The Knowle Care Home Limited

The Knowle Care Home

Inspection report

5-7 Egerton Road
Preston
Lancashire
PR2 1AJ
Tel: 01772 727485
Website: www.knowlecare.co.uk

Date of inspection visit: 31/03/2015
Date of publication: 21/07/2015

Ratings

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

Overall summary

The Knowle is registered to provide personal care for up to 23 older people. The home offers short and long term care. Accommodation is provided on the ground and first floor, which is accessed by a passenger lift. There are fifteen single and four double bedrooms, five of which have en-suite facilities. There are two communal lounges, a dining room and a conservatory on the ground floor and ramped access to the garden. The home is close to Docklands Retail Park with good local transport links.

The last inspection of the service took place on 19th November 2013, during which the provider was found to be complying with regulations in all the areas assessed. This inspection took place on 31st March 2015 and was unannounced.

The registered manager of the home assisted us throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We found people who used the service were provided with safe and effective care. Care workers had a good understanding of people's needs and any risks to their safety or wellbeing were assessed and well managed.

People were supported to access health care support when they needed it and care staff worked effectively with external professionals to ensure people's needs were met safely.

People felt they were treated with kindness and respect and that their privacy and dignity was promoted. People were able to make decisions about their care and were encouraged to express their views.

People's rights were respected. Where concerns were identified about the capacity of a person who used the service to consent to any aspect of their care, the key requirements of the Mental Capacity Act 2005 were put into practice to ensure people's best interests were protected.

People who used the service received their care from well trained, well supported staff. The registered manager ensured that staff at the service had the skills and knowledge to carry out their roles and received regular supervision.

Managers of the service were supportive and approachable. People felt able to raise concerns and were confident any concerns they did raise would be dealt with properly.

There were processes in place to ensure that all aspects of the service were regularly checked and monitored, both by the registered manager and the provider of the service. This meant that any areas for development could be identified and addressed.

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?
The service was safe.

Risks to the health, safety and wellbeing of people who used the service were assessed and there were plans in place to maintain their safety.

Staff were aware of how to support people in a safe manner and respond to allegations of abuse. Staff were confident to report any concerns about the safety or wellbeing of a person who used the service.

Staff were carefully recruited to ensure they had the suitable skills and knowledge and were of suitable character to work with vulnerable people. Staffing levels were determined in accordance with the needs of people who used the service, so they received safe and effective support.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Good

Is the service effective?
The service was effective.

People received effective care that met their individual needs and wishes. People were supported to access health care when they needed it.

Staff were provided with a good standard of training and ongoing support, to ensure they had the necessary skills and knowledge to meet people's needs effectively.

The rights of people who did not have capacity to consent to all aspects of their care were protected because the service worked in accordance with the Mental Capacity Act 2005 and associated legislation.

Good

Is the service caring?
The service was caring.

People who used the service told us they received their care from kind and compassionate staff. We found their privacy and dignity was promoted.

Care plans of people who used the service reflected their individual needs, choices and preferences.

Good

Is the service responsive?
The service was responsive.

People's individual needs and wishes were taken into account in the way their care was planned and provided.

People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Good

Is the service well-led?
The service was well led.

Summary of findings

There was a well-established management team who people described as 'supportive' and 'approachable'.

People reported a positive culture within which they felt able to express concerns and share their views.

There were effective systems to monitor safety and quality and to identify any potential improvements.

The Knowle Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 31 March 2015 and was unannounced.

The inspection team was made up of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had personal experience of caring for an older person.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

The provider sent us 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 spoke with eight people who used the service during our visit and three visiting relatives. We also had discussions with the registered manager, deputy manager, a senior care worker, two carers and the cook. We contacted four community professionals as part of the inspection and also contacted the local authority contracts team.

We closely examined the care records of four people who used the service. This process is called 'pathway tracking' and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Good

Is the service safe?

Our findings

We spoke with people who used the service and some of their relatives. We asked people if they felt safe living at The Knowle and if they felt they were provided with safe care. People told us this was the case and their comments included, "There's no need not to feel safe." "I feel very safe here yes." Another person told us they felt their loved one was safe because they knew the staff well and another referred to the fact that their loved one had not experienced any falls. A further comment we received was, "It's how the staff interact with the residents, staff are hands on all the time."

