

HC-One Oval Limited

Knowles Court Care Home

Inspection report

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Date of inspection visit:
28 November 2017
20 December 2017

Date of publication:
22 February 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Knowles Court care Home on the 28 November and the 20 December 2017. The first day of inspection was unannounced. This was the first inspection of the service since it changed legal entity in January 2017.

Knowles Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Knowles Court Care Home has five individual single storey houses and is situated in Holmewood, a residential area on the outskirts of Bradford. At the time of the inspection only four of the five houses were occupied. Headley House provides care and support to people living with dementia. Ryecroft House provides nursing care for older people, Fairfax House provides care and support to older people and Rosewood House provides support to people with learning disabilities.

Overall we found the accommodation at Knowles Court provided people with a pleasant and comfortable environment. However, we found attention was needed to the décor and furnishings on Rosewood House especially in the communal areas. We have therefore asked the registered manager to discuss the plans for Rosewood House with the new registered providers and provide us with a written response.

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

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected.

Overall we found there were sufficient staff on duty to meet people's needs. However, we recommended that the registered manager kept staffing levels under review.

Staff had undertaken training relevant to their roles and there were clear lines of communication and accountability within the home.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

The relatives we spoke with told us they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relatives care.

People told us they enjoyed the food and we saw a wide range of food and drinks were available and people's weight was monitored to ensure they had sufficient to eat and drink.

There was a range of activities for people to participate in, including activities and events in the home and in the local community. However, we concluded that more could be done to provide people with a stimulating environment on both the dementia care and learning disability units.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

The care plans in place were person centred and contained individual risk assessments which identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity. However, we found some care plans had not been updated following significant changes in people's needs.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

We found medication policies and procedures were in place and staff responsible for administering medicines received appropriate training. Overall we found people received their prescribed medicines and medicines were managed properly and safely. However, staff needed to be more vigilant when completing topical medication records and stock control records for PRN 'As and when required' medicines.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required. However, we found some concerns highlighted in the body of this report had been identified through the quality assurance monitoring system.

We found one breach of regulations in relation to Good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Overall we found there were sufficient numbers of staff on duty and safe staff recruitment procedures were followed. However, we made a recommendation about the need to continually review staffing levels to make sure people's needs were met.

Overall we found people received their prescribed medicines and medicines were managed properly and safely. However, staff needed to be more vigilant when completing topical medication records and stock control records for 'As and when required' [PRN] medicines.

Risks to individuals were identified and managed appropriately.

Is the service effective?

Good 

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

Is the service caring?

Good 

The service was caring.

People who were able to tell us staff were kind and caring. Relatives said they were happy with the care and support

provided.

People's privacy and dignity was respected and the atmosphere within the home was caring, warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

The service was not consistently responsive.

People received a service that was flexible and responsive to changes in their needs.

Care plans were in place to ensure staff provided care and support in line with people's preferences. However, they did not always provide accurate and up to date information.

There was a range of activities for people to participate in, including activities and events in the home and in the local community. However, we concluded that more could be done to provide people with a stimulating environment on both the dementia care and learning disability units.

People felt confident they could raise concerns and complaints with the registered manager and these would be listened to and dealt with promptly.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

People benefitted from a service that had a registered manager in post that provided staff with clear leadership and direction.

Staff enjoyed their work and told us the senior management team were always available for guidance and support.

Systems were in place to assess and monitor the quality of care provided. However, we found some concerns highlighted in the body of this report had been identified through the quality assurance monitoring system.

The service encouraged feedback and used this to drive

Requires Improvement 

improvements.

Knowles Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The first day of inspection took place on 28 November 2017 and was unannounced. The inspection team consisted of four inspectors and two experts-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 this occasion the areas of expertise included services for elderly people, people living with dementia and people living with learning disabilities. The second day of inspection took place on the 20 December 2017 and was announced. On this occasion the inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, the clinical service manager, sixteen people who used the service, six relatives, fourteen care staff including house managers and senior care assistants, one qualified nurse, housekeeping staff and maintenance and catering staff. We also spoke with two healthcare professionals who visited the service on a regular basis.

