Leeds City Council

Knowle Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

A comprehensive inspection took place on 7 and 10 August 2018 and was unannounced on day one and announced on day two. Knowle Manor is a 'care home' and registered to provide accommodation and personal care for up to 29 older people. Most bedrooms were en-suite with also communal bath and shower rooms located in each floor. There are well appointed communal lounge and dining areas, a spacious garden area and a small inner courtyard. On both days of our inspection there were 27 people living at Knowle Manor. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission(CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the last inspection in November 2015 the home was rated as 'Good'.

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

The administration of people's creams was not robust. The registered manager told us a new creams administration system had recently been introduced, but 'teething' problems still needed work. Not all staff had received training in the administration of medicines and staff competency had not been checked.

Staff received training and support required to meet people's needs, although, some training was overdue. The registered manager was aware and in the process of addressing this. The registered manager told us they had not recruited any new staff members in over two years, but recruitment procedures were in place. We found people were cared for, or supported by, sufficient numbers of staff, although the registered manager told us they were going to review the staffing level to make sure they were appropriate.

People's care plans contained sufficient and relevant information to enable staff to provide consistent, person centred care and support. We received mixed views about the activities, but we saw there was opportunity for people to be involved in a range of activities within the home and the local community, although, outings were limited. From the activities we saw people were smiling and engaging in a positive way.

People told us they felt safe in the home. Staff had a good understanding of safeguarding vulnerable adults and systems and processes were in place to protect people from the risk of harm. Risks to people were identified and managed safely and accident and incidents were analysed accurately. Infection control management was robust and the home was clean, tidy and odour free.

People's mealtime experience was good. One person did say the meals were not hot enough. We were told there was only one hot plate working but a new one had been purchased and was in the process of being fitted. People had access to healthcare services to make sure their needs were met.

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

People were able to individualise their bedrooms and communal areas were comfortably furnished and homely. Staff were aware of people's care and support needs, they treated people with kindness and had a good rapport with people. People told us they liked living at Knowle Manor and they were well cared for. Staff understood how to treat people with dignity and respect. People were supported to remain independent and advocacy services were available if required. People's end of their life wishes were recorded in their care plans.

People and staff found the management team approachable and said they listened to them. We found some of the quality assurance systems needed to be improved to ensure people received a consistent quality service. For example, the medication audit had not identified the concerns found with the administration of people's creams.

There had been no recent complaints, but a complaints procedure was in place and people told us they would raise any concerns with the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's cream administration was not robust. Some areas of medicines were not well managed. Risks to people's safety were assessed and acted on. People told us they felt safe and the staff and the registered manager knew what to do if abuse or harm happened or if they witnessed it.

The home was clean and tidy and there were effective systems in place to reduce the risk of the spread of infection.

On both days of inspection staffing levels were sufficient to meet people's needs. There was a recruitment and selection policy and procedures was in place.

Is the service effective?

Good

The service was effective.

Staff completed appropriate training. Although, some training was overdue, the registered manager was aware and in the process of addressing this. Staff had the opportunity to attend supervisions.

People's nutritional needs were met and they attended regular healthcare appointments. People were offered choice and the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and we observed this throughout our visit to the home.

Staff respected people's privacy and dignity and people were supported to be independent. Staff were confident people received good care.

Staff involved people and/or family members in the care

planning process.

Is the service responsive?

Good

The service was responsive.

People's care plans contained sufficient and relevant information to enable staff to provide consistent, person centred care. People's end of their life wishes were recorded in their care plans.

There was opportunity for people to be involved in a range of activities within the home and the local community, although, outings were limited.

There had been no recent complaints, but there was a system to manage complaints.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor the quality of the service; however, these were not always effective.

The manager was supportive and approachable. People, relatives and staff spoke positively about the management team and felt they had made improvements.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Knowle Manor

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.

A comprehensive inspection took place on 7 and 10 August 2018 and was unannounced on day one and announced on day two. On day one, the inspection team consisted of one adult social care inspector 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. On day two, the inspection team consisted of one adult social care inspector.