We viewed a selection of care plans and saw that as part of the care planning process, any risks to a person's health, safety or wellbeing were individually assessed. There were risk assessments in place for areas such as falling, mobility, nutrition and developing pressure sores. Where any risk was identified, we saw there were clear guidelines in place to advise care staff on how to maintain people's safety.

Risk assessments were carefully reviewed and any changes in a person's circumstances were taken into account. We also saw a number of examples of action taken to maintain people's safety. For example, changes to the skin of a person who used the service which had increased their risk of developing pressure sores, had been noted by care staff. A number of actions had been taken including the provision of a special mattress to help protect their skin and enhanced observation and monitoring of their pressure areas.

As part of the inspection we looked at how staff at the home managed people's medicines. We found there was good information for staff about the procedures to follow when dealing with medicines as well as best practice guidance. In addition, we noted there was clear information about all the individual medicines people were prescribed and any specific instructions or precautions.

Guidance for staff included information such as the administering of homely remedies (medicines that could be purchased over the counter), advice in the case of a person refusing to take their medicines and what to do in the event of an error being made.

Records demonstrated that staff who were responsible for administering medicines were provided with training, which was updated on an annual basis. We also noted that the registered manager carried out competence assessments every six months to ensure staff maintained their knowledge.

Medicines were stored securely and were well organised, which meant staff could access them easily when required. Products with a limited shelf life, such as eye drops, were dated on opening, so that they could be disposed of within the recommended time scales. We observed a staff member carefully count and record some new medicines, which had been brought into the home with a new resident.

We viewed a selection of Medication Administration Records (MARs) which were all found to be in good order, clear and accurate. Where any hand written additions had been made to the MARs, these had been witnessed and countersigned to help reduce the risk of any errors.

Information relating to people's 'as required' medicines was clear and well detailed, which helped to ensure they received their medicines at the right time. We also noted that information in relation to topical applications, such as ointments was clear and well detailed.

We carried out some random checks of loose medicines (medicines not included in the blister packs made up by the pharmacist). In all cases, the stock of loose medicines was found to be correct and coincided with the records.

There was a policy in place which outlined the procedure to be followed if any person wished to manage their own medicines. We saw there was one person who used the service, who managed their own medicines. There were clear risk assessments in place for this person, which were regularly updated. This helped ensure that the person's independence and wishes were respected and that their safety and wellbeing was considered.

The registered manager carried out regular audits of medicines and records. This helped to reduce the chance of any errors and also meant that any errors that were made would be quickly identified and addressed.

Clear procedures were in place providing staff with guidance about their responsibilities to protect people who used the service from any form of abuse. This guidance included information about different types of abuse and advice on how to identify warning signs that a vulnerable

Good

Is the service safe?

person may be at risk. Contact details for the relevant safeguarding authorities were included in the guidance, so staff had the information they needed to refer any concerns to the correct agencies, without delay.

Care workers demonstrated awareness of safeguarding procedures and were able to describe actions they would take if they identified any concerns about the safety or wellbeing of a person who used the service. All the staff members we spoke with confirmed they had received training in safeguarding.

Care workers were aware of the service's whistleblowing policy, which provided support and guidance for people intending to report any concerns and reminded staff of the importance of doing so. Staff told us they were confident the registered manager would deal with any concerns properly and felt they would be well supported by her.

There were robust recruitment procedures in place which helped to ensure only suitable people were employed to work at the home. Records showed that all applicants were required to complete a detailed application form, which included a full employment history. A formal interview was carried out to enable the registered manager to assess the candidate's suitability for the role they were applying for.

Following a successful selection process, candidates were required to undergo a series of background checks, including references and a DBS (disclosure and barring service) check, which would show if they had any previous criminal convictions or had ever been barred from working with vulnerable adults. These measures helped to protect people who used the service from receiving their care from people of unsuitable character.

At the time of our inspection we met a prospective staff member who had brought a variety of identification documents in to the home for the registered manager. This was to enable the registered manager to confirm the person's identity and apply for their DBS check.

We asked people who used the service and in some cases their relatives, if they felt staffing levels at the home were sufficient. On the whole, people felt staffing levels were sufficient and that they didn't ever have to wait too long for assistance. However, one person said, "There could be one more at night." Other comments included, "Yes there's always plenty about." And, "There is not a problem here. Nobody is ever rushed."