Throughout the inspection we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including eight people's care and support plans, their health records, risk assessments and daily notes. We also looked at nine staff recruitment files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to identify different types of abuse and the reporting procedures. The service also had a whistle blowing policy which provided guidance to staff on how to report matters of concern. In addition, the acting manager told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with told us they were confident people were safe in the service. They were able to describe how to identify and report any allegations of abuse and were aware of whistleblowing processes. However, two staff were not able to describe the external agencies they could report concerns to of matters were not resolved internally by management. We looked at the safeguarding file and found the Commission [CQC] had also been notified of all referrals made by the service to the Local Authority Safeguarding Unit as required.

The registered manager told us sufficient staff were employed for operational purposes and there was a good skill mix within the staff team. The registered manager confirmed staffing levels were based on people's needs, were kept under review and increased as and when required. We saw a basic assessment tool was used to help inform staffing levels, categorising people into broad levels of dependency. A staff member told us they thought there was too much reliance on this tool and it did not always identify the true dependency of some people.

We spoke with staff members on all four units about staffing levels and the majority of staff told us there was generally sufficient staff on duty to meet people's needs. One staff member based on Ryecroft House told us there were seven staff on duty during the morning, until 2pm. However this reduced to five staff during the afternoon and evening, between 2pm and 8pm. They said, "When there are seven on, it's enough. When five are on in the afternoon it's very hectic. It would be better with six on. It's very busy during the evening."

People who used the service and their relatives had mixed opinions about the number of staff on duty. One person said, "In an ideal world you would have a lot more staff but realistically people cannot be cared for on a one to one basis and I feel generally there are enough staff on duty when I visit." Another person said, "There are always staff around, they be short at times but if someone rings in sick at the last moment what can they do." Overall we concluded there was sufficient staff on duty to meet people's needs. However, we recommended that the registered manager kept staffing levels under review and implement a more effective dependency rating tool.

There was a recruitment and selection policy in place. The records we looked at showed all the required checks had been carried out before the new staff had started work. This included ensuring two written references and Disclosure and Barring Service (DBS) were obtained prior to employment. DBS checks identify whether staff have any convictions or cautions which may prevent them from working with vulnerable people. We saw people had to complete an application form and attend a competency bases face to face interview during which any gaps in an applicant's employment history were explored. This helped to make

sure people were protected from the risk of being cared for by staff who were unsuitable to work in the caring profession.

Overall we found medicines were managed safely. There was a person centred approach to medicines administration with the qualified nursing staff or senior care workers administering medicines throughout the morning at the times people needed them.

We found medicines were safely and securely stored either in locked trolleys or in the treatment room and the temperature of the storage areas and fridges had been monitored daily. There were no staff signature omissions on the medicine administration records (MAR) charts we reviewed, indicating people had received their medication as prescribed.

Some medicines needed to be given at specific times such as before food. We saw arrangements were in place to ensure these were given correctly. However, during the inspection of Rosewood House we found the medicines for one person had not been administered before breakfast. This meant they had to wait before they could have breakfast which caused them to become upset. We discussed this with the house manager who confirmed they would in future ensure this medicine was administered as prescribed.

There was a stock control system in place for medicines prescribed on an 'As and when required' [PRN] basis and for medicines not included in the monitored dosage system. However, we found we were not always following the correct procedure by maintaining accurate stock control records.

We found the date of opening was recorded on all ointments, creams and eye drops that were being used and the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. However, we found that although care staff were applying creams and ointments they did not sign the MAR; instead the MAR was signed by the senior staff member on duty. This meant they were signing for medicines they had not applied. In addition, there was some confusion between the senior staff on different units about whether or not creams should be signed for on the MAR or on a separate Topical Cream Application Records [TMAR]. This was discussed with the registered manager who confirmed this matter would be addressed through training and supervision.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines. We found controlled drugs administered by staff were accurately recorded and accounted for.

Risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. For example, we saw where bed rails were in use, risk assessments had been completed to indicate why these were required to keep the person safe. We saw the care plans and risk assessments provided staff with clear guidance on how to meet people's needs and were reviewed on a regular basis. This ensured they provided accurate and up to date information and people received the appropriate care and support.

Staff told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the registered manager who arranged for a thorough risk assessment to be carried out and the support plan updated. We saw risk assessments covered such areas as mobility, medication, infection control and the environment. Personal emergency evacuation plans [PEEP] were documented in people's care records. PEEP are bespoke 'escape plans' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

As part of the inspection we looked at the environment on all four houses. Overall we found the buildings were safe and provided people with a pleasant and comfortable environment. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order. This included electricity, gas, water, hoists and slings and fire safety systems.

We found the lounges and dining rooms were bright, inviting and pleasant areas, with photographs and wall decorations. People's bedroom doors were brightly coloured and contained the person's name. People's rooms contained personal items such as ornaments and family photos. Bedroom corridors were well lit and were decorated with photographs of film stars and old scenes from Bradford as well as themed areas such as poetry walls.

However, we found attention was needed to the décor and furnishings on Rosewood House especially in the communal areas. This was discussed with the registered manager who acknowledged the unit required refurbishing but told us there were no immediate plans to carry out improvement work. We have therefore asked the registered manager to discuss the plans for Rosewood House with the new registered providers and provide us with a written response.

We saw policies and procedures were in place in relation to infection control. We saw staff used gloves and aprons when assisting people with personal care tasks and hand sanitizer stations were located on each house. The rota showed the service employed a housekeeper on each house for nine hours a day to maintain the standard of hygiene and cleanliness. We saw cleaning schedules were in place and all products subject to the Control of Substances Hazard to Health Regulations [COSHH] were securely stored.

However, on Ryecroft House we saw clinical waste was not always double bagged prior to disposal and on two occasions during the inspection we found one of the sluice rooms which contained clinical waste had been left unlocked. This was brought to the attention of the house manager who immediately took steps to rectify this by speaking with the staff on duty.

The staff we spoke with had a good understanding of the policy and procedures related to accident and incident reporting. We saw incidents and accidents were accurately recorded and included a description of the incident and any injury, action taken by staff or management and recommendations to prevent reoccurrence. We saw that these records were analysed and reviewed as part of the internal audit system and a lessons learnt exercise completed. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

Is the service effective?

Our findings

We spoke with two new staff members who told us they received a comprehensive induction to the service. This consisted of four days of classroom based training and a period of shadowing on a designated unit. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us, "The training here is good and the manager is brilliant and so supportive." Another staff member said, "There's training going on all the time it never stops."

We found wherever possible staff received training specific to the needs of the people in their care. For example, we saw staff on Headley House the dementia care unit had received training in dementia care. Therefore when we asked staff what good dementia care looked like they were able to describe key principals such as ensuring a person centred approach to care and putting the individual first. However, the registered manager told us they had experienced some difficulty sourcing specific training appropriate to the needs of people living with learning difficulties. They said they continued to try and source specialist training.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager. We saw that supervisions were structured and all members of the staff team including the catering and housekeeping staff received formal supervision.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. 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 found the service was working within the principles of the MCA and DoLS and therefore people's rights were protected.

We saw the service had a DoLS referral tracker in place which clearly showed when a submission had been made to the authorising body, the outcome of the submission, the expiry date of any authorised DoLS and any conditions attached.

Where people lacked capacity to make specific decisions, we saw capacity assessments were in place and, best interest processes had been followed. This included the administration of covert medicines being administered to one person living on Headley House. However, although we saw a best interest process had

been followed involving the GP and pharmacists, the documentation did not contain sufficient detail of the initial problem, and the reasons why the medicines needed to be given covertly. The information recorded around this also contradicted information recorded in other areas of the person's care plan. For example, it was recorded 'Person is able to say yes or no when taking her medication. Staff to ask person if they want their medication, if refuses to explain to person the importance of taking them.' There was no mention of the covert medicine agreement. The house manager took action to address this during the first day of inspection and put in place a more detailed plan of care.

