Caring Homes Healthcare Group Limited

Knowle Park Nursing Home

Inspection report

Knowle Lane
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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

Knowle Park nursing home provides care and accommodation for up to 49 people some who have physical needs, some people who are living with dementia and some who have to choose to enjoy their retirement years. On the day of our inspection 40 people were receiving care and support at Knowle Park nursing home.

We undertook our unannounced inspection on 9 January 2017.

A registered manager was 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.

People and their relatives gave positive feedback about the service they or their family member received. People were very happy about the care they received.

People were kept safe. Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred.

People told us care staff treated them properly and they felt safe. Staff had written information about risks to people and how to manage these in order to keep people safe. For example people at risk of skin breakdown, had action plans in place detailing guidance for staff to undertake to minimise the risk to the person and to promote skin healing.

Incidents and accidents were fully investigated by the registered manager, and actions put in place to reduce the risk to people of accidents happening again such as people falling.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines.

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted.

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people.

People and their families (when necessary) had been included in planning and agreeing to the care provided. People had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed.

Knowle Park Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood their responsibilities in relation to capacity and decision making. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

Care Staff and nursing staff had the specialist training they needed in order to care for people. Staff demonstrated best practice in their approach to the care, treatment and support people received.

People were provided with a choice of freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed some positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit.

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. People knew how to make a complaint. Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Staff knew how to respond to a complaint should one be received.

The provider had quality assurance systems in place, including regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

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.

Staff knew how to keep people safe and protect them from abuse.

Medicines were stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were processes for recording and monitoring accidents and incidents.

Is the service effective?

Good

The service was effective.

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived at the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards applications were made.

People had enough to eat and drink and specialist diets were supported where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff

who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff knew the people they cared for as individuals. Staff took time to speak with people and to engage positively with them.

People and their families (where necessary) were included in making decisions about their care

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to activities that matched their interests.

There was a clear complaints procedure in place. No complaints had been made since our last inspection. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in place.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Staff felt supported and able to discuss any issues with the registered manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Knowle Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 use the PIR to inform our judgment process.

The inspection was carried out by three inspectors 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.

During the inspection we spoke with ten people who lived at Knowle Park Nursing Home, nine staff, three relatives, the registered manager, the regional manager and one health care professional. We observed care and support in communal areas and looked around the home, which included people's bedrooms (with their permission), the different floors within the building and the main lounge and dining area. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We looked at a variety of documents which included six people's care plans, five staff files, training programmes, medicine records, and four weeks of duty rotas, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe living at the home. Comments included; "I feel safe here, more than in hospital" and 'Night staff are good, I feel safe and they check me regularly."

The registered manager and staff had taken steps to help protect people from avoidable harm and discrimination. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training and were able to describe the procedures to be followed if they suspected any abuse. One staff member told us "Physical, emotional, institutional abuse. I would go to the nurse in charge or the manager. I can also contact CQC of the LA; the number is in the staff room." People told us they would approach the registered manager if they had any concerns. One person said "I am confident they would deal with me immediately. I definitely feel safe here and secure."

The risks to individuals and the service; for example health and safety, were managed so that people were protected and their freedom was supported and respected. One person said; "I move around with a walking frame in my room, around the home I freely use my wheelchair." The registered manager ensured staff assessed the risks for each individual and recorded these.

We checked a sample of risk assessments and found plans had been developed to support people's choices whilst minimising the likelihood of harm. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One person's risk assessment detailed their assessed skin breakdown risk. The action plan detailed pressure mattress settings, repositioning frequency and nutrition support which should reduce the risk to the person of their skin breaking down or them acquiring a pressure wound. We saw that these actions were followed by staff.

Incidents and accidents were reported appropriately and in a timely manner, the registered manager described to us the action they took to analysis each incident. They showed us examples of outcomes of investigations; this included an accident where a person had fallen. The registered manager had reassessed the risk and implemented new strategies such as alarm mats to alert staff sooner to the person moving about their room. Staff were able to describe risks and supporting care practices for people. One staff member said ""If a person had a fall I would press the emergency bell to get the nurses. The nurse checks the person over and decides if the person needs other medical help. I would fill out the incident report."

People's medicines were well managed and people received their medicines safely. One person said; "I do get my medication when they are due", and "The staff will adjust the pain relief if necessary."

There was an appropriate procedure for the recording and administration of medicines and medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. We observed staff ensured people had taken their medicines before completing the MAR chart to confirm that medicines had been administered. We looked at MAR charts and saw they were completed fully and signed by trained staff. People who were

prescribed 'as required' medicines had protocols in place to show staff when the medicines should be given. The provider had in place procedures for the safe disposal of medicines.

Qualified staff told us they had been trained in giving medicines through different methods such as a syringe driver and we saw evidence that their competencies were regularly checked.

People said that there were enough staff deployed to meet their needs. One person said; "There are enough staff, quite a lot." Staff also said there were enough staff on duty. We saw people being attended to promptly. Care staff acknowledged people when they required assistance and phoned colleagues to help people when needed. The provider used a dependency tool to assess that staffing levels were in place to meet the needs of the people. The registered manager said that the staff levels were nine care assistants and two registered nurses on shift during the day. At night one registered nurse and up to five care staff. We checked the rotas for a four week period which confirmed the staff levels described by the registered manager were maintained.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check carried out before starting work. The provider had ensured that qualified staff had the correct and valid registration.