The registered manager had a system in place for assessing staffing level requirements. This was based on the needs of people who used the service and staffing levels were flexible to ensure people's needs were consistently met. The registered manager confirmed the provider allowed her to make decisions about staffing levels and increase them if necessary. This information was supported by staff rotas, which showed flexible staffing levels and no use of agency staff.

All the residents and relatives thought the home was kept clean and fresh and maintained to a good standard. People's comments included, "I'm happy with my bedroom." And, "It's spotless."

We carried out a tour of the home and found all areas to be warm, clean and comfortable. All areas we viewed appeared to be safe and clutter free and no obvious hazards were noted.

We were advised that environmental risk assessments were carried out and updated on a regular basis. Monthly premises audits were also conducted by a staff member who had additional training in health and safety.

We viewed a variety of certificates that demonstrated equipment and facilities within the home were correctly maintained and subject to checks by external contractors on a regular basis. External contractors were also employed to carry out checks such as legionella safety and fire equipment. This helped to protect the safety and wellbeing of people who used the service, staff and visitors.

Good

Is the service effective?

Our findings

Everyone we spoke with was confident they received appropriate health care. People said they were confident that care workers would identify any new concerns about their health and take the appropriate action. People also confirmed that a staff member was always available to accompany them for a medical appointment outside of the home, if they required it.

In viewing people's care plans we found evidence that staff at the home worked positively with a variety of community professionals to help ensure people's needs were met. We saw examples of joint working with a number of external workers, such as mental health specialists and district nurses. At the time of the inspection a meeting was taking place to review the care of one person who used the service. There were a number of professionals at this meeting as well as some close relatives of the person.

The service had recently introduced Hospital Passports. These were useful documents, which provided an overview of the individual's care needs, as well as a medical history and other important information, such as medication and allergies. The information was designed to be used as an effective way of providing information to ambulance or hospital staff, in the event of the person being admitted to hospital.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff we spoke with demonstrated a good understanding of the MCA and DoLS and were able to confidently describe processes they followed to ensure people's rights were upheld. We viewed the care plan of one person for whom a DoLS application had been made. We were able to confirm that the correct procedures had been followed to ensure any restrictive care practices were lawful and in the person's best interests.

A nutritional risk assessment was carried out for every person who used the service. This assessed if they were at risk of malnutrition or dehydration and listed the actions that must be taken by care workers if any risk was identified.

We viewed the care plan of one person who had been underweight at the time of their admission to the home and who was assessed as being at high risk of malnutrition. We saw the registered manager had arranged for a dietician to review the person and provide advice about their care. The person's food intake was carefully monitored along with their weight, and records showed a positive outcome, as the person had managed to gain a significant amount of weight during their stay at the home.

All the people who used the service told us they enjoyed the food provided and were satisfied with both the quality and quantity. People's comments included, "It's good. Plain but good." "The main meal is lovely and we get a lot of fruit." "It's pretty good."

However, one person commented that they would like a specific meal (Rice and Peas) from time-to time, which they didn't think was available.

We spoke with the cook who advised us there was provision to meet individual requests such as this, which were encouraged by the cook during resident meetings and one-to-one discussions. The cook advised us that any preferences could be met and if someone wanted a meal that was not on the menu, this could be arranged. This information was supported by our observations of the cook chatting with a new resident about their personal food preferences.

We joined people who used the service for lunch. The mealtime was a relaxed and pleasant occasion. The dining room was nicely set, although we noted there were no condiments on the tables. However, we did see that people were offered a choice of sauces. The meals served were nicely presented and the portions were generous. People appeared to enjoy their meals and staff were observed providing support to anyone who required it.

Good

Is the service effective?

Everyone we spoke with expressed confidence in the staff at the home and felt they had the skills and knowledge to provide safe and effective care. We asked people if they felt the staff had the right skills to care for them. People's responses included, "They do a good job." And, "From what I've seen they have (the necessary skills)."

Records showed that there was a well-established training programme in place, which started with a detailed induction for new staff members.

We spoke with a care worker who had been new to the field when she commenced her post at the home. She told us the induction she had received was extremely comprehensive and she felt this had provided her with a good foundation of knowledge and understanding about the role. "When I started, they put me through all my courses, it was really good. I am doing my NVQ level 3 now and I am really happy with that."

Ongoing training included a number of important health and safety related courses such as moving and handling and infection control. In addition, training in areas such as safeguarding and caring for people with dementia were classed as mandatory, which meant every staff member was expected to complete them.