On both days of the inspection there were 27 people living at Knowle Manor. We spoke with the registered manager, a deputy manager, an assistant manager, five care workers, domestic workers, kitchen and laundry staff members and seven people who used the service.

We looked at two people's care plans in detail and a further four care plans for specific information. We inspected six staff members supervision and appraisals and we looked at staff training documents. We sampled four people's medication administration records and four people's topical medication administration. We reviewed documents and records that related to the management of the service, which included quality management records, audits, risk assessments and policies and procedures.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the home and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they received their medicines on time. One person told us, "Yes twice a day. Wherever you are they will find you." Another person said, "Yes, blood pressure tablets on a morning. Nothing to complain about."

A staff member told us, "Medication is given in a kind way."

We looked at the management of medicines and found this was not always safe. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Medicine were stored safely in a locked room. The temperature of the room was checked daily, although, in July 2018, this had exceeded the recommended safe temperature limit. The registered manager was looking at addressing this. Medicines needing refrigeration were appropriately stored in a clean fridge, with the temperature checked daily.

We looked at the administration of controlled drugs which are liable to misuse and found this to be safe. We looked at medication stock and records relating to controlled drugs and found these were securely stored and accurate. Where patches (for pain relief) were placed on a person's body, staff did not record the location of these patches. The rotation of pain patch sites should be used to reduce the risk of skin irritation. The registered manager told us they would address this.

People had signed a medication agreement and there was a patient information chart showing pictures of each medicine and creams with name and dosage instructions in their care plan.

Small medication boxes had been installed in each person's room for the storage of topical medication. The system to manage the application of creams was not robust. We found the topical medication administration records (TMARs) and body maps which guided care staff where to apply creams were in place for some topical creams, but not all. For example, we saw one person had been prescribed Sudacrem, but there was no TMAR in place. Some instructions for the application of creams were not always clear. For example, one person had been prescribed Dermol lotion, the prescription label did not refer to the area of the body this should be applied, although, the body map showed the cream should be applied to the legs and feet. A staff member told us they were not sure where the information to apply to legs and feet was from.

Another person's TMAR for Epimax cream was contradictory as it stated, 'apply to dry skin and gently rub twice daily' and also stated, 'dry skin areas morning, lunch and tea'. It was not clear if this should be applied two or three times daily. The registered manager told us they had recently introduced a new process for the administration of creams and were still working through some 'teething issues'. They said they would review again, the management of people's creams. This meant we could not be sure people received their creams as prescribed at the time of our inspection.

The training records provided on the second day of inspection, showed not all staff responsible for the administration of medicines had completed training for this. For example, there was no date recorded for a deputy manager and two assistant managers to show they had completed medication training. The registered manager told us they did not have competency checks in place to assess staff member's knowledge, understanding and practice of medicine management. Current NICE (National Institute for clinical Excellence) guidelines for managing medicines in adult social care, advises staff 'have an annual review of their knowledge, skills and competencies'. The registered manager told us they were going to implement medication observations staff by the end of August 2018.

We received mixed views from people we spoke regarding staffing levels. Comments included, "Oh I think there is enough staff never have problem. Always there to help when I need them", "I used the call bell when I was poorly. They do come they are pretty good", "No, we definitely need more. What staff we have are helpful and friendly but need more" and "They came in good time but have had to wait a while too."

We saw one family member had commented on a resident/relative survey in January/February 2018, 'Mum would like to see more permanent staff on each shift, as it can be stressful for both carers and residents when short staff'.

We asked people we spoke with if they were able to have a bath or shower. Comments included, "I have a bath once a week and need help so have a shower daily", "I can have one anytime it is your own choice", "I would like to bathe everyday but they just don't have enough staff" and "I have a bath once a week, but would like a bath every day. Bedding changed once a week."

The registered manager told us staffing levels can be increased if people's needs changed. They went on to say staff absence was covered by existing staff, staff from one of the providers other services or from an agency. The registered manager explained the same agency staff were generally used to maintain continuity of care for people who used the service.

The provider's PIR stated, 'The rota for the cover of care is managed at a safe level that meets the current needs at the time. Dependency levels of customers are taken into account, experience of staff is taken into consideration and the skill mix'. The registered manager told us people's dependency levels were not recorded.

