

RVJ Healthcare Ltd

Knowle House Nursing Home

Inspection report

Lingfield Road
East Grinstead
West Sussex
RH19 2EJ

Tel: 01342317740
Website: www.knowlehouse.net

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Knowle House Nursing Home provides personal care, accommodation and nursing care for up to 35 people. On the day of our inspection there were 25 older people at the service, some of whom were living with dementia and chronic health conditions. The service is spread over three floors with a passenger lift, communal lounge/dining room, conservatory and a garden.

People's experience of using this service:

Although regular quality audits were completed to manage oversight of the service, we found improvements were needed for the management of pressure relieving equipment and 'as required' (PRN) medicines. For both these concerns, we considered the risk and impact on people to be mitigated. The manager acknowledged these were areas for improvement and immediately rectified these shortfalls.

People told us they experienced safe care. People told us, "I am comfortable here, it's clean and I love the garden." Another person said, "The staff are all very caring, very polite and respectful." A relative said, "All the staff are very approachable and will always make time to talk to us." We observed, and people told us that staff met their needs with care and kindness.

Training, policy guidance and safe systems of work minimised the risk of people being exposed to harm. Staff understood how to safeguard people at risk and how to report any concerns they may have. People's needs and the individual risks they may face were assessed and recorded. Incidents and accidents were recorded and checked or investigated by the manager to see what steps could be taken to prevent these happening again. This ensured lessons were learnt.

There were policies and procedures in place for the safe administration of medicines. Registered nurses followed these policies and had been trained to administer medicines safely.

Safe recruitment practices had been followed before staff started working at the service. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Nursing staff received clinical supervision and training.

The premises were well-maintained, clean and infection control measures followed. People told us the home was 'clean' and 'tidy'. Relatives spoken with had no concerns about the cleanliness of the service.

Care plans had been developed to assist staff to meet people's needs in an effective way. Staff applied best practice principles, which led to effective outcomes for people and supported a good quality of life. The care plans were consistently reviewed and updated. Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT).

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food. Comments included, "Nice variety," and "Good food"

Staff always treated people with respect and kindness and were passionate about providing a quality service that was person centred.

The care was designed to ensure people's independence was encouraged and maintained. Staff supported people with their mobility and encouraged them to remain active. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. End of life care was delivered professionally and with compassion.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Rating at last inspection:

This service was registered with us on 02/07/2018 and this is the first inspection.

Why we inspected:

This inspection took place as part of our planned programme of inspections.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Knowle House Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of an inspector.

The service is required to have a manager:

The service did not have a manager currently registered with the Care Quality Commission. A manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager was in the process of applying to CQC to become registered.

The service type:

Knowle House 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.

Notice of inspection:

We did not give the provider any notice of this inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed 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 looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information about the service including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. Before the inspection, the provider completed 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 looked at the information in the PIR.

During the inspection we looked around the service and met with all of the people there at the time. As some people were unable to fully communicate with us, we spent time observing the interactions with people and staff. We spoke with 10 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager and four members of staff. Following the inspection we requested feedback from health and social care professionals. The feedback we received is reflected in the report.

We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We have training and we discuss safeguarding procedures at team meetings." Another staff member said, "I wouldn't hesitate to report anything I thought was poor practice or potential abuse."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equality and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equality statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- People told us, "Very comfortable here, staff very friendly, absolutely I feel safe," "Always someone around and checking you are alright" we were also told, "I feel safe as I can't live at home anymore," "Yes they look after me well here" and "I have a button around my neck which makes me feel safe." Visitors told us, "Excellent care here, very happy with the care, never had to complain, plenty of stimulation for my Aunt," and "I was worried when my wife came here to live, but I'm really happy as she is safe here."
- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. However, we found some air mattresses were set incorrectly. These were amended immediately and an immediate check on all mattress settings carried out. The registered provider and manager immediately set up a safer checking system. Which included twice daily checks by staff.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person

