

Integrated Nursing Homes Limited

The Knolls Care Centre

Inspection report

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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: The Knolls Care Centre is a Nursing home providing personal and nursing care to 49 people at the time of the inspection, some of whom were living with dementia. The service can provide care for up to 56 people.

People's experience of using this service:

We found significant improvements had been made to the service since our last inspection. The acting manager, with the support of staff and the provider, had worked very hard to address the issues identified at the last inspection.

People told us they felt the care and support they received at The Knolls was safe.

Risks to people were identified and monitored. Clear guidance was in place for staff on how to support people with these risks.

Staff understood their responsibilities to safeguard people from harm and how to report their concerns internally and externally to local safeguarding authorities.

Staff treated people kindly and there was a friendly atmosphere in the home. People's personal information was kept confidential and their dignity and privacy was promoted and respected by staff.

Care plans had been fully updated and improved since the last inspection. They were detailed and personalised to give guidance to staff on how to support people effectively.

Medicines, including 'as required' medicines were managed safely and staff worked with other healthcare professionals to meet people's health related needs.

People had enough to eat and drink and told us they enjoyed their meals. People and their relatives were involved in discussions about their care.

Staff encouraged people to maintain their interests and take part in activities, and most people felt they had enough to do. Activities coordinators worked hard to identify ways to provide a range of activities that appealed to all.

There were enough staff to meet people's needs. Staff had regular supervision and training in subjects considered mandatory by the provider to develop their skills and knowledge. Staff had additional training in relation to people's specific support needs, such as dementia. Recruitment processes were followed to ensure suitable staff were employed to work at the service.

The provider`s governance systems and processes had improved and the acting manager had a clear plan in place to support ongoing improvements and support the new registered manager when they took up their post.

Rating at last inspection:

At the last inspection in December 2017 the service was rated 'Requires Improvement' with several breaches of regulations found. This inspection we found improvements had been made and there were no breaches of regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has made significant improvements and is now rated Good with one 'requires Improvement' in the 'Well-led' domain because the requirement to have a registered manager was not met.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Knolls Care Centre

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Consisted of an inspector, an assistant 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.

Service and service type:

The Knolls is a 'care home with nursing'. 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.

The service had a manager registered with the Care Quality Commission, although this person had resigned from the post. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed, but was not in post or registered yet. In the meantime, a senior manager who knew the service well was in post as 'acting manager'. The inspection report will therefore refer to the 'acting manager' throughout and not the registered manager.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. 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.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with 12 people, two relatives/visitors, two visiting professionals, the acting manager, three nurses, two senior care staff, three care staff and an activities coordinator.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medicine management and administration records, incident and accident records.

After the inspection we spoke with the local authority's monitoring team to gain their views about the service. We also spoke to the director of the provider organisation.

Is the service safe?

Our findings

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

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

Safeguarding systems and processes

- People who lived at the service told us they felt safe. One person said, "Yes I feel safe here. The staff make me feel safe."
- Effective safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff understood how to report any concerns they had both internally and to other bodies such as the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- At the last inspection in December 2017, risk assessments were not detailed enough to give adequate guidance to staff and some areas of risk were not identified and assessed. At this inspection we found improvements had been made.
- Risk assessments were up to date and had enough detail to guide staff. Staff understood where people required support to reduce the risk of avoidable harm. Records used to monitor risks such as falls, fluid and nutrition, and pressure care were well maintained.
- The environment and equipment was safe and well maintained.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.

Staffing and recruitment

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- The acting manager explained they assessed people's needs on a regular basis to ensure they scheduled enough staff on duty to meet their needs.
- The provider had recruited additional staff to ensure there were enough permanent staff to cover shifts safely if there were unplanned staff absences. Staff we spoke with confirmed there were sufficient staff to meet people's needs.
- During the inspection we observed there were enough staff and that they were easily visible throughout the building.
- Although staff were busy, we observed they responded to call bells quickly and people's support was not rushed.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "I get my medicines given to

me by staff at eight, noon, teatime and last thing at night before bed time.