Staff we spoke with told us there were generally enough staff, although, some did not feel there were enough staff on nights. The registered manager told us and the staff rotas we looked at showed staffing levels agreed within the home were being complied with and this included the skill mix of staff. On both days of our inspection we found staffing levels were sufficient to meet the needs of people who used the service., Although, the registered manager told us they would review the process for determining staffing number and review the staffing levels for both days and nights to make sure these were appropriate.

The registered manager told us they had not recruited any new staff since our last inspection and all the recruitment information was held centrally at the providers head office. The provider had recruitment and selection policies and procedures in place.

People told us they felt safe in the home. Comments included, "Very safe, everything is very nice", "I like it here, it is safe, there is nothing unsafe here" and "Yes, it is safe."

People's records we looked at contained a 'feeling safe' care plan which provided information and guidance on how to keep people safe with specific aspects of their care. For example, one person's care plan stated,

'allergy to codeine' and explained people involved in this person's care must be told about this.

Staff we spoke with were able to demonstrate a good understanding of safeguarding concerns and gave examples of how they would identify abuse. Staff we spoke with told us they had received safeguarding training and records we saw confirmed this, although, for three-night staff, this was overdue. Staff were aware of the registered provider's whistle blowing policy, which provided guidance for staff on how to report any concerns to appropriate agencies outside the service.

Care plans we looked at contained a variety of risk assessments, including falling from hoist seat, choking and pressure area prevention. We saw these were reviewed and updated at regular intervals and recorded the level of risk for each individual. People had personal emergency egress plans (PEEP's) in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency, both during the day and at night.

We looked at how fire safety was managed and found this was satisfactory. The home had a fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. Fire exits were clutter free and fire extinguishers were present and in date. Training records showed most staff had completed fire warden or fire safety briefing training, although five staff had not completed either training.

General risk assessments had been completed, which included, gritting in bad weather and the installation of a stair lift. The gas and electrical safety certificates were in date. We saw hoists had been LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checked in May 2018. However, we were unable to evidence hoist slings had been LOLER thoroughly examined. Before we left the home on the second day of the inspection the registered manager told us slings were to be thoroughly examined on 13 August 2018. The Lifting Operations and Lifting Equipment Regulations 1998 states these checks should be carried out every six months. We saw water temperatures for communal and people's bedrooms were checked three monthly.

The providers PIR stated, 'A training programme of events for customers is to commence and hand hygiene will be one of the topics to cover along with fire safety and health and safety awareness'. The registered manager told us this training was due to start in September 2018.

People told us the home was clean. Comments included, "It's clean and I am able to clean my own room", "I think it's very much so clean here", "Bedding, they are always changing it to be honest. Laundry is done too seems alright" and "It's very clean. They tidy my room."

We noted communal and people's en-suite bathrooms were clean and well maintained with soap dispensers with liquid soap, paper hand towels and plastic bins for used towels. Staff had access to personal protective equipment, such as gloves and aprons and alcohol hand rub was available on the corridors.

The laundry area had a clear dirty to clean route and process for items to be handled. Hand washing facilities were available for staff. This meant people were protected from the risk of harm as there were systems in place to effectively manage infection control.

An infection control audit had been completed in July 2018 which included environmental cleaning, hand hygiene, personal protective equipment, laundry and waste management. Actions had been completed which included reminding staff about wearing jewellery.

The last food standards agency inspection of the kitchen had awarded the home five stars for hygiene. This is the highest award that can be made. This showed effective systems were in place to ensure food was being prepared and stored safely.

The management team learned lessons when things went wrong. The registered manager told us actions had been taken in response to a concern raised in regard to how people's mail was handled. The registered manager told us they now recorded when all mail was received into the home and, if necessary, would contact family members on the same day. They also went on to say changes in delivery times had been made due to external concerns raised. The registered manager said they shared information across different homes run by the provider regarding best practice.

Good

Is the service effective?