had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing and recruitment

- Staff told us that there were normally enough staff to do their job safely and well. On the day of the inspection, a staff member had rung in sick the night before and the agency staff member had not turned up. An agency member turned up by 11 am following a call from the nurse in charge. From talking to people and observing care delivery, this had not impacted on the care people received during the morning.
- We looked at staffing rotas over a period of eight weeks that identified that staffing levels were stable. Where sickness occurred, agency staff were requested. The provider was open and transparent and told us that on occasions staffing levels had fallen due to being let down at the last minute.
- People told us, "I have no worries about staffing." A visitor told us, "The staffing levels seem very good," and "Plenty of staff,"
- Staff deployment had ensured people's needs were met in a timely manner and in a way that met their preferences. Care delivery was supported by records which evidenced that people's needs were met. For example, food and fluid charts were completed in real time as were turning charts and continence records. This meant staff could monitor and ensure people's needs were consistently met.
- Agency staff were used when required. The provider had ensured that agency staff received an induction that introduced the agency staff member to the home and mitigated risk. This included familiarising them with fire and emergency procedures and working with a permanent staff member until they knew the people they were supporting. The manager confirmed that they tried to ensure that regular agency staff returned to the home to provide consistency of care.
- There was a robust recruitment procedure. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited, this included registered nurses. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely

- People did not have any concerns regarding how they received their medicines. One person said, "I get all my pills on time, it's nice I don't have to look after them myself," and, "Totally trust the staff with my medicines, the doctor sometimes changes my pills but staff always let me know."
- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed.
- All staff who gave medicines had the relevant training and competency checks.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were not readily available as they were waiting for the GP to sign them. We received written confirmation the day following the inspection that these were now in place.
- People who received covert medicines (Covert administration is when medicines are administered in a disguised format) had clear directives in place that ensured staff offered medicines in a normal way before giving them covertly.

Preventing and controlling infection

- Knowle House was well-maintained, clean and free from odour. People and visitors commented, "Its clean and fresh," "I can't think of any complaints, it's comfortable and cheerful," and "Always very clean, my room is kept very nice."
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care staff changed into a different uniform to assist with the meal service, which reduced any potential of cross infection.
- Staff confirmed they had received training in infection control measures. Staff could tell us of how they managed infection control and were knowledgeable about the in-house policies and procedures that governed the service.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good- People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to admission to ensure their needs could be met. The manager was very clear that people were only admitted if their needs could be met by the staff and premises of Knowle House.
- We observed that consent to care was sought before support was delivered. For example, staff asked people where they would like to take their meals and if they wanted assistance. One person told us, "Staff ask me every day where I want to take my meals, it's nice that I can choose." Another person said, "I have a choice about when to get up and whether I'd like a wash or shower. They always explain what they're going to do and ask if it's alright with me."
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person said, "I really enjoy religious services. I'm glad they are available here." Another person said, "I was asked if I wanted a male or female care to do my personal care, they have always ensured that I get a female carer."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example the local authority.
- Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." People and visitors told us, staff were "Very conscientious and efficient," and "Seem very knowledgeable."
- Staff from overseas told us how they were supported by the organisation to improve their English, both spoken and written. Staff told us the importance of acceptance, whether it was nationality, culture, illness or personal preferences. One staff member said, "I found it hard at first, but I have been supported with my English and we all help and support each other."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was really good, I was supported really well."
- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.

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

- People told us they enjoyed the food provided by the service. One person said, "Yes, the food is generally very good! we give feedback and get our favourite meals." Another person said, "I like the meals, it's good home style food."
- People were offered and shown choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like."
- Staff were attentive to people's needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed that he was knowledgeable about people's personal preferences and dietetic requirements. He confirmed that he had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. We observed that food prepared was presented well and met people's individual needs.
- Staff offered people drinks throughout the day and staff supported them appropriately. People who had been identified as at risk from dehydration were monitored and action taken by staff. One person had not drunk very much over the past 48 hours, and this was handed over to morning staff. We then observed staff supporting the person to have regular drinks.
- Drink stations with soft drinks were placed in the dining area for people and visitors to help themselves.
- Food and fluids offered and taken by people were recorded in their care records. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose. Such as referral to the GP or dietician.
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "We discuss residents every day at hand over and if someone is not eating or has lost weight we discuss how to prompt and improve their intake."
- If people required assistance to eat or had their meals provided a certain way, this was provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team. A relative said, "The GP comes regularly so we can request for him to be put on the list or the staff will do it if they see he needs something, and they call the doctors to come if they need to."
- People were supported to attend hospital and dental appointments and access eye and foot care as required. One person said, "I have to have regular appointments at the outpatient department and staff organise everything and come with me." Another person said, "Staff help me make appointments for my glasses and hearing tests, very helpful."
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss. One staff member said, "When we see someone is losing weight, we ask the chef to add extra calories and inform the GP."
- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Polite and knowledgeable, contact us for advice and do monitor people well," and "They have the relevant information ready so that is really helpful for us."