Staff training records showed that the whole staff team had completed the mandatory training programme and had either completed or were in the process of obtaining, national qualifications. This demonstrated the provider and registered manager had suitable arrangements in place to ensure the staff team were suitably skilled and qualified.

Good

Is the service caring?

Our findings

People who used the service spoke highly of care workers and expressed satisfaction with the way their care was provided. People described staff in ways such as 'kind', 'helpful' and 'caring'. Their comments included, "The staff are great, they're cheery and speak to you and help you a lot." "I think they're very good and very pleasant." "They are very kind." "I think they really help you if you need it."

These positive views were also expressed by visiting relatives who felt their loved ones were cared for by a kind and caring staff team. One relative said of the care workers, "They're very kind and sincere." Another told us, "I think they're great, and very competent." "I can't fault them," was another comment made.

During the inspection we observed care staff going about their duties in a pleasant and professional manner. We noted that care staff were very patient and helpful when providing support. We saw care workers responding quickly to requests for assistance and taking time to ensure people's comfort and wellbeing.

Everyone we spoke with felt care workers respected their privacy and dignity. One person said, "Everything is done in private." One person however, expressed some concerns about another resident of the home who had gone into their bedroom uninvited. This was raised with the registered manager who was aware of the situation and able to demonstrate that she had addressed it.

We were advised by the registered manager that the turnover of staff at the home was low and as such, people who used the service experienced good continuity of care. This information was supported by discussions we had with people who used the service who felt they received their care from people they knew well. Typical comments were, "The staff are pretty stable." "They are the same staff." "It's mainly the same staff."

People we spoke with felt they were provided with care in the way they wanted and that staff understood their individual needs and preferences. One relative told us, "They try and make it as personal as possible." A staff member commented, "We get to know the residents really well – some have been here for years."

We viewed a selection of care plans during our inspection and saw they were well detailed and contained a good amount of person centred information to help care workers meet people's personal need and wishes. Each person's plan we viewed contained a section called, 'what makes a good day,' which provided a lot of information about people's preferred daily routines and the things that mattered to people on a daily basis.

Our observations confirmed that people were able to make choices about how they spent their days. During the late morning, we observed one person having a late breakfast having enjoyed a lie in. People sat where they liked for meal times with only two people who had become friends having a set table. Some people preferred to stay in their rooms, whilst others spent their days in the communal areas of the home.

Everyone we spoke with said they could have visitors whenever they wished. One visitor commented, "We can see (name removed) wherever she is." Another told us, "We can visit whenever, they let us come in at mealtimes if we want."

In discussion, the registered manager demonstrated that she constantly looked for ways in which the caring skills of the team could be enhanced. Recent improvements had been implemented which included increased training in caring for people with dementia and training in end of life care. Both programmes were advanced courses which were being rolled out to the whole staff team. In addition, the registered manager was in the process of appointing dignity champions within the service. The champions were care workers with specific, additional roles in monitoring the standard of care provided and ensuring the dignity of every person who used the service was consistently promoted.

Good

Is the service responsive?

Our findings

People told us they or their loved ones received care that was responsive to their needs and met their individual preferences. People's comments included, "I can't fault them, she's well cared for." "I think they're very good."

Thorough care needs assessments were carried out for any new person prior to their admission to the home. This helped the registered manager to be confident that it was appropriate to offer the person a place by ensuring their needs could be properly met. It also helped care workers to have some understanding of the care needs of new people on their arrival to the home.

During our inspection a new person arrived at the home. We saw the registered manager had prepared well and had a care plan in place ready for the new resident. We also noted the registered manager had made arrangements to have various items of equipment in place, including a pressure care mattress to help ensure the new person received safe and effective care.

Information gathered during the assessment process was used to generate a care plan, which described people's care needs and the support they required. We viewed a selection of care plans and found they were well detailed documents, which provided a good overview of people's care needs and the support they required.

All the care plans we viewed had been signed by the person they belonged to, or their representative. This demonstrated their agreement with the care plan and the good level of information within the plan, reflected their involvement.

Care plans were detailed and included a good amount of information about people's preferred daily routines. People's personal preferences were included as well as reminders to staff to ensure people's choice, independence, privacy and dignity was promoted at all times. For example, one person's plan stated, 'Open (name removed) wardrobe and enable her to choose what outfit she would like to wear.'