They are always given on time."

- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training and if they were to make any errors in administering medicines.
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Preventing and controlling infection

- The service was clean and tidy.
- The provider had infection control monitoring systems in place to ensure people were protected from the risk of infection.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

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.

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's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed. Appropriate referrals to external health and social care services were made as necessary, to ensure people's needs were met effectively.

Staff skills, knowledge and experience.

- People told us, "Staff are qualified to care for me." And "The staff know me well, and they are mostly very good."
- Staff said they received training and support to enable them to carry out their roles effectively. Records confirmed this.
- Staff told us they were able to develop their skills by taking further qualifications and this was fully supported by the provider.
- Staff completed a robust induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for additional support at any time.

Supporting people to eat and drink enough with choice in a balanced diet.

- At the last inspection in December 2017 the way food and drink was provided at the service resulted in several people telling us they felt hungry. Snacks and drinks were not made easily available to people outside of set times and when asked, staff would sometimes refuse to get people food were as it was not time for a meal. At this inspection significant improvements had been made.
- We saw snacks and drinks were readily available throughout the service for people to help themselves to between meals.
- The food at lunchtime was plentiful and well-presented and people told us they enjoyed it. When asked by staff whether they enjoyed their meal, one person said, "Yes, I did it was really lovely, thank you."
- Staff took care to provide a positive mealtime experience and people told us this was valuable to them

one person said, "I enjoy the atmosphere at lunch."

- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary.
- A visiting professional told us that they were pleased to see the recent improvements at the service. They said staff were good at contacting them when needed and followed the advice given to ensure people's care was effective.
- The GP visited the service every week and checked on the health needs of each person using the service, either by viewing records or seeing them in person where this was thought necessary.

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

- Since the last inspection in December 2017, the provider had made significant improvements to the design and decoration of the premises to meet people's needs more effectively and to support people living with dementia to find their way around the building.
- In consultation with people, relatives and staff the service was refurbished to include several distinctive areas; a street theme, a seaside theme and a 1940's theme. A tea room had been designed which was open for people to use at all times.
- The changes also included reorganising units to maximise staffing and meet people's needs well. The rehabilitation unit was moved from downstairs to the first floor which enabled people staying on this unit to have access to a lounge area. The nursing and residential care units were now together on the ground floor which enabled better staffing ratios and flexibility to meet people's needs efficiently.
- Feedback from people, staff and relatives about these improvements was very positive and everyone we spoke with said they had not been inconvenienced by the process of moving the service around.
- People's rooms were personalised to meet their needs.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.

- The manager understood their responsibility to make an application for deprivation of liberty to the authorising authority when it was considered appropriate.
- We observed that staff routinely consulted with people and asked for their consent before providing care. One person said, "They always ask my permission first before they do anything."

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.

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

Ensuring people are well treated and supported; equality and diversity.

- At the last inspection in December 2017, we found that staff did not always provide kind, respectful and dignified care to people. We also found that people's privacy was not respected because confidential information was on display and staff sometimes entered people's rooms without their agreement. At this inspection we found significant improvements had been made and people and their relatives were much happier with the approach used by staff.
- People, and their relatives told us that staff were kind and carried out their responsibilities well and with compassion. Comments included, "I am treated with considerable respect." "I do like the staff here; I love them." "I like the staff here and I think they like me."
- Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. There was a friendly atmosphere where people enjoyed light hearted but respectful exchanges with staff.
- Staff knew people's needs well and we saw that they were able to anticipate their needs and provide prompt assistance. For example, a member of staff noticed a person was not their usual self and asked them if they needed pain relief. The person confirmed that they did, and this was provided quickly.

Supporting people to express their views and be involved in making decisions about their care.

- One person said, "They do encourage me to give my views about things."
- Staff knew people's communication needs well and we saw they took time to ensure people were supported to make decisions. For example, we saw a member of staff communicating with one person using a communication aid that helped the person to make