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

- Knowle House was an older style building that was being upgraded and redecorated on a planned basis. Staff told us that a lot had been achieved since the new provider had taken over. One staff member said, "The carpets and flooring has been done and it really makes a difference."
- There was a comfortable lounge and dining area that was also a conservatory which offered people a choice of where they spent their time.

- The first and second floor was fully accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests. As rooms became vacant they were redecorated.
- The garden areas were well kept, safe and suitable for people who used talking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
- Throughout the building there was clear signage that helped people find their way around the building. Notice boards contained information about the home, activities, staff names and roles, religious services and complaint procedures.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and some people were subject to a DoLS.
- There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good- People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; respecting equality and diversity

- People received kind and compassionate support from staff. People were treated with dignity and respect. Staff were unhurried and caring when people needed them. Staff responded to people promptly when people asked for help.
- People were observed to be treated with kindness and were positive about the staff's caring attitude. People told us, "Everyone is very kind and helpful," and "A lovely bunch."
- Throughout our inspection, families and visitors provided consistently positive feedback about staff and the service. Visitors told us, "Kind and caring, always stop to chat," and "Nice staff, very nice atmosphere."
- Relatives confirmed how care workers would work to people's personal preferences and cared for them in the way they chose. One relative said, "We have been involved in reviews just for support as Mum is very able to make her own decisions, they listen and respect her choices."
- People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with the beginnings of dementia were treated in the same way as people who were not living with dementia. They were offered the same opportunities to join activities, trips out and chose where they spent their time. One staff member said, "We respect and treat people as equals." One person told us, "I can choose what I do day to day, staff help me when I need it, which I appreciate." Another person told us they liked to spend their time in their own room and staff respected this. There was a positive culture about enabling families and friends to visit and join in with events. People were supported to go out into the community when they wished to. One family said, "We have taken our relative out for meals and family events."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People and their relatives were actively involved in both the initial care planning and in subsequent reviews as much as was able. One person told us, "I remember sitting down with staff and they do come and talk to me about my care, but I'm not sure how often."
- Staff called people by their preferred name and ensured that this was noted so all staff knew.
- Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. They could choose to spend time in communal areas or remain in their rooms, there were no restrictions to their choices.
- People had regular meetings with the manager and staff to discuss plans in the home. People said, "We had a meeting quite recently, we spoke about food, outings and special events." and "The manager comes around and asks us how we are."
- People were supported to keep in touch with relatives. Relatives could visit the home at any time, family

pets were welcomed, and this was appreciated by people.

- People were always included in the day to day activity of the home even if they were not in the communal areas. People who went to their rooms during the day were included when staff offered tea and coffee. Staff engaged with all people at the home and checked on people regularly, to ensure they were comfortable.
- People's privacy was respected. People could lock the doors to their rooms and staff always knocked before entering. One person said, "I was worried when I knew I needed to come into a home because I'm very private, but staff know that and make sure they knock before coming in and when they help me get dressed, they cover me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good- Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to exercise choice and control in their day to day lives and were empowered to make their own choices about what they do with their time.
- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory. A staff member said they had read people's care plans and it had helped her to understand people and care for them.
- Staff provided examples of how they supported people to choose their preferred care. Such as, choosing to have a wash, shower or bath, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
- Where people had specific health care needs, these were identified and showed how people should be supported. Staff could explain where and how this support should be provided. For example: people who lived with diabetes had a person specific care plan that identified clearly the person's diabetic needs, the complications they might experience and how staff could recognise the symptoms for that person if their blood sugar dropped or was too high. There was clear information of what action to take according to their blood sugar range. This ensured staff could manage their care responsively and effectively.
- Reviews took place to ensure people's needs were accurate and were being met to their satisfaction and involved their family or legal representative. Where an advocate was needed, staff supported people to access this service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were kept engaged and active. Each day included a selection of activities that people could join in with. Activities were displayed in the communal areas on notice boards.
- Activities on offer included arts and crafts, exercise, games, baking, flower arranging and reminiscence exercises. Trips out into the local community were also arranged.
- We saw photos of activities and people's artwork was displayed around the service. One person told us, "We enjoy going out. More trips out please!" Another person said, "I really enjoy the craft sessions, we've made lavender sachets, the lavender is from our garden."
- Meetings were held with people to gather their ideas, personal choices and preferences on how to spend their leisure time. These were then introduced in to the activity programme. For example, people had requested that the therapy dog visited more often and the action from that was Ellie the dog would be

visiting every Wednesday.

