Raj & Knoll Limited

The Knoll Nursing Home

Inspection report

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Date of inspection visit: 23 & 24 April 2015
Date of publication: 07/08/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 23 and 24 April 2015, was unannounced and carried out by one inspector and an expert by experience. The expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Knoll provides accommodation, support and nursing care for up to 29 older people, some of whom were living with dementia. A registered manager was in post who was also the registered manager for the two other services owned by the organisation. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible.

Accidents and incidents were recorded but had not been summarised to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

Summary of findings

There were policies and procedures in place which covered emergency events but there were no plans in place to help people to safely leave the building in an emergency such as a fire.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager understood when an application should be made and was aware of the judicial review in March 2014 which widened and clarified the definition of a deprivation of liberty. DoLS applications to the supervisory body had been made in line with guidance; however, the provider had not submitted notifications of the DoLS applications and their outcomes to CQC.

People told us they felt safe living at the service. Staff knew how to protect people from the risk of abuse and how to report any concerns they may have. Staff had been trained in safeguarding adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff were aware of the whistle blowing policy and were confident they could raise any concerns with the registered manager or outside agencies if necessary. People were supported to take their medicines safely.

Recruitment processes were in place to check that staff were of good character and there were sufficient numbers of staff to meet people's needs. Staff received regular training and there was a training programme in place to make sure staff had the skills and knowledge to carry out their roles. New staff received an induction and had access to range of training courses.

People and relatives told us that there were not enough staff on duty. Over the last three months the provider could not provide evidence to show which staff had been on duty. During our inspection there were sufficient staff with the right skills, knowledge and competencies to meet people's needs. Other than at lunchtime, staff were not rushed. Staff received regular supervision and a yearly appraisal to support them in their role.

People were provided with a choice of healthy food and drink which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals when they needed to.

The design and layout of the service was suitable for people's needs. The building was adequately maintained although there were some areas of paintwork which were scuffed.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff knew people well but some care plans did not record all the information, such as, life histories to ensure that staff had the relevant information to support people in the way that suited them best. People told us they knew about their care plans but not all care plans had evidence to confirm that people had been involved in planning their care or had agreed with the care being delivered. Staff were clear on how respect people's privacy and to treat people with dignity and respect.

Staff were caring and compassionate. Staff treated people with kindness, encouraged their independence and responded to their needs.

Systems were in place to check the safety of the service but checks had not been completed on the quality of the care people received. People were asked for their feedback about the service, but the views of their relatives and health care professionals had not been sought to identify any areas to continuously improve the service.

People told us that they would like more activities. People spent a large amount of time sitting with a television on in the lounges.

People and relatives told us that they would raise concerns with the registered manager or staff if they had any issues. They felt confident to make a complaint and that it would be acted on.

There was a statement of quality on display in the service, which outlined the visions and values of the service such as compassionate care. Staff were aware of these values and demonstrated their understanding of how to achieve this by offering people choice, treating them with dignity and responding to their needs.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not safe.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

There was no analysis of accidents and incidents to reduce the risks of further events. A plan was not in place to ensure that people would be able to leave the service safely in the event of an emergency.

Staff knew the signs of abuse and had received training to ensure people were protected from harm. People's medicines were managed safely.

The provider had recruitment and selection processes in place to make sure that staff employed suitable to work with people. People were supported by suitably qualified, skilled and experienced staff.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff understood the importance of gaining consent to care and giving people choice. People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005.

There was regular training and the registered manager held one to one supervision with staff to make sure they had the support to do their jobs effectively.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and understood people's preferences and different religious and cultural needs. Staff spoke and communicated with people in a compassionate way. Staff spoke with people in a way that they could understand.

Summary of findings

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was supported and respected.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care plans lacked detail to confirm that people had been involved with the planning of their care and support. People's life histories were not consistently recorded. Care plans were regularly reviewed and kept up to date with people's changing needs. Staff had a good understanding of people's needs and preferences.

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on. The registered manager learnt from concerns and complaints.

People and relatives told us that there were not enough activities being provided. There were long periods of time during the inspection where people were not being supported to be socially active.

Is the service well-led?

Requires improvement

The service was not well-led

The provider had not consistently notified the Care Quality Commission of events in line with legislation.

People were asked for their views about their care; however relatives, health care professionals and staff had not had the opportunity to complete a survey to feedback their views on the service.

Quality audits were completed on things such as fire equipment and the environment; however, there were no audits in place for care plans and medicines to identify shortfalls in the quality of the care provided.

