

Raj & Knoll Limited

The Knoll Nursing Home

Inspection report

196 Dover Road
Walmer
Deal
Kent
CT14 7NB

Tel: 01304371126

Date of inspection visit:
11 November 2019

Date of publication:
18 December 2019

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

The Knoll is a residential care home providing personal and nursing care to 18 older people at the time of the inspection. The service can support up to 29 people in one large adapted building.

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

People told us they felt safe living at the service. Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks. Medicines were managed safely, and people received their medicines as prescribed. Accidents and incidents were recorded, analysed and action taken to reduce the risk of them happening again.

Staff had been recruited safely and there were enough staff to meet people's needs. Staff received training and supervision to develop their skills and meet people's needs. People's health was monitored, and staff referred people to healthcare professionals when people's needs changed. Staff followed the guidance given to keep people as healthy as possible.

People were supported to eat a balanced diet. People had access to activities they enjoyed and were supported to stay as active as possible.

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.

Each person had a care plan containing details about their choices and preferences. People had been involved in developing their care plan. People met with a member of the management team before they moved into the service. People were given information in a way they could understand. People told us they knew how to complain, and any issues were dealt with immediately.

Checks and audits had been completed on the quality of the service and action had been taken when shortfalls had been identified. The registered manager attended local forums to keep up to date with developments to continuously develop the service.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 re-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.

The Knoll Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one 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.

Service and service type

The Knoll is a 'care home'. 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.

The service had a manager registered with the CQC. This means that 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

This inspection was unannounced.

What we did before the 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.

We reviewed information we had received about the service since the last inspection and had feedback received from health and social care professionals. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical lead, nurse, care workers and the activities coordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that is reasonably practical to mitigate risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, potential risks to people's health and welfare had not been consistently assessed. Staff did not have guidance to mitigate risks. There was now detailed guidance for staff to manage potential risks.
- Some people were living with epilepsy. There was detailed guidance for staff about the triggers and how seizures present. Staff had guidance on what to do when the person experienced a seizure and when to call for medical assistance. When people were living with diabetes. There was clear guidance for staff about what to look for when people became unwell. This included low and high blood sugar and what to do when people became unwell.
- Some people had catheters to drain urine from their bladder. There was guidance for staff on how to maintain the catheter and help prevent infection. There was a record of when nurses had renewed the catheter, and this was completed following national guidance.
- People told us they felt safe living at the service. One person told us, "I am safe around the clock and they check to make sure you are safe."
- Checks had been completed on the environment and equipment to make sure it was safe. Weekly checks had been completed on the fire alarm and staff attended regular fire drills. Water temperatures had been checked to make sure they were not above the recommended temperature to reduce the risk of scalding.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Previously, medicines had not been managed safely. There were now accurate records about the stock received and administered. The number of tablets available matched the stock records, to confirm people had been given their medicines as prescribed.
- Handwritten directives had now been signed by two staff to confirm the information was correct. Medicines stored in bottles are effective for a limited amount of time following the bottle being opened. Staff were now following good practice guidelines, there were opening dates on the bottles to show when they should stop being used.
- Some people had been prescribed 'when required' medicines such as pain relief. There was now guidance in place for staff about when to give the medicine, how often and what dosage to give.

Preventing and controlling infection

- Previously the laundry area had not been clean, and people's clean and dirty clothes were being kept together. At this inspection, improvements had been made. The laundry room had been completely refurbished with easy to clean wall and floor coverings. There was now a separate area for clean and dirty laundry.
- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service. Staff had access to gloves and aprons and these were used appropriately.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify patterns and trends. The action taken to reduce the risk of them happening again had been recorded. Records showed that when action had been taken the accidents had not happened again.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe and protect them from abuse. Staff described how they would identify types of abuse and the action they would take. Staff told us they were confident the registered manager would take appropriate action if they reported concerns.
- The registered manager had reported concerns to the local safeguarding authority when appropriate. The service had worked with the local safeguarding authority and followed any guidance given.