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "All the staff are very competent."

The registered manager told us that all staff undertook an induction before working unsupervised. This was to ensure they had the right skills and knowledge to support people they were caring for. One staff member said the service, "Provides training on a regular basis I have just finished SG (Safeguarding) training, and completed dignity in health and social care."

The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. One staff member said "I had an induction; I read policies and shadowed experienced carers." The registered manager told us that all new staff undertook the Care Certificate and we saw evidence of this in staff training files.

Staff had effective training to undertake their roles and responsibilities to care and support people. Training was given based on the support needs of the people that lived at the home. Qualified staff received training in clinical skills such as wound care, medicine management and continence care, to ensure staff had the necessary skills to do this safely and effectively.

Catering staff had also undertaken training and were being supported to develop their knowledge and skills in providing a good level of food to meet people's nutritional needs. The chef told us "One of the kitchen assistants was undertaking an NVQ 2 food preparation & cooking."

Staff said they had annual appraisals. The registered manager showed us records of appraisals and the dates of the next staff appraisals. Staff also had regular supervisions which meant they had the opportunity to meet with their registered manager on a one to one basis to discuss their work or any concerns they had. One staff member said; "I had supervision last month. We discussed if I had any problems or I needed more support." We saw that nurses received clinical supervisions and undertook training to meet their continuous professional development programme.

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.

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. The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's

mental capacity for specific decisions such as not being able to go out on their own had been completed. One person said "The staff don't just assume anything, they will ask, and I feel they know me well."

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said their understanding of MCA was "Someone is able to make their own decisions, if not it's a DoLS and a best interest."

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). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. For example for people who were unable to make the decision to be cared for constantly. We saw DoLs applications to the local authority for people who received constant support and supervision.

People's nutritional needs were met. One person said; "The quality of the food is quite good" and another person said "I can chose an alternative if I fancy something different". A person's relative told us "They (Staff) know what my relative can eat. If mum doesn't want anything on the menu we can ask for some fish or an omelette and they will do it."

We spoke to the chef he told us they created an excess of meals so if people changed their minds when the meal was served; they could be offered the alternative or there was an alternate menu people could choose from which would be freshly cooked.

There was a list in the kitchen of people's dietary requirements. The chef was able to identify those people who were on specialist diets. The chef spoke about the needs of people such as people on soft diets, who had progressed from a pureed diet to a fork mash able diet. They said that referrals to the SALT (Speech and language therapy team) were made when needed.

We spoke with the chef manager who explained the daily menu, they said "The activities staff goes round and asks people what they would like. We show people and tell them about the options on the day." The menu was displayed in the dining room and included the main meal of the day, together with the alternatives on offer including a vegetarian option. The chef told us that they went to meet with all new people who moved in to find out what food they liked, or disliked and any special requirements the person may have.

During the day people had drinks in front of them and tea and coffee was offered throughout the day. People were offered wine at meals .We observed lunch in the dining room and for some people in their rooms. We saw one staff assisting a person with their lunch in their room, safe practice was noted in that the person had been assisted to sit upright (had a profiling bed for ease of positioning and safety rails in place) which reduced the risk of the person choking.

People were supported to maintain their health and wellbeing by having access to external professionals. We were told by the nurses and staff that the GP visited weekly to see people who needed medical support. They told us the GP could also be called at any point if a person needed to see them. Staff also responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, or optician. We saw, in individual care plans, that staff made referrals to other health

professionals such as the speech and language therapist (SALT), the falls team, district nurses or the dementia nurse when required.

We spoke to a visiting health care professional after our inspection who told us that staff made appropriate referrals in a timely manner. Another external health care professional told us that they did not have any concerns about the technical aspects of the nursing care provided; for example, in the provision of air mattress that were set at the right pressure to promote good skin care.

Good

Is the service caring?

Our findings

People felt well cared for at Knowle Park Nursing Home. One person said "It's a privilege to be at this place, a lovely place." Another person commented "Staff are lovely. They are friendly and helpful."

During the inspection we saw that all staff took the time to listen and interact with people so that they received the support they needed. One person said "Even the cleaners are nice, always have a chat." People were relaxed in the company of the staff, smiling and communicated happily often with good humour. A relative said they thought the staff were caring and had no feeling that they were disrespectful or not caring to their family member. We had positive feedback about the caring nature of the staff. A relative said, "The staff are very nice and have been very welcoming."

People looked well cared for, with clean clothes, tidy hair and were appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. One person said "The carers look after me." Staff were knowledgeable about people and their past histories. Care records contained people's personal histories, likes and dislikes so staff were aware of people's backgrounds before they came to live at the service. This has enabled staff to plan the persons care to meet their needs. Throughout the inspection it was evident the staff knew the residents well. A relative said, "Staff are very friendly and caring to my family member." Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives, or when people showed us their bedrooms, as decorations and items matched with what staff had said.