The majority of staff we spoke with had a good understanding of the MCA and DoLS and were able to inform us who had authorised DOLs in place and what this meant in relation to the care, treatment and support they received. We saw evidence of people being asked for their consent through our review of care records as well as our observations during the inspection.

The registered manager knew which relatives or representatives had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. We found the registered manager was aware and had recorded the nature of the LPA in place for individual people. This showed us they understood their responsibilities and acted within current legislation.

Where people were nutritionally at risk, we saw their weight was monitored and a malnutrition universal screening tool (MUST) had been completed. Records show the GP, district nurse and others are involved with monitoring health. For people who required drinks to be thickened there was clear direction for the amount of thickener to be used. MUST training was booked for staff to attend on the 1 December 2017.

We saw at breakfast time, tables were attractively laid with cloths, cutlery and condiments. People were offered a choice of breakfast cereal, toast or a cooked breakfast. People were asked if they wanted to drink tea or coffee and people were encouraged to drink fluids throughout the day. We saw fresh fruit and jugs of juice were available for people to help themselves to. Drinks and snacks were offered mid-morning and mid-afternoon. During mealtimes, we saw staff chatted with people and there was a pleasant sociable atmosphere in the dining room areas. We saw staff gently encouraged people to eat as independently as possible and used aids such as specialist beakers and plate guards if appropriate. If people required assistance to eat their meals this was discreetly by staff.

We spoke with the chef, they knew about people's specific dietary requirements, likes and dislikes. The chef confirmed they had received additional training for food fortification and explained all meals were cooked from fresh. They explained that for those people who required meals their meals to be fortified they added cream, butter or cheese and always used full fat milk. The chef told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person was admitted to one of the houses.

We saw there was a four week rolling meal plan in place and staff spoke with people each day and completed meal choice sheets, these informed the kitchen what people would like. We asked the chef what happened if people did not want what was on offer. They told us people were offered a range of alternative meals which included jacket potatoes, scampi, omelette or sandwiches.

The registered manager told us the service had a good relationship with the local GPs and district nursing teams who conducted regular medical rounds at the home. We saw evidence in people's care records of multidisciplinary visits which showed people's healthcare needs were assessed, reviewed and appropriate

referrals made. For example, we saw visits from the dieticians, podiatrist, tissue viability nurse, opticians, dentist as well as the GPs and district nurses. People's medicines were reviewed regularly and any changes documented both in the person's care records and their Medication Administration Record [MAR]. This provided assurance people were receiving appropriate support to meet their health care needs.

We saw on Headley House adaptations had been made to the unit to make it suitable for people living with dementia. For example, contrasting colours were used on bedroom doors to make them more recognisable and clear signage was in place for example on toilet doors. In addition we saw memory boxes and points of stimulation were in place throughout the unit and a safe, enclosed garden area was in place with sensory material for people to enjoy.

However, we found the same level of adaptation was not available to people living on Rosewood House. This was discussed with the registered manager who acknowledged more needed to be done to provide a more stimulating environment for people living on the unit. We have therefore asked the registered manager to discuss the plans for Rosewood House with the new registered providers and provide us with a written response.

Is the service caring?

Our findings

People spoke positively about the staff. Comments included; "The staff are really good and always smiling even though some never seem to be off duty," "Staff are excellent and make sure I have everything I need," and "I'm very, very happy here. They are so kind to me; all lovely."

Relatives also told us the staff were kind, caring and approachable. Comments included; "The staff are very nice, very caring, I can't fault any of them," "All staff are pleasant and friendly" and "Staff on the whole are caring and I feel the family have built up a good relationship with them."

However, some relatives felt staffing levels could be improved to enable staff to spend more quality time with people. One person said, "More staff would be helpful because a lot of people have complex needs but generally things are fine and people are well cared for."

We saw staff treated people kindly with dignity and respect. We saw staff singing, dancing, laughing and joking with people, which prompted positive reactions such as smiles. Staff used a good mixture of verbal and non-verbal communication techniques to comfort and validate people. Staff were patient with people for example, when assisting them to mobilise around the differing houses, offering gentle encouragement.