Staffing and recruitment

- Staff were recruited safely. Checks had been completed including full employment history and references from previous social care employment. Disclosure and Barring Service criminal records check had been completed before staff began work at the service.
- There enough staff to meet people's needs. The registered manager calculated the number of staff according to people's needs. Sickness and annual leave were covered by permanent staff so people were supported by staff who knew them well. During the inspection, there were staff available in the lounge to support people when they required.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Previously the management team had not met with people before they moved into the service to discuss their needs, choices and preferences. There have been no new admissions to the service since the last inspection. There is a new pre-admission assessment in place. This is being used by the registered manager when they meet and assess people for the other service they manage. The assessment covered all aspects of people's lives including people's protected characteristics under the Equalities Act 2010.
- People's needs were assessed using recognised tools following guidance from national organisations such as the National Institute of Clinical Excellence. These included assessment of people's skin integrity and nutritional needs. People's support was planned to follow the assessment guidelines.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. They received a mixture of online and face to face training. When required staff received one to one training to support their language needs. Topics included moving and handling, safeguarding and first aid. Staff also received training on health topics such diabetes and epilepsy, to meet people's health needs. We observed staff moving people safely following good practice guidance.
- Nurses attended clinical training to keep their skills updated and to meet the requirements of revalidation of their registration. Nurses received clinical supervision from the registered manager to discuss their clinical practice.
- Staff received regular supervision from the registered manager. The format of the supervisions had been updated to make the supervision relevant to staff. The topics included staff wellbeing and relationships within the staff team.
- New staff completed an induction. This included shadowing more experienced staff to learn about people's choices and preferences. Staff told us they had been supported and had discussed their progress with the registered manager.

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

- People were encouraged to eat a balanced diet. They had a choice of meals and if they did not like the choice they could request another choice. The chef included people in the development of the menus and knew people's preferences.
- When people had specific dietary requirements such as puree diet, this was catered for. People's meals looked appetising and hot. People were encouraged to sit up at the table, there was a sociable atmosphere. One person told us, "Food and drink are in abundance, you do not have to ask, they will come and ask you if

you want more."

- There were snacks and drinks available throughout the day. People were able to choose from a variety of fruit, which they told us they enjoyed. Staff assisted people with their nutritional supplements and snacks as required. When people required assistance with their meals, they were not rushed and supported to eat at a pace comfortable for them.

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

- Staff monitored people's health and weight, if there were any changes they referred people to the appropriate health professional. When people had lost weight, they had been referred to the dietician, and staff had followed the guidance given.

- People had access to healthcare professionals such as the dentist, optician and chiropodist. People told us they were referred to the GP when they were unwell. People were supported to attend hospital appointments with specialists. One person told us, "I still like to go and see my GP, they ask staff to go with me or my friend takes me." Another person told us, "They booked an appointment for me to see the dentist and staff came with me."

- People were supported to maintain their oral health. Staff had received training in supporting people to maintain good oral hygiene. Each person had a care plan detailing their needs and staff told us how they supported people.

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

- The service had been adapted to meet people's needs. There was a lift to all floors of the building. People's rooms had been personalised with their own photos and pictures. There were memory boxes outside people's rooms, people had placed photos and objects of their choice in them.

- Previously, the bathrooms had not been very welcoming for people. Improvements had been made, they now looked clean and there were pictures on the walls. Improvements had been made to the decoration within the service. The corridors had been painted and looked clean and bright.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS authorisations when appropriate and these had been authorised. Some authorisations had conditions on them, these had been met. A relative confirmed they had been involved as required to meet the condition on their relative's authorisation.

- When people had been assessed as not having capacity to make a decision, a best interest decision was made. Staff included people who know the person well such as relatives and the GP, to make a decision in the person's best interest. These discussions were recorded to show people were being supported in the least restrictive way.

- People were supported to make decisions whenever possible. We observed staff offering people choices and showing them items to help them decide. When people made a decision, this was respected by staff. One person told us, "They always ask for your consent before they do anything."

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; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "The staff and the manager are very caring, kind and supportive. They have a good attitude toward everyone." Staff knew people well and we observed people being supported in the way they preferred.
- When people were mobilising, staff reassured and supported when they became unsteady or anxious. Staff spoke to people in a calm, reassuring way and this was effective in reassuring people.
- People's different beliefs were supported. There were regular services within the service, when required visits were arranged for representatives of other religions to visit. During the inspection, a service was held for Remembrance Day, people told us they enjoyed this as it was important to them.

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

- When people were able to, they were encouraged to express their views about their care and support. Life histories had been completed by people or their relatives. Staff told us this helped them to know about people's choices and preferences, these were used to inform interests taken in people's best interest.
- People were given the opportunity to discuss their needs with the GP and other health professionals. People's decisions were respected when developing people's care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "I appreciate every help they give me and the way they treat me with respect and dignity especially when helping me to the toilet." We observed staff knocking on people's doors and waiting to be asked in. Another told us, "I walk to the toilet by myself, those are one of the things I can do for myself and the girls respect that."
- People were supported to be as independent as possible. One person was supported to give their own insulin. Staff prepared the injection and the person administered the injection themselves. People were encouraged to mobilise around the service, when able, using walking aids.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

At our last inspection the provider had failed to maintain accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection the care plans did not reflect the care that was being given. Care plans now contained detailed information about people's choices, preferences and health needs. Care plans had been reviewed and had been updated to reflect people's current needs.
- Care plans contained information about people's preferences such as when people liked to get up and go to bed. People's choices when receiving personal care had been developed. These included how to support people to dress when they had specific needs such as placing one arm in clothing first. Care plans now included details about the support people currently required with their health needs.
- People told us staff supported them in the way they preferred. Staff described to us how they supported people and their likes and dislikes. We observed people being supported in the way they preferred. Staff knew what people wanted around them when they sat in the lounge.