Staff told us that they felt supported and that there was an open culture between staff and between staff and management.

The Knoll 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.

This inspection took place on 23 and 24 April 2015 and was unannounced. The inspection was carried out by one inspector and expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

We normally ask 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. On this occasion we did not ask the provider to do this as we were responding quickly to information and concerns that had been raised with the Care Quality Commission (CQC). We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and talked to 15 people who lived there. Conversations took place with people in their own rooms, and with individuals and groups of people in lounge areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with eight relatives and friends, four members of staff, the deputy manager and registered manager.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, six staff files and records about how the quality of the service was monitored and managed.

We last inspected The Knoll in May 2014 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. The expert by experience spent a day with people, talking with them and observing staff interactions with people. People said, "I'm safe and all my stuff is safe as well", "I bruise very easily, when they dress and undress me. (The nurse) checks them all", "It is safe, yes" and "I do feel safe". Relatives' comments were mainly positive and included, "She is safe here" and "Yes, I think she's safe because she has this extra care now". However, when we asked two relatives if they felt people were safe they said, "I think so, but sometimes I worry they don't check on her enough so I leave the door open" and "I have concerns about his safety because there are not enough carers always to check on him regularly".

People who needed support with their mobility had risk assessments in place but these did not give staff clear guidance on how to reduce risks and move people safely. Assessments identified how many staff were needed to support a person and any specialist equipment that was needed, such as, a slide sheet or hoist. For example, one care plan recorded that a person needed the use of a hoist to move them and needed, 'Support of two staff' but there was no explanation of how this support should be given to ensure the person was moved safely and consistently. Another care plan recorded the number of staff needed to move a person in bed but did not explain how staff should provide this support consistently.

Accidents and incidents were reported to the nurse or manager on duty. Accidents had been recorded on an accident form and the registered manager told us that these were reviewed to identify any patterns or trends. However there was no record of any summary of the events to help ensure appropriate action was being taken to reduce the risk of further or similar occurrences.

Staff told us that they knew what to do in the case of an emergency. There were policies and procedures in place for emergencies, such as, fire but there was no plan to respond to untoward events. There were no plans to show how the service would respond to major incidents, should they need to re-locate in an emergency such as a flood. People did not have an emergency evacuation plan (PEEP) in place so staff may not know how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. The provider had not reviewed accidents/incidents to mitigate the risk of further occurrences. There was no emergency plan in place to instruct staff how to evacuate each person safely. Regulation 12(2)(a)(b) and 12(2)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People's and relative's views varied with regard to whether there were enough staff to meet their needs. People's comments included, "There seem to be enough staff but they are always busy", "Sometimes there's enough staff, not always. I feel they spend time writing when they could be with people", "The nurse comes and she is very busy. There are not enough staff, for example, I ring the bell and sometimes it is 10 – 15 minutes, sometimes longer" and "They are short of staff here and I think it will take longer if I walk. I press the bell – I've had to wait about 10 minutes. Relatives added, "The number of staff seems to have improved lately", "In my opinion they could do with more staff", and "The trouble is they all take breaks at the same time". During lunch there was a long wait between courses. During our inspection we noted that call bells were answered in a timely manner and that people received support when it was needed. Staff were patient with people, allowed them to take their time and were not rushed.

Staff were employed to work across three different services run by the provider. Some staff were rotated across the three services as part of their personal development and to give them the opportunity to work with people with different healthcare and support needs. The deputy manager completed the weekly duty rota across the services. During our inspection there were sufficient staff with the right skills, knowledge and competencies to meet people's needs. Other than at lunchtime, staff were not rushed. An additional member of staff was on duty to support one person on a one to one basis. Staff, including the nurse on duty, told us that they felt there were enough staff on duty to meet people's health care and support needs.

Requires improvement

Is the service safe?

People said they felt protected from abuse, bullying and harassment. Staff were able to demonstrate their understanding of what abuse was and recognised different types and signs of abuse. Staff knew who to report any concerns to in the service. Staff were aware of the provider's whistle blowing policy and said that they would not hesitate in speaking up if they had any worries. They felt that they would be taken seriously and that their concerns would be looked into and acted on. Staff had received training on how to keep people safe and received regular refresher training to keep up to date with current good practice. Staff told us, "The people that live here are really important to me. If I had any concerns I would say something straight away" and, "I have had safeguarding training. I would speak to the manager and know that she would deal with it".