Our findings

We saw examples whereby people's care and support was delivered in line with legislation and evidence based guidance. The registered manager told us they worked within fire regulations, infection control guidelines, the Mental Capacity Act 2005, health and safety executive guidance and the general data protection regulation. This evidenced the registered manager used national information and guidelines to inform care and support practice at the home.

The registered manager told us they were looking at investing in an 'Alexa', a virtual assistant, to support people around the home and so they could ask questions of it such as, what activities were taking place.

We looked at staff training records which showed staff had completed a range of training sessions. These included moving and handling, use of the hoist, infection control, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager said they had a mechanism for monitoring training and had identified some training was overdue. They were in the process of addressing this. Staff we spoke with told us, "It is nice to have a refresher, it reminds you of things" and "I have had moving and handling training recently." This ensured people continued to be cared for by staff who had maintained their skills.

Staff we spoke with confirmed they received supervision where they could discuss any issues on a one to one basis. From the supervision schedule, we saw staff had received supervision, although, the number of supervision for each staff member differed. The registered providers 'supervision policy and guidance' stated, care delivery staff were to receive a minimum of six supervisions per year'. The registered manager told us this would be achieved for all staff. They also said all staff annual appraisals had been completed this year. The records showed most staff had received an annual appraisal during 2018.

The provider's PIR stated, in the next 12 months the provider wanted to introduce, 'Observational supervisions, which are themed and set up to ensure we cover all in a programme for 2018, these will include staff interactions with all concerned, privacy dignity and respect considerations, medication administration, infection control practices and the safe use of aids and adaptation equipment'. The registered manager told us the first observational supervision had been completed and looked at people's dining experience.

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure and training.

People we spoke with told us they enjoyed the food and there was a variety of drinks on offer. Comments included, "No complaints, its satisfying. I think there is enough choice myself. I can choose, depends how I feel and what I fancy", "It's alright. We get a menu every day. There is a reasonable amount of variety. We do get a choice. Snacks are available if we ask for it we get it", "Very good, if you speak with the chef, he will change things. I have a lot of salads so they will do this but it is not on the menu. I like orange juice, occasionally a glass of wine, they are very accommodating. Always tea and coffee", "Excellent food, lots of variety" and "They ensure we are hydrated."

Some concerns were raised regarding food not always been hot. One person told us, "Food is alright mostly. Sometimes hot meals not hot enough. A little bit better but not perfect." One staff member told us, "We only have one hot plate now, but we have got a new one which just needs fitting." The registered manager told us only having one hot plate could contribute to the food not always been hot and they were in the process of arranging fitting of the new hot plate.

Staff told us the food was good. One staff member said, "People ask for all sorts of different things and they get what they ask for, even if it is not on the menu." Another staff member said, "People can have what they want and there is always two choices."

The dining room was spacious, bright and welcoming and people could choose where they wanted to sit. Dining tables were nicely presented with, a menu, table mats, a sugar bowl, milk jug, condiments and serviettes. People were given a choice of meal and, where required, people were offered and given assistance to eat their meal. During the breakfast meal, we saw a cereal station where people were able choice from a variety of cereals and small pots of jams and marmalades were on the tables for people to help themselves. The lunch time meal was calm and peaceful.

The chef told us menus were created in consultation with people who used the service but if people did not want a meal from the menu, other options were available. They said they were aware of people's dietary requirements which included people on specific types of diet, were told about any changes to people's needs and when new people were admitted to the home. The chef told us they had everything they needed to ensure people had their nutritional needs met.

Snacks were available throughout the day with hot drinks on request and people were able to help themselves to cold drinks and snacks from the 'café' area of the home. The chef said drinks and snacks were also available during the night for people.

People's eating and drinking care plans recorded their specific nutritional and hydration requirements, for example, folk mashable diet or soft diet. We saw in one person's care plan a photograph of the how the person's meal should look.

The registered manager told us a staff member started work at 7am and did a walk round with the night staff and this information was then shared at the staff handover meeting. They told us as staff started at different times all they key points regarding people's care and support needs were always shared with each staff member. Our observations showed care staff worked well as a team to meet people's needs.