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.

- People had access to information in the way they preferred. There were pictorial signs informing people who they should speak to if they needed to complain. There were photos of the registered and deputy manager, to help people recognise them.
- The electronic recording system had pictorial prompts showing elements of care to assist people to understand their care. The activities co-ordinator told us, when people were unable to communicate verbally they use a computer tablet with flash cards and a special programme on the computer to engage 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 supported to maintain relationships that were important to them. Relatives told us they were made to feel welcome. We observed relatives being warmly welcomed by staff and being asked about their wellbeing as they had not been well. Two people had developed a friendship and asked to share a room, this was accommodated by the service. They enjoyed chatting till late in the evening. One person told us, "I have my freedom to go out with a friend to watch football down the pub."
- Since the last inspection additional staff to provide activities had been employed. The activities co-ordinator had spoken to people to identify their interests and hobbies. They worked with people to decide what they wanted to do.
- We observed people taking part in activities, including quizzes, craft and enjoying a singer in the afternoon. There were other organised activities such as chair exercises, which people were encouraged to take part in. One person told us, "With help of a staff volunteer I go out for shopping and fishing every now and then."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. There had been no formal complaints since the last inspection. People and relatives told us they knew how to complain. A relative told us, that when they mentioned an issue it was sorted immediately. The complaints policy was visible around the service including the main reception.
- One person told us, they had asked for a different room as the room they were in was shared and they were not happy. The registered manager had worked with the person to identify a suitable room. They were now happy in their new room. One person told us, "If I am not happy I tell the manager, nothing gets said twice, just once and it is done."

End of life care and support

- The service supported people at the end of their lives. People were asked their end of life wishes and these were recorded. Each person had an anticipatory end of life care plan describing how they would like to be supported.
- Nurses had received training to use equipment to provide constant medicine to keep people comfortable. Nurses made sure that when people became frail they were seen by their GP to discuss their care. Medicines to keep people comfortable were prescribed to ensure they were available when needed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality of the service and risks relating to health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, checks and audits had not been effective in identifying shortfalls found at the inspection. Improvements had been made, there were a range of checks and audits covering the all aspects of the service. When shortfalls had been identified, an action plan had been put in place and signed off when completed.
- Previously the registered manager had not had effective oversight of the service. Improvements had been made. The registered manager now signed to agree the audits completed and was aware of the action needed to rectify any shortfalls. An oversight folder had been developed to show what had happened within the service including accidents, incidents and wounds. The registered manager told us this helped them to know what was happening within the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

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

- The culture within the service had improved since the last inspection. There was now a person-centred culture. People were encouraged to develop friendships within the service and the communal areas now

had a warm and inviting atmosphere. The management team spent more time with people including meal times.

- The improvement in the oversight of the service had enabled management team to make sure staff understood what was expected of them. People and their relatives were now involved in developing their care and support. Staff told us they thought the service had improved and become more person centred.
- The registered manager had an 'open door' policy, we observed people and relatives talking to the management team in an open and relaxed manner. The registered manager knew people well and people were happy to chat with them during the inspection.
- The improvement in the oversight of the service had enabled the management team to make sure staff understood the standards that were expected of them. People and their relatives were involved as much as possible in developing people's care and support. Staff told us this helped them promote person centred care.
- Relatives told us they were kept informed of any changes with their loved on and within the service.

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

- People, relatives and staff were had the opportunity to attend regular meetings. People discussed items such as menus and activities. There was a suggestion box in the main reception where people and relatives could make suggestions about the service. The clinical lead told us the box was checked weekly. One person told us, "We had a meeting and they talk a lot about how the food was going to change, and that's all I can remember."
- People and relatives had completed a quality assurance survey. The results had been analysed and the results were displayed in the main reception. The results of the survey had been positive with only a few comments about food and activities.
- Regular staff meetings were held. A range of topics were covered including best practice and the development of the service. Staff told us they could raise any concerns or questions they had and make suggestions.

Continuous learning and improving care; Working in partnership with others

- The management team had acted since the last inspection to improve the service and this had been effective. They had worked with other agencies to learn and improve the standards within the service.
- The registered manager attended local forums to keep up to date with changes. They received updates from national organisations to promote improvements. These updates and changes had been implemented within the service such as oral health care training. The registered manager had developed the supervision process to improve the development of staff and their skills.
- The service had improved their links with the community. People were taking part in community projects and going out more to meet people from outside the service.