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. All the people we spoke with said they received their medicines on time. One person told us, "I've been really ill, they bring me all my pills right here for (my medical conditions) and they give me two painkillers before I go out" and another commented, "They check my blood sugar for me, four times a day, on time and they do my insulin which is tablets and injections. They do well". Another person told us how staff promoted their independence by supporting them to administer their own medicines. The medicine trolley was securely locked in the treatment room when not in use. Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. A nurse told us that they completed a check on the medicines each day and made sure that the relevant paperwork had been completed correctly. They told us that this was not documented. We reviewed medicines administration records and did not find any missing signatures or unexplained gaps.

When people were at risk of pressure sores staff would regularly reposition them to help prevent pressure sores from developing. People had the use of pressure relieving equipment such as compression socks, cushions and air flow air mattresses. There was guidance for staff on how to use pressure relieving equipment to minimise the risks of people developing pressure sores.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Notes made during interviews were kept on staff files. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff completed a 'self-disclosure' every two years to confirm that they had no criminal convictions. The provider kept a record to show that staff had provided the correct documentation to show that they were legally entitled to work in the United Kingdom and this was continuously monitored.

People told us they were happy with the cleanliness of the service and said, "They mop and dust my room by lunchtime usually" and "It's all cleaned here". Relatives commented, "We like the cleaner, she works hard", "I'm happy with how clean it is" and "No complaints about (my relative's) cleanliness. They clean her up quickly and wash her well with hot towels". The service smelled clean and fresh. People's rooms were clean, tidy and well maintained. Standards of hygiene and cleanliness were appropriate. Staff wore personal protective equipment, such as, gloves and aprons as necessary. Alcohol gel dispensers were located throughout the service. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. Some people needed specialist equipment, such as, oxygen concentrators. There was detailed guidance for the nurses to check that the equipment was kept in good working order.

Requires improvement

Is the service effective?

Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. People said, "They know what they are doing" and "The staff seem good. They try to help me". People and their relatives said that they thought staff were trained to be able to meet their needs or their relative's needs.

Staff explained that people and their relatives were involved with planning their care and that when someone's needs changed this was discussed privately with the person. When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Staff were aware of and were able to explain the principles of the MCA and how it impacted on the people they supported. Staff had received training on the MCA. When people had made advanced decisions, such as Do Not Attempt to Resuscitate, this was documented and kept at the front of people's care plans so that the person's wishes could be acted on.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the judicial review in March 2014 which made it clear that if a person lacked capacity to consent to arrangements for their care, were subject to continuous supervision and control and were not free to leave the service, they were likely to be deprived of their liberty. Applications to the supervisory body had been made in line with the guidance.

Care plans had been written with people and their relatives but were not always signed by them to show they agreed with them. People said staff asked for their consent about the tasks they were about to undertake. People's care plans contained informed consent forms for things, such as, administering medicines and photographing wounds. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. One person had an informed consent form for having a flu jab which had been signed by their relative on their behalf. Informed consent forms were not consistently signed so the provider was unable to evidence if people had agreed with the decisions.

Staff told us that they had an induction when they began working at the service. The induction was completed over a number of weeks and was signed off, by staff and a trainer, as staff completed each section and were assessed as being competent. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

Staff received regular training and were able to tell us what training courses they had completed. A training schedule was kept which showed when training had been undertaken. Some training was completed on-line and other, such as, moving and handling incorporated practical sessions carried out by occupational therapists. Staff spoke calmly to people when they were helping them to move using a hoist. Staff explained clearly what they were going to do and completed this without drawing attention to the person. Staff told us that they had completed training and that this included specialist training relevant to their roles, such as, courses about Dementia care and continence promotion. Nurses completed additional training relevant to their roles, such as, enteral feeding and the use of syringe drivers. Staff were encouraged to complete additional training for their personal development. 16 staff had completed adult social care vocational qualifications and two staff were working towards their qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us that they had regular one to one supervision meetings with the registered manager or senior staff when they could discuss their training needs and any concerns or

problems. Staff said that they would go to their manager at any time to discuss concerns or ask questions and that there was an 'open door' attitude. The registered manager had an annual appraisal system. Some staff had had their appraisals and others were scheduled to take place. This was an opportunity for the registered manager and staff to discuss any identified development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager and senior staff to look at different ways to achieve them. Staff received extra supervision and mentoring if issues were highlighted.