- Peoples spirituality was considered and respected. Following feedback from the survey, a church service was to be held on the second Friday of each month.
- People and relatives told us they were impressed with the range of activities provided and spoke highly of the activity co-ordinator and the work they did. One person said, "I really like some of the activities, I like the art and the flower arranging, I'm looking forward to going into the garden, watching the flowers grow." Other comments included, "I read, watch TV and listen to music, I have a lot of my own things in my room," Relatives told us, "The activities seem good, plenty of thought has gone into crafts and making things to sell for the fetes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- People's communication and sensory needs were regularly assessed, recorded and shared with relevant others. The documents created to go with people go to hospital, had peoples' communication needs clearly documented.
- Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Improving care quality in response to complaints or concerns

- There were processes, forms and policies for recording and investigating complaints.
- There was a clear complaints policy. It can be provided in different fonts if required. People also had access to the service users guide which detailed how they could make a complaint.
- There had been a high number of complaints received in the past year. These had been appropriately responded to within the policy time frame. However, the majority were from one complainant and these had not all been resolved to their satisfaction. CQC were aware of these and the local authority were involved to resolve the issues raised.

End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish.
- Care plans contained information and guidance in respect of peoples' religious wishes.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a manager, however they had not yet been registered with CQC. Although they had not yet been registered, they had submitted their application and were in the process of being registered.
- The manager completed monthly audits to monitor the service and experiences of people. This included health and safety, accidents, incidents, complaints, people's and staff documentation. There were additional annual audits completed by a quality assurance lead for the company and the provider. However, we found that their audit processes had not identified improvements required to ensuring that peoples' pressure relieving equipment was correctly set and monitored.
- People had had an assessment that stated that to prevent pressure damage they required a pressure relieving mattress. Whilst these had been provided, they were not found set as per the manufacturer's specific guidance during the inspection process. Staff were not able to tell us what they should be set on, who was responsible for setting the mattresses and who checked them. There was no guidance in the care plan as to what each persons' setting should be.
- Once identified during the inspection, all pressure relieving mattresses were checked, reset and systems put in place to ensure they were checked twice daily. We received written confirmation that this had been completed and therefore the risk to peoples' health had been mitigated.
- Medicine protocols were not available for everybody that required them and there was no record of whether the medicine used had been effective or relieved the symptoms. These were immediately developed by the registered manager during the inspection.
- Accidents and incidents were well documented, however, an unwitnessed fall two days previously had not been recorded. The registered nurse was very open about this shortfall and immediately ensured all the relevant documentation was up to date.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism.
- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- Areas identified for improvement were immediately actioned. For example, poor call bell response had been identified in February 2019 and this was still being monitored but had shown improvement.

- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
 - Staff were valued, and this had a positive effect on their ability and resilience in supporting people.
 - Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge.
 - Staff were highly motivated and felt appreciated by the provider. One staff member commented "I feel very supported here and know that I can approach the manager at any time.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Annual surveys had been sent out to relatives and professionals. The providers first survey was being collated and would be shared with people and their families.
 - Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes. People were also invited to these meetings and their views about ideas documented.
 - Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
 - For those unable to share their views families and friends were consulted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a wide range of activities to keep them active. This ethos ran through everything that happened at the service and was fully supported by staff. People gave us examples of how living at Knowle House had improved their life. One person said, "I was becoming isolated at home, here I have company and feel safe."
- Information provided the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. They and this had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as NICE.
- The management structure allowed an open-door policy. Staff confirmed this and that they felt supported to bring in ideas, discuss what worked and what didn't work.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary.
- The management team checked that the service was being delivered to the standards they required

everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

- Following feedback from family and people in respect of wrong food being given to people had resulted in extra checks being made and the room number being clearly defined on the tray before serving. This had ensured people received the correct food.

Working in partnership with others:

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.

- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.

- The service had developed links with the local community. We evidence of monthly trips to the local church hall for coffee mornings, which enables people to meet people who live in their neighbourhood. The staff had reached out to the local pre-school and the children visit the home twice a month and engage with people doing arts and crafts, games and singing sessions.