The registered manager said the regularly met with internal and external partners and each month attended a meeting with managers from the providers other services to share, discuss and address any issues of changes required so people received consistent and coordinated care and support.

People's care plans recorded allergies, health status, immunisations and showed they had access to healthcare services such as doctors and district nurses. Visits from healthcare professionals and any changes made to the person's care were noted in their care plan. There was also information regarding other professional visitors, such as opticians, hospital and physiotherapist appointments. One person told us, "If you need a Doctor they will call for one." Another person said, "The physio does exercises with me and this helps build strength in my legs."

We saw people's bedrooms were personalised with pictures, ornaments and photographs of family members. One staff member told us people's bedrooms had recently been decorated and people choose

their own wallpaper and paint colour. This helped make their rooms comfortable and homely. The home had three lounge areas, with each having a fireplace as a focal point, easy chairs, small sofas and side tables. There was a small enclosed garden space with tables and chairs, with a shaded seating area. A staff member told us some people had planted vegetables' and flowers had been planted in wall pots and baskets.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff ensured people were offered choice and supported to make decisions about their care.

People we spoke with told us they were able to make choices. Comments included, "Your own ideas and you can make choices", "Yes if I want to go out in garden they don't stop me" and "Oh yes, sit in garden, I go shopping in Morley and help other residents." During the lunchtime meal three people told us they sat together as they enjoyed each other's company and said this was their choice and staff respected this.

Each of the care plans we reviewed contained a capacity assessment and evidence of best interest decision making in regard to living at Knowle Manor. People had signed specific document to give their consent, these included consent to share information and for taking and using the person's photograph for identification.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. Comments included "My keyworker is exceptional", "Oh yes, they wouldn't be in this job if weren't caring", "I have own carer, they are nice", "Staff are kind and considerate. [Name of staff member] and me have a good chin wag and mickey take", "They are very good. I couldn't expect better" and "They are all great, can't fault them. We have a good laugh."

People looked well cared for. They were tidy, well dressed and clean in their appearance which was achieved through good standards of care. We saw people had their hair brushed, some people were wearing jewellery and people wore appropriate foot wear.

Staff we spoke with said people received good care. One staff member said, "I would have a family member live here. The team work together well to care for people."

Staff were respectful, caring and treated people in a caring way. It was evident from the discussions with staff and registered manager they knew the people they supported very well. Staff spoke clearly when communicating with people and some of the conversations indicated they knew what they liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people.

The home operated a key worker system which involved mainly ensuring a person's personal care and effects were appropriate and in order, liaising with their relatives and health professionals and making sure their care documentation was up to date. This helped ensure there was continuity in people's care.

The provider's PIR stated, 'The service is open to visitors at any time, if anyone wishes to visit and dine with the family/friend an area is made available. The service also has overnight accommodation for relatives which is free of charge for anyone wishing to stay'.

People told us their privacy and dignity was respected. Comments included, "Nobody bothers you. They do knock on my door when they come" and "You get respected and they are very good to everybody."

We observed the registered manager and the staff team on duty treated people with privacy and dignity. On both days of our inspection, as we looked with around the home, staff members knocked on bedroom and bathroom doors, and waited for a response. Staff spoke about the importance of respecting people's dignity when supporting people with their personal care. One staff member told us one person liked their door left open a little but they made sure people were not able to see in. Another staff member said, "I make sure curtains are closed when needed and I try and imagine what I would want."

We saw people were encouraged to maintain their independence. We observed one staff member assisted a person walking with a zimmer frame to the dining table with patience and kind encouragement. One person told us, "They encourage me to wash and dress myself." Another person said, "Yes, by making my own bed, I get my own porridge and make toast."

The registered manager told us no-one at present was supported by an advocate. An advocate is an independent person who can support people to speak up about the care service they receive.

The staff supported people with whatever spirituality meant to the individual. People's care plans included details of any faith or spiritual beliefs and any diversity, culture and equality preferences for their care and support. For example, one person's care plan stated, 'Staff to support [name of person] to attend mass when priest visits. Another person's care plan stated, 'Church of England but is non-practicing'.

The provider had an equality and diversity policy in place and some staff had completed equality and diversity training during 2018.