Staff treated people with dignity and respect. People had a choice of who provided their personal care. A male staff member said, "I respect people's privacy; I will use a towel to cover them up. I will only support men with their personal care." Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. People had their own toiletries in the bathroom, clearly labelled so that they did not have to use the same as everyone else.

People were given information about their care and support in a manner they could understand. A staff member said, "We support people to make daily choices about what they wear, what clothes and items to buy in the shops; I will show them the item. I know people, they communicate through facial expressions, body language or sounds." Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text, for example, the staff on shift used staff pictures, so everyone could see who would be supporting them in their home. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People's rooms were personalised which made them individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. One person said different religious ceremonies were held in the service to meet the needs of people. Relatives told us they were free to

visit when they chose to.

We saw positive interactions between staff and people. We observed a person being moved using a hoist in the communal lounge. Staff explained the process and constantly asked the person if they were comfortable. Two staff members came into the lounge and chatted with people cheerfully, displaying kindness and compassion. They spoke with people individually and assisted them if they needed anything. The person said "Staff are always so kind. They try to do their best for you." Staff who did engage with people knew them well and were able to refer to their likes and dislikes in general conversation to which people responded positively.

We asked people and family members if they had been involved by the staff in their care or the care of their relative. They confirmed that were included and kept up to date by the registered manager and the staff at the home. We saw evidence in people care plans that they had read and signed them to acknowledge they agreed with the care being provided.

Good

Is the service responsive?

Our findings

One person said, "I get the care I need." Another person told us "The staff respond very quickly to my bell." One relative said, "The care is person-centred."

People had access to social activities. In the morning we observed a quiz taking place. We observed later in the afternoon the activity coordinator ensured that each person was aware of what was happening and what activities were on offer for people. The activities staff told us they spent time with people on an individual basis who are unable to attend group activities. We saw this happening on the day of inspection. One person said "They (activities staff) bring animals to my room to see me; dogs, an owl one time, and the hairdresser come to me too." We saw a piano was available for people or visitors to play and we saw a one person using it for his own, and others pleasure. This level of activities supported people from becoming socially isolated.

Before people moved into the home an assessment of people's needs was completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified. A staff member said "Before a person is admitted the nurse handovers to staff about the person and their needs." One person told us "I'm involved with my care and kept informed." Full family histories were drawn up so that staff knew about a person's background and were then able to talk to them about their family or life stories.

People's care plans were reviewed on a regular basis. We read that reviews were undertaken and staff discussed with people their goals for the future. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people. We noted that care plans were written by the nurses and contained information about people's physical and social needs.

Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs.

People told us they knew how to make a complaint if they needed to. We saw the homes complaints procedure displayed in the foyer. We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey .People told us they had attended resident meetings one person said "There is a residents meeting every three months and we get to say what we like and don't like via a survey. They do seem to listen." We looked at the minutes of the last residents meeting held in December. People had made comments and suggestions about the mealtimes. The registered manager showed us a letter the chef had sent to every person thanking them for their suggestions and stating that he would be acting on the suggestions which included more butter in jacket potatoes and a greater choice of puddings.

Good

Is the service well-led?

Our findings

The home had a registered manager. People and relatives we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said "The manger is very good." All the people we spoke to told us the registered manager was easily accessible and always available.

We observed that the registered manager interacted well with people. One care staff said. "The manager is approachable. If there is a problem she will resolve it." We observed on numerous occasions the registered manager sitting and chatting to people and asking if there was anything that people needed. The registered manager bought their dog into the home some days and people told us "I love seeing him." Another person said "A home is not a home without pets."

Staff were positive about the management and the support they were given. They told us they felt supported and could go to them if they had any concerns. One member of staff said "It was a good group of staff." They had staff meetings in which they could speak openly and make suggestions. A care staff member said the staff team worked well together; they said "Co-operations, team work. There is no pressure and we have time for people." Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example; discussions around the handover forms, timekeeping and the need for daily care documenting to sustain a good quality in continuity of care.

The registered manager told us about the providers core beliefs which were "Ensuring every home is just that, a caring home." Staff we spoke to understood and followed the values to ensure people received kind and compassionate care. This was implemented during the staff induction process and reviewed regularly. We saw that the values were promoted in the 'Residents Guide', which anyone wanting to find out about the home or who lived there could read.

One member of staff said when new staff started they received training on the aims and objectives of the service. It was then up to senior staff to monitor them to ensure they put these aims into practice. Any issues identified would be covered in an individual supervision session. This helped develop consistent best practice and drive improvement.

The registered manager told us about the systems they used to ensure the delivery of high quality care. We viewed records of the quality assurance systems in place. We saw evidence of audits for health and safety, care planning, medication and infection control. This enabled the registered manager to identify deficits in practice and rectify these. The registered manager explained that regular health and safety meetings were held and we looked at the minutes of the previous meeting held. Best practice guidance was discussed during these meetings including communication skills and care plan reviews and how these should be put into practice during the staff working day.

The registered manager explained how they work with local community to develop social activities and how

they have just joined CQUINS: The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home. The PIR information matched what we found on the day of inspection.