Staff regularly checked on people's welfare and demonstrated they cared about the people they were supporting. Through conversations with staff they demonstrated a good knowledge and understanding of people's needs and were able to explain how they maintain an individual's dignity whilst delivering care.

Staff demonstrated they knew people well and it was clear they had developed good positive relationships with them. Information on people's likes, dislikes and preferences and their past lives was recorded within their plans of care to help staff provide personalised care and support.

We found a person centred culture within the service with people continuously given choices as to what they ate, where they sat and what they did. Staff patiently awaited people's responses before assisting them. Staff adapted their approach depending on people's communication skills, for example by spending a little extra time with a person who was slower and less clear as to what they wanted to do.

Staff told us they encouraged people to be as independent as they could be. For example they described how they helped people to choose what they were going to wear by showing them options. We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure privacy and dignity was maintained.

Staff told us that the home encouraged visitors at any reasonable hour and we observed relatives were greeted by staff in a warm and friendly way. We saw people were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One relative we spoke told us they visited the home on a regular basis and were always made to feel welcome and offered light

refreshments They said, "I am sure Knowles Court is the right place for [Name of person], they look so much happier and they are now eating again and putting on weight."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. In addition, the registered manager confirmed that all key policies and procedures could be produced in different languages if required and the service benefited from having some staff that were multi-lingual which meant they were able to communicate effectively with people for whom English was not their first language. We saw no evidence anyone living in the home was discriminated against.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets to ensure confidentiality was maintained and the computers in use were password protected

Is the service responsive?

Our findings

We saw people's needs were assessed prior to admission to the service to determine their care and support needs. Plans of care were formulated to reflect these needs and reviewed monthly. Care records were detailed and contained a good level of information; such as people's likes, dislikes and personal history which helped staff get to know them as individuals. For example, one person's care records highlighted they liked to sleep with dimmed lighting or would like to be asked if they wanted the door ajar at night. Care records documented what equipment was required for people, including the type of hoist and sling size if required.

We found the care records contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives were able to express their views and were involved in making decisions about their care and treatment.

People's future wishes were also recorded and showed families were involved in end of life care planning where appropriate. The service was accredited to the Gold Standard Framework (GSF). The Gold Standards Framework is a practical, evidence based approach to providing the best care for people as they approach the end of their lives and meant the service had good systems in place to ensure good end of life care. We saw detailed information documented about people's end of life care and advanced care plans in place where people had expressed wishes. This showed people and families had been involved in these sensitive discussions. Where people had chosen not to discuss the topic, this had been documented. We saw staff had received training in delivering appropriate and compassionate end of life care.

The registered manager told us the service was responsive to people's changing needs through regular reviews of their care plans. For example, they told us they had assessed one person as no longer requiring nursing care and planned to gradually transfer them to another unit within Knowles Court. They told us the person attended the other unit for periods during the day to help make the transition easier. They gave us an example of another person who had moved from the nursing unit to the residential unit after their health had improved over a number of months and they no longer required nursing care. This showed us the service was responsive to people's care and support needs.

However, we saw some information contained in some people's care records was not current. For example, we saw one person who lived on Ryecroft House had lost weight over a three month period and was still assessed as 'low risk' according to their waterlow score. A waterlow score is an assessment of the risk factors known to contribute towards the development of pressure ulcers. We brought this to the attention of the house manager who agreed this should have been highlighted upon a review of the person's weight and appropriate actions taken.

The same person's skin care plan had been reviewed to show they had suffered pressure damage which was now healed. However, the care plan itself still highlighted there was skin damage and included information

about the wound dressings and the frequency of position changes. We showed this to the house manager who told us this was no longer in place. We saw they reviewed and updated the person's care records during the inspection.

We also found similar problems on the three other units. For example, On Headley House we found one person's care plan did not adequately describe their current nutritional plan of care and advice from a health professional had not been embedded into the plan. Another person's pressure area care plan did not describe the current repositioning regime although the care staff were clear on the regimes which needed to be followed and the person was receiving appropriate care and treatment.