The providers PIR stated, 'Leeds City Council has recently corporately undertaken events in the care of LGBT people which was advertised within the service. We also promote International Day of disabled people within the service which is held at one of our Physical Disability services. We also have a Transgender in the workplace policy. Other events recently advertised were 16 days of action against gender based violence, men's health and well-being and the Leeds White ribbon campaign. The Equality and Diversity Calendar is advertised for customers and staff knowledge'.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and any health and social care professional involved in their life. This helped to ensure the home was able to meet the needs of people they were planning to admit. Care plans contained a pen picture of the person which included people who were important to them, a life history, which included their working profession.

Care plans reflected the care needs and support people required. They included information about people's preferences and were focused on how staff should help support people to meet their needs. For example, one person's night time care plan stated, 'usually asleep between 9pm and 10pm'. The same person's mobility equipment and independence with mobility care plan was very specific on equipment used when they required transferring, for example, 'hoist using yellow loops at the shoulders and hips, leg straps should be crossed using the yellow loop at the base of the straps and attached to the hoist using the blue loops'.

Care plans we saw included communication and sensory needs, physical health and well-being, medication management and support and tissue viability and pressure area prevention. We saw the care plans were reviewed monthly.

We asked people if they were involved with their care plan and if they felt listened to. Comments included, "Nobody has discussed it but had no problems, they listen and don't walk away", "I think I have one. I'm not sure to be honest. I will have one. I would like to be involved in it, but I feel wanted, they are part of my family. They've helped my confidence" and "Not see my care plan, but I talk to them [staff] and they listen and try to do what they can." We saw from the care plans we looked and through our observations that people were involved in making decisions about their own care.

We received mixed views about activities at the home. Comments included, "Exercises with balls once a week, I like it, I get involved", "Having a summer fayre so making posters today. We play bingo, dominoes, cards and have a sing song", "They said they were going to do more activities, I think they are on holiday. I go for a walk with my son in the garden", "We have music, singing, gardening, but I would like more" and "Don't do any anyway, I sit around all day. I like to give it a try and do some activities."

We saw some activities taking place during our visit to the home which included, crafts. We saw displayed a recent seaside themed activity which had taken place in the small inner courtyard. The registered manager told us an afternoon tea party had been held for the royal wedding and world cup themes events had taken place. A summer fayre was due to be held at the end of August 2018. The registered manager told us they were in the process of obtaining a games console for people to use and they were starting a dance programme in conjunction with a theatre company as a form of exercise for people to take part in.

The registered manager told us the care staff generally arranged and supported activities in the home, however, they had recently been allocated six hours devoted time per week extra for activities. The activity staff member told us they had a list of what people liked and arranged activities accordingly, although,

some people then changed their mind and did not want to take part. We saw one person's care plan had the person's 'wish list' of activities they would like to do which included going to the theatre, shopping and going to the cinema.

The activity person was in the process of further planning activities which included arranging bus passes and the access bus for people who wished to use this, and a baking group with the chef. The registered manager said from September 2018 the activity programme will be printed on the back of dining table place mats A staff member told us, "We try activities but people do not want to do anything." We saw an activity audit had been completed in 2018 which stated '70% of participants were happy with current activities'. We concluded activities were available if people wished to join in but trips out were limited.

The registered manager told us people, family members and healthcare professionals popped into the office if they wanted to discuss anything, as they had an 'open door' policy. We saw advertised a drop-in coffee morning on the last Friday of each month for people to discuss any issues or concerns with the management team over drink. One person told us, "I don't complain, never had any reason to. I would talk with the manager if I had to." Another person said, "I would complain to the manager, but they are too nice to complain about here."

The registered manager told us they had not received any recent complaints, although policies and procedures were in place. The staff we spoke with told us they would report any complaints to registered manager and felt confident these would be addressed.

The service had received compliments about the quality of care provided, which included; 'Thank you all at Knowle Manor for everything', 'Just a few words to say thank you for the care given to my mum, she loved it at Knowle and loved the banter she had with lots of the staff' and 'Thank you so much for looking after and caring for mum during her recent stay'.