People and their relatives were offered choices of hot and cold drinks throughout the day. People told us, "The food is good, no complaints. If you don't like it they will do you something else. There's enough food, in fact I couldn't eat all my breakfast because I was still satisfied", "I suppose the food is alright but I can't chew it much. They give me mostly soft food. I still feed myself with a spoon" and "The food is good and plenty of it". One person commented, "It's very good food but there's not enough of it". Our expert by experience sat with people during lunch. Staff chatted with people in a cheerful manner and communicated in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed and peaceful. Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. The food looked appetising and people ate well. Lunch was freshly cooked with a choice of fresh vegetables. When people had appointments during the day they were offered a packed lunch to take with them. Some people were on 'soft diets' and these were well presented with each food item pureed separately so that people could taste the individual foods. When people were at risk of gaining or losing weight they had been referred to the relevant health professionals. Measures were in place to reduce these risks and, when needed, people received additional nutritional supplements, such as, fortified drinks.

People were offered a choice of meals at lunchtime and supper. Fresh fruit and yoghurts were offered along with a choice of two desserts. We asked friends and relatives their views on the food and the responses were mixed. Relatives said, "The food looks very nice and the cook comes to her room to ask what she'd like", "The cook is brilliant. Always puts herself out for him. She gets to know what they all like", "She eats well here and has put on weight, which she needed" and "Some of the food looks ok. The tea is rubbish – sandwiches and scrambled egg that was inedible. There's not enough variety here and never any fruit. I bring in his bananas".

People and their relatives had mixed views on the drinks offered. People said, "You can't always get a cup of tea but there's always squash", "There's plenty to drink all the time. I've got to keep drinking they tell me" and "There's plenty to drink and tea and milkshakes". A relative commented that their loved one needed a thickener in their drinks, "He only needs one scoop but some of them do it differently. Another relative said, "Sometimes her drink is forgotten so I go and ask".

The design and layout of the service was suitable for people's needs. The building was adequately maintained although there were some areas of paintwork which were scuffed. Rooms were clean and spacious and the service smelled clean and fresh. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service. People's bedrooms were personalised with their own possessions, photographs and pictures.

People told us they felt they were supported to maintain good health and that their health needs were being met. People had access to health and social care professionals including doctors and dentists. People said, "My doctor comes here. I just say I want to see a doctor and they'll get him" and "My own doctor comes when we send for her. If I wanted to go back into hospital I could but I'd rather stay here. It's better than a hospital". People's health was monitored and care was provided to meet any changing needs. Some people needed their blood glucose levels monitoring and this was carried out regularly by a nurse to make sure their blood glucose levels were stable. One person who had their blood glucose levels monitored had fluctuating levels, staff had contacted the GP and their insulin had been increased and their levels subsequently stabilised. There were risk assessments and care plans in place for people's skin care, continence and nutritional needs and these were reviewed for their effectiveness and reflected people's changing needs. People received

Requires improvement

Is the service effective?

on-going health care support and, when needed, referrals were made to specialist health care professionals, such as, physiotherapists, respiratory nurses, speech and language therapists and dieticians. One person commented, “They always get me a doctor if I’m in pain or have a bad chest. The doctor got me a physio who came three times. I can walk to the lift now. It’s a big improvement”. People had the relevant equipment in place to reduce the risks of pressure sores to keep their skin as healthy as possible.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. Staff supporting people had a friendly approach and showed consideration towards people. People were relaxed in the company of each other and staff. People said, "The staff are great", and "The staff are lovely, they are all very kind". Relatives told us, "They are polite to her and they always ask her if they can do things", "I'm happy with the care here" and, "I can't praise them enough. They are all good and polite".

One of the service's aims was 'We strive to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere, and in doing so will be sensitive to resident's ever changing needs'. Staff were clear on how to treat people with dignity, kindness and respect. Our observations of staff interacting with people were positive. When people were supported to eat their meals in their bedroom we saw that staff closed the door to protect people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. People were relaxed with staff when they were supported with their mobility. When staff supported people with their mobility this was done in a dignified manner. People were not rushed and were given the time they needed.

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included assessment of their satisfaction and having their needs met. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people's individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. Some people used communication aids, such as, a white board. A relative told us, "Staff take their time with him and make sure he understands what is happening. He is cared for very well".

Staff displayed caring, compassionate and considerate attitudes towards people and their relatives. When we asked one person if they thought the staff were caring they were complimentary about a member of staff's caring nature and said, "I don't know how she copes with it all! She brings me my TV Times from the shop; she gets it on her way in".