Detailed protocols were in place that described the support people required for daily activities such as washing, bathing or eating meals. The detailed protocols meant that staff had a good understanding of how people wished to be supported and any risks to their safety or wellbeing.

Whilst people felt they could express their views and request any changes they required to their care plans, none of the people we spoke with could recall having formal reviews for their care plans other than their initial pre-admission assessment. People's comments included, "I don't recall the care plan being discussed." "They came to visit her at hospital, I don't think they've needed to review it." These findings were fed back to the registered manager to consider.

People's care plans included a lifestyle section, which considered their personal needs and wishes in relation to activities and hobbies. These individualised plans helped to ensure that care workers were aware of how people wanted to spend their time and the support they required to enjoy fulfilling pastimes.

Information about activities was posted on the notice board. We saw this information was updated on a daily basis so the programme could be flexible in line with people's preferences. During the inspections we observed some people enjoying various activities with the staff including card games and board games.

The home employed a part time staff member who coordinated activities within the home. However, at the time of our inspection an additional staff member had just been appointed for this purpose, and was just awaiting background checks prior to starting their employment. The registered manager advised us the additional activities coordinator had been employed to increase the opportunities people had to take part in activities at the home and out in the community.

We were advised by the registered manager that residents' and relatives' meetings took place on a regular basis. This information was supported by discussions we had with people who used the service. In addition, records showed that satisfaction surveys were sent out to people twice each year to encourage them to express their views about the service, although one person we spoke with did not recall that they had received one.

The registered manager was able to give us a number of examples of changes that had been made to the service as a result of feedback from people who lived at the home. These included changes to the flooring in the communal areas of the home and improved access to the home's conservatory.

Good

Is the service responsive?

When asked if they had made any suggestions, people's comments included, "There's nothing they could do better." "Everything is alright with me." And "No because everything has been alright."

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns should the need arise. People knew who they should speak to if they had any concerns and felt able to approach the relevant people.

In discussion, the registered manager expressed a positive view of complaints describing them as opportunities for learning and improving. We noted there were processes in place for the manager and the provider to monitor all complaints to ensure any themes or recurring issues could be identified and addressed.

Records showed one complaint had been received. This had been dealt with very well by the registered manager who had worked closely with the complainant to ensure their concerns had been addressed. All actions were carefully recorded.

Good

Is the service well-led?

Our findings

There was a registered manager at the service who assisted us throughout the inspection. Everyone we spoke with described the registered manager as approachable. Staff expressed confidence in the registered manager and told us she was supportive. This view was also expressed by people who used the service and their relatives.

The registered manager assisted us throughout the inspection and was able to provide information quickly and efficiently. She demonstrated a good understanding of her role and also demonstrated that she kept up to date with relevant changes in legislation and best practice.

There was a well-established management structure and those we spoke with were aware of the lines of accountability within the service. This helped to ensure that people were aware of who they should speak to if they had any concerns or required any guidance or support.

We saw evidence that the provider of the service visited regularly. The provider was involved in the day-to-day running of the service, which enabled them to monitor quality and safety on an ongoing basis.

People we spoke with described a positive culture within which they felt able to express any concerns and request advice or assistance when they needed it. People's comments included, "This is a really good place to work." The staff team are fantastic." "It is a very family run place."

There were effective systems in place which enabled the provider and registered manager to monitor quality and safety across the service. Audits were in place, which covered a variety of areas including medication, care planning and the environment. We looked at records of audits and noted where issues had been identified; prompt action had been taken to address them.

The provider carried out a formal audit on a monthly basis, which looked at all aspects of the service. During this process the provider spoke with people who used the service, visitors and staff to gain their opinions. A report was compiled, which was issued to the registered manager along with an action plan for any areas identified by the provider as being in need of improvement.

We noted there were systems in place to monitor and analyse any adverse incidents that occurred, such as accidents, complaints or safeguarding concerns. This was carried out by the provider and manager and the process helped to ensure that any themes or trends could be identified and addressed. In addition, the manager and provider ensured that any possible learning from such incidents was identified and put into practice.

The registered manager was able to give us a number of examples of changes made to procedures following the analysis of adverse incidents within the home. For example, a recent concern raised by an external professional regarding difficulties obtaining specific information about a person who used the service, had led to the implementation of hospital passports for every person, which meant that information was now at hand and easy to access in an emergency.