The registered manager told us there was no one living at Knowle Manor at the time of this inspection who was approaching the end of their life, although, people's wishes were recorded in their care plans. They told us they would work with the local palliative care team and provide staff with the necessary training if this changed.

At the time of the inspection the registered manager and a deputy manager were not aware of the Accessible Information Standard. Although, care plans contained details of whether the person could communicate their needs around requiring assistance, expressing pain or making decisions. One person's communication and sensory needs care plan stated, 'Hearing aid in left ear, bifocal glasses and speech is unclear.' The registered manager told us communication was something they were currently looking at and, in future, would include people's and families preferred methods of communication.

The providers PIR stated, 'We have access to providing documents where required in different formats, i.e. Braille and large print. Language and interpreter services can be accessed for customers who require interpersonal service and support'.

Good

Is the service well-led?

Our findings

People who used the service were very positive about the management of the home. Comments included, "[Name of registered manager] is lovely, I always speak with her", "Manager is lovely and great. Main lady is always accessible", "[Name of registered manager] is very good and thoughtful. I feel I can talk with her at any time and she talks to me" and "[name of registered manager] is here every day. She makes her way out to speak daily."

We asked people if improvement could be made what would they be. Comments included, "Alright as far as I'm concerned", "Improving all the time. It's good going on excellent. I like the place" and "It's very nice, it's comfortable and food is alright." One person said, "More activities, but it's champion here and a nice place." Another person said, "Get more staff, but I think it is very good. You never think you are going to end up in a place like this when you have been active." A third person said, "More staff. There are lots of games, I like it here."

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. One staff member said, "They are good, listen and are interested, they are not a long-established team but I enjoy working with them." Another staff member said, "Definitely doing things better and we are getting there. Once the team in the office is settled, we will be great. I love working here."

The registered manager told us they monitored the quality of the service by completing audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits, which included hand hygiene, health and safety, medication and infection control. A quality assurance management report had been completed at the beginning of August 2018, which looked at the five CQC key areas of safe, effective, caring, responsive and well-led. An action plan had been created to address identified issues. The medication audit had not identified the concerns found during this inspection. For example, the concerns around the administration of people's creams.

The providers PIR stated, 'As the manager to the service I will be continuing to ensure we have all our quality assurance activity in place and audit activity is completed and followed up'.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

We asked the registered manager what had been their key achievements and they said the refurbishment of the home and the home was now a safer place. We asked about their key challenges and they said management team across the providers different locations working together. The registered manager told us they had made many changes which included improvement in the environment, staff confidence and improved management team consistency. We saw the provider had a service plan for 2018 which included, better conversations, better living and better connections.

People told us they had opportunities to express their view about their care. A resident/relative survey had

been conducted in January/February 2018, and showed people were satisfied with the service. Some comments included, 'I am happy with everything' and 'This is a super dooper home'.

We saw resident meeting dates for 2018 were displayed on the noticeboard, along with the minutes of the last meeting. We saw the meeting minutes for the July 2018 included discussion about the summer menus, the heatwave, film nights and activities. People we spoke with said, "Yes, we have regular resident's meetings. They take notice of what you say. Not many turn up though, you are lucky to get 10", "They are once a month and things have changed", "I go but changes not always made" and "Changes get made and I get listened to."

Records showed staff meetings were monthly. According to the May 2018 meeting minutes, discussions had included, budget, health and safety, human resources matters and resident weights. Night staff meetings were carried out but not has frequently as the day staff.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included Yorkshire Ambulance Service, local doctors, district nursing teams, occupation therapist and physiotherapists. They told us they worked with local schools to discuss and identify suitable joint ventures and were thinking of setting up a 'reading' group with some local children. The registered manager had joined a manager's forum which included managers from local authority and privately run homes, they said good practice was shared along with any themes or trends. They were also in the process of making links with Morley elderly action group.

Notifications had been sent to the Care Quality Commission by the home as required by legislation. For example, homes have to notify CQC about any injuries people received, any allegation of abuse, any incident reported to the police or any incident which stopped the service from running.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was both displayed in the entrance to the home and on the registered provider's website.