People moved freely around the service and could choose whether to spend time in their room or in communal areas. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were supported to shave. A relative commented, "(My relative) is very well cared for". People chatted and laughed with each other and with staff. One person said, "We have a good laugh. It is first class here, no problems" and another added, "They are all very good here, we take the mickey and they love it!" People were supported to remain as independent as possible. One person told us how a member of staff helped them with their paperwork and said; "I see her for help with all my forms [showed a phone bill, disabled parking form and a national insurance form]". Another person said how they had been supported by staff to arrange a meeting with a solicitor and to meet regularly with Social Services. They told us, "I still hope to go home and drive again".

During our inspection there were a number of people who called in to see their relatives / friends. Relatives told us that they visited when they wanted to and that there were no restrictions in place. One relative said, "I come every day and they always welcome me and give me drinks and another commented, "I feel welcome at any time which is good because I do her shopping for her". Staff greeted visitors in a way that showed they knew them well and had they had developed positive relationships. People could choose whether to spend time in their room or in communal areas.

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services were available to people if they wanted them to be involved. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff supported people in a way that they preferred and had chosen.

Requires improvement

Is the service responsive?

Our findings

People spent a large amount of time sitting with a television on in the lounges. Some people spent time reading magazines and books. People said, "I would like my freedom back. It can be frustrating. We don't go out at all", "There's not much activity. Exercise today, but that's all. I think we need more activity, like a quiz", "We need to do more. There is bingo over the other side" (the service next door owned by the same provider) and "I've been over there for their exercise session as well, there seems to be more going on there than here".

Care plans contained a section for people's life history to help staff to get to know people and know what was important to them. Although staff were able to tell us about people two people's life histories had not been completed. One care plan noted that the person 'Can participate in care planning himself' but the life history section was blank and the care plan had not been signed or dated. There was no completed record of the person's life, their past career and family for staff to read and be aware of.

People were not involved in the assessment of their social care needs. The care plans did not have clear details to show what involvement people had in developing their care. This is a breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People said that they received the care they needed and that the staff were responsive to their needs. Relatives told us that staff kept them up to date with any changes in their relative's health. One relative said, "I am very happy with his care. I'm very satisfied". When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

People had an individual care plan. Care plans contained details about preferred methods of communication, diet, health and mobility needs. Care plans were reviewed each month or when there were changes to people's health care needs to make sure staff had up to date information about people's needs. Care plans detailed what people could do independently, what support was needed and how many staff were needed to provide the support. One care plan detailed that the person 'chooses to have a full wash whilst on their bed…completes most of their care independently…will ring the call bell when ready for help'. Staff told us that this was the case and that they supported this person when they were ready. People's choices were noted and staff made sure these were respected. One person told us, "(Our relative) like to soak in the bath and they (staff) help her with this".

There was guidance for staff which identified which people were at risk of losing or gaining too much weight and what support people needed. People's weights were monitored and action was taken to refer people to health professionals when needed. If people chose not to be weighed then this was noted. Staff told us that some people had fortified diets and had additional snacks and were encouraged to have milky drinks to help maintain and increase weight.

When people's conditions changed this was documented. For example, if a person had a pressure sore, a tissue viability and wound assessment was completed and updated daily to reflect any changes as the wound site improved. Waterlow scores were completed and updated to reflect the changes in people's skin integrity. Waterlow scores give an estimated risk for the development of a pressure sore in a person.

On the first day of the inspection the service was decorated for St George's day. A themed lunch of roast beef and all the trimmings was served. People told us how much they had enjoyed a glass or two of Pimms, in the afternoon, to celebrate. Relationships with people's families and friends were supported and encouraged. A relative told us that an aromatherapist visited and that they always went to their relative in their room to make sure they were involved and "didn't miss out".

The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to appropriately. People and relatives told us they would raise any concerns with the registered manager or staff and felt that they would be listened to. People said, "I've no complaints but I would talk to staff" and "I'd see (staff member), she is always here". A relative commented, "I'd go to (staff member) she is very easy to talk to. We all think so, as a family" and one gave us an example of a problem that was resolved, "His clothes went missing but it's all sorted now".

Requires improvement

Is the service well-led?

Our findings

All services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of the deaths of people who use services so that, where needed, CQC can take follow-up action. The provider had not consistently submitted death notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The provider had not consistently notified CQC of deaths at the service. This was a breach of Regulation 16(1)(a) of the Care Quality Commission (Registration) Regulations 2009.

Providers must notify CQC of all incidents that affect people's health, safety and welfare including Deprivation of Liberty Safeguards (DoLS) applications. DoLS applications had been made to the local authority but the provider failed to notify CQC.

