intervene with the person and distract them appropriately with dancing, talking or giving them a cuddle. On each occasion the person settled for a short while, however when they again became agitated the staff were quick to respond positively again.

Over lunch we saw one person being assisted to walk to the dining room by two staff. Neither staff member rushed the person or sought to use a mobility aid as the person wished to walk themselves. Both examples demonstrate how staff had the time required to meet people's needs individually. Call bells were not ringing out unanswered, and when we spoke with the manager they were able to demonstrate to us how they monitored staffing levels. For example, they were able to demonstrate to us how they had recently introduced one to one care for one person due to a change in their needs and circumstances. The manager had successfully recruited a number of staff, reducing the need to use agency cover, and having a full complement of nursing staff in the home. Overall this demonstrated to us that the manager had reviewed the staffing in the home and responded and monitored this to ensure people were supported by sufficient numbers of staff.

We spoke with the manager and regional manager about how they assessed staffing numbers. They told us that the home was recently trying a new dependency tool that calculated the number of hours each person needed to receive the care they required. The manager also said, "Tools are guidance though, my own judgements, observations and feedback would also feed into the assessment for staffing and if I needed more I would just say so." The regional manager confirmed that this was the case.

Staff files for recently appointed staff contained all the appropriate documentation. This included criminal record checks, references, proof of identity and a photo. This helped to ensure that staff employed were fit to work in a care setting.

Is the service well-led?

Our findings

The manager had not yet registered with the Care Quality Commission (CQC), however, this application was pending. A manager registered with the CQC is a condition of the provider's registration.

We saw that the manager had applied for an updated copy of their criminal record check, as required by the CQC, and this was causing the delay. Their application form was seen to be completed and ready for submission when the appropriate documentation was returned.

There had also been a new regional manager employed by the provider since our last inspection and we found that they, along with the manager and the deputy manager were working well to drive improvement in the service.

There was positive feedback about the manager and the way the service was running from people and staff. One person told us, "It's very good, especially since [manager] came, she's excellent, it's much improved. [Manager] does a good job, she's not just business like but kind, affectionate and understanding too." Another person said, "I like her, I see her, she pops in, everything runs well now."

Staff were also positive about the manager. One staff member said, "I like the management they run the place properly, we now have our own roles, we are very rarely short of staff, and if we are they cover it. We see a lot of [Manager] and they will muck in when we need them to." Another staff member said, "Morale is good, it's a lot better than when you last inspected us. We had a rough time, lots of sickness, changing managers, but now thanks to [Manager] we have the staff we need and they are updating the paperwork to make it much more user friendly. I tell you [CQC] this, they take no prisoners and have ruffled a few feathers, but they are making things better." We noted that the manager was dedicated, putting in long hours and making themselves contactable out of hours. This demonstrated that they were committed to driving improvement in the service.

The quality assurance systems in place were being used effectively. We found that these had been completed consistently since our last inspection and gradually they were detecting improvements. For example, a care plan audit in November 2016 had highlighted a lack of a number of plans for various needs in people's care plans. At this inspection we saw that the number of gaps in plans had significantly reduced. We also saw that there were new care plans about to be implemented for everyone living at the home. The deputy manager told us these would enable them to monitor the information about people more effectively and continue to promote people's welfare. One staff member said, "The new care plans will be much simpler, like one section will just be on falls so there's not us having to flip backwards and forwards through the plan. We were even given supernumerary time to get to know the residents so the plans are now person centred as well."

The manager had held meetings and arranged training to communicate to staff the standards that they expected. This included the daily record keeping. We noted that the daily notes were completed consistently and provided a clear overview of people's needs and how they were. Where issues were flagged, for

example, a reduced fluid intake, this had been identified and managed appropriately.

Staff told us the management team actively listened to their views and opinions about the running of the service. Staff told us they had regular team meetings and were kept informed regarding developments in the home. Staff said they felt they could raise comments and suggestions which would be listened to. For example, one staff member said, "We asked for a pay rise last year, and the manager got it for us, as well as an increase in the overtime, so I definitely think they listen." A second staff member said, "With all the changes and with [Manager] here we feel appreciated, and at the end of the day get a thank you which means a lot."

The manager was able to tell us about the needs of everyone the service supported and any issues, training needs of staff. This indicated to us that they were out in the home regularly and using the checks and audits they completed regularly to help them manage the home safely.