On Fairfax House we found the nutritional care plan for one person showed they were able to eat and drink independently. However, the monthly evaluation of the care plan dated November 2017 showed they now required assistance from staff to eat and drink due to a general deterioration in their health which had resulted in them becoming bedfast. On Rosewood House we also found that care plans were not always being updated following changes in people's needs recorded in the monthly evaluation report. This was discussed with the registered manager who confirmed they would address this matter immediately.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The staff we spoke with told us wherever possible they took time to read people's care plan but this depended on staffing levels and how busy they were providing assisting people. However, they confirmed they were always made aware of any significant changes in people's care and treatment during staff handovers which were held at the start of each shift. Staff also told us they felt well supported in their role by their immediate line managers, the clinical service manager and the registered manager. One staff member said, "All the senior staff are approachable and If you are unsure about something you only have to ask. They never make you feel like you are asking silly question's which makes you feel comfortable going to them for help and advice. In my experience this is not always the case in care homes."

The registered manager told us some people were admitted to the home for respite or short term care to allow their main carers to take a break or in an emergency situation. They told us that in all instances people were encouraged to retain their independence and remain in control of their daily lives. This was confirmed by the staff we spoke with.

We looked at what the service was doing to meet the Accessible Information Standard. The registered manager told us they had not yet attended training about the standard but that this was planned. We saw people's communication needs were assessed and plans of care put in place to help staff meet these. During the inspection we saw staff using tailored communication techniques to ensure information was appropriate communicated to people and to help ensure they understood what was being asked of them. For example, on Rosewood House we saw staff observing people's body language as a way of determining if they consented to care and treatment and information was provided in pictorial and easy read formats for people. On Headley House staff told us they had received dementia care training and which had included information on how the senses of people living with dementia may be altered and how to respond to their changing needs.

We saw the service employed four activity co-ordinators one being based permanently on each unit. We saw the activities co-ordinators engaged with people either in group activities or on a one to one basis. We also saw people were encouraged to attend other unit where activities were taking place. For example, on the afternoon of our first day of inspection we saw entertainment had been arranged on Fairfax House which

people from other units were invited to attend. We saw information in people's care records confirming what activities they had taken part in on a group or one to one basis.

However, On Headley House the staff we spoke with said they thought people could do with more activities and stimulation. They said that whilst the activities co-ordinator provided a varied range of activities, they were also responsible for managing the homes other activities co-ordinators so spent time away from the unit doing other tasks. One staff member said, "People need more occupation, they are sat in chair not doing much, just sleeping, we don't really have time to sit with residents." Another staff member said, "There is not much time for activities as most of the time it's rushed.".

During the inspection we saw the activities co-ordinator based on the unit spent some time playing games such as dominos with people and people had access to reminiscence material and props such as dolls and musical instruments to stimulate their senses. However, there were times when people did not have much stimulation and interactions with staff were very task based. For example, although staff were supervising the unit they were busy completing care tasks or filling out documentation as a result we observed people became withdrawn and fell asleep. We concluded more activity and stimulation was needed at times to help ensure a truly person centred approach to dementia care on the unit.

On Rosewood House we saw people took part in a range of activities, some people went to day placements and visited the Salvation Army for lunch on a weekly basis. In addition, we saw some people had enjoyed a holiday in Bridlington with support from staff. However, one staff member said, "We don't really get involved in activities we only have time for tasks. Not much happens when the activity co-ordinator is not in. People do not have enough to do, I think they are bored." Another staff member said, "People who have the placements go out regular, the other people who don't have placements don't always get to go out. We always need two people on the unit for hoisting; we do not always have enough staff to take people out." This meant people were not being supported to follow their interests and aspirations. This was discussed with the registered manager who confirmed they would address this matter and review the staffing levels in place as recommended in the 'Safe' domain of this report.

We saw the service had a complaints procedure which was available to people who used the service and their relatives. We looked at the complaints register and saw four formal complaints had been received in the last year. We saw the complaint had been dealt with appropriately by the registered manager.