The provider did not notify the CQC of any DoLS applications or their outcomes. This was a breach of Regulation 18(4A)(a) of the Care Quality Commission (Registration) Regulations 2009.

Informed consent forms in the care plans were not consistently signed and dated. Each care file included a 'statement of terms and conditions', however, only one that we saw had been completed, dated and signed.

We reviewed rotas for the previous three months and these did not clearly show who had actually been on duty in each service. A 'weekly allocation sheet' was completed for the service and identified the nurse and senior staff on duty. When staff changed shifts with each other the allocation sheet in the service was not updated. These allocation sheets were not retained so we were not able to check if this matched the rotas or who had actually been on duty. Over the last three months the provider could not provide evidence to show which staff had been on duty. There was no accurate record of the names and numbers of staff on duty in the service because staff did not sign in to confirm they were in the service. Staff rotas covered all three services run by the provider and did not show clearly who was on duty in each service. The full names of staff were not on the rota.

The provider had failed to ensure that records were accurate or completed. The above Regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider had a range of policies in place that gave guidance to staff about how to follow the correct procedures and how to carry out their role safely; however there was no Mental Capacity and Deprivation of Liberty Safeguards (DoLS) policy and procedure in place. This meant that staff may not have the support and guidance to ensure correct procedures were followed with regard to people's mental capacity assessments and if required DoLS applications. The Protection from Abuse – Policy on Staff Whistle Blowing required review and updating as it referred to outdated legislation.

Relatives told us that they were not aware of any meetings or questionnaires about the quality of the service. They did know that there was a suggestion box in the entrance area. There were no quality assurance surveys sent to relatives, staff or stakeholders to give them an opportunity to feedback on the quality of the service. There was no formal audit of the care plans or medicines to monitor the quality of care being provided.

The provider did not have systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. There was a lack of auditing to assess and monitor the quality of care being provided. The above is in breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

People and their relatives knew the staff by name, however one person told us, "I've only met the manager once". People said, "Usually everything runs quite smoothly here" and, "I would be upset if I had to move now". A relative commented, "I think it's managed well". The registered manager was responsible for two other services and spent their time across all three services. The registered manager was not always available and accessible to give practical assistance and support as they were sometimes on duty as a nurse at one of the other services. A nurse was responsible for the day to day running of The Knoll when the registered manager was not present. Staff told us that they felt supported by the registered manager and that there was an open culture between staff and between staff and management.

Staff handovers between shifts highlighted any changes in people's health and care needs. These were documented

Requires improvement

Is the service well-led?

by the nurse on duty and then discussed with the care staff. Staff told us that there was good communication between the team and that they worked closely and helped one another.

There was a statement of quality on display in the service, which outlined the visions and values of the service such as compassionate care. Staff were aware of these values and demonstrated their understanding of how to achieve this by offering people choice, treating them with dignity and responding to their needs.

The organisation has three services and care staff were rotated between all three services, therefore there was one staff meeting to accommodate all of the staff. The last staff meeting was held in November 2014, several topics, such as staff rotas, team work, caring for people and safety and personal hygiene was discussed. There were actions to be implemented with timescales with completion dates. Staff received regular training and this included specialist training relevant to their roles. Staff received one to one supervision and annual appraisals to discuss their personal development needs and areas where they could benefit from further training. Staff told us that they were clear of what was expected of them and their roles and responsibilities and who they were accountable to. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Regular quality checks were completed on key things, such as, infection control, clinical waste, fire safety equipment, maintenance of specialist equipment and the environment to make sure they were safe. Reviews of care plans were consistently completed and reflected changes in people's health, care and support needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. The provider had not reviewed accidents/ incidents to mitigate the risk of further occurrences. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. There was no emergency plan in place to significantly reduce the risk to people in the event of a major incident. This was a breach of Regulation 12 (2)(i)of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not involved in the assessment of their social care needs. The care plans did not have clear details to show what involvement people had in developing their care. This is a breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider did not have systems in place to regular audit the service provided or have systems in place to seek the vies of a wide range of stakeholders about their experience and views of the service.

This is in breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The provider had failed to ensure that records were accurate or completed.

This is a breach of Regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider did not notify the CQC of any DoLS applications or their outcomes. This was a breach of Regulation 18(4A)(a) of the Care Quality Commission (Registration) Regulations 2009.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services The provider had not consistently notified CQC of deaths. This was a breach of Regulation 16(1)(a) of the Care Quality Commission (Registration) Regulations 2009.