The staff we spoke with told us they were aware of the complaints procedures and were able to describe how they would deal with and address any issues people raised with them. However, we found evidence in the daily reports completed for one person who used the service that they had raised a concern with a staff member which had not been managed correctly or passed on to the registered manager for them to investigate. This was discussed with the registered manager who confirmed this matter would be dealt with through staff training and supervision.

People who used the service and the relatives we spoke with told us that they did not have any concerns or complaints but knew who to speak with if they had any concerns about the care and support people received. One person said, "There is always someone around to talk to if you have any concerns or questions. All the staff are very helpful and usually things get sorted out quickly." The registered manager told us they were pro-active in making sure low level complaints and concerns were dealt with before they escalated to a formal complaint. They also told us complaints were welcomed as they were used as a learning tool to improve the service for everyone.

Is the service well-led?

Our findings

People who lived at the home and their relatives told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support people received. One person said; "I have met [Name of manager several times and have found them to be very approachable." Another person said, "I have no concerns about how the home is managed. Although it is a large home the individual houses are homely and the manager and staff appear to know people very well. "

All the staff we spoke with told us staff morale and team work was good and they would recommend Knowles Court as a place to work. One staff member said, "It's a great place to work, the staff are friendly, the management very good and the people we care for really appreciate the care and support we provide." Another staff member said, "I really enjoy working at the home, every day is different but rewarding."

We found there was a clear management and staffing structure in the home and the registered manager was supported by an experienced senior management team and administrative staff. We saw there were heads of departments for catering, housekeeping, activities, maintenance and administration. There were clear lines of accountability and communication within the senior staff team and people's needs were assessed and overseen by a clinical service manager.

In addition, the registered manager told us they benefitted from the organisational structure in place which ensured front line managers employed by the provider were supported in their role by external management. They also told us they could draw on the skill and expertise of other key people within the organisation including the regional manager and human resource staff.

Throughout our inspection we observed the manager interacted with staff, relatives and people who lived at the home in a professional manner and had a visible presence around the home. We saw the registered manager met with senior staff and the head of each department every morning and shared information about all aspects of the service. For example; what activities were planned, the day's menu, planned maintenance, hospital appointments and updates on the health and well-being of the people who lived at the home.

We reviewed the systems to assess and monitor the quality of the service. Regular audits in areas such as nutrition and catering, clinical risk and care plans were undertaken by the registered manager. We looked at these and saw they were generally effective in identifying issues and making sure action had been taken to rectify any problems. In addition, the registered manager was required to submit information on key performance indicators such as weight loss, pressure ulcers, infections, safeguarding and serious incidents to senior management on a monthly basis.

We saw the regional manager employed by the organisation also visited the home on a monthly basis to review and audit the quality of care and facilities people received. This included checking the audits completed by the registered manager, looking at the environment and talking with people who used the service, their relatives and other healthcare professionals to seek their views of the service. In additional, the

organisations have an internal quality team who carry out their own inspection of the service a twice a year and complete their own quality audit.

However, we found some concerns highlighted in the body of this report had not been identified through the internal quality assurance systems. For example, we found care plans did not always provide accurate and up to date information, accurate stock control records were not always maintained for medicines prescribed 'As and when required' [PRN] and senior staff were signing the medicine administration record [MAR] for topical creams and ointments they had not actually applied.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Adult social care providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service both in the home and on their website if they have one, we found the service had also met this requirement.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager told us as part of the quality assurance monitoring process they held regular meetings with people who lived at the home and their relatives and sent out annual survey questionnaires. They confirmed the information provided was collated and an action plan formulated to address any concerns raised. In addition, an annual staff survey is carried out to seek their views and opinions of the service and to establish the level of engagement they have with the organisation.

Throughout the inspection we found the registered manager and staff we spoke with were open, honest and positive in their approach to the inspection process and where areas for improvements were identified took the appropriate action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not operated effectively to monitor, assess and improve the quality and safety of the services provided and ensure compliance with regulations. 17(1)(2)(a) Accurate and up to date records in relation to people's care and treatment were not always maintained. 17(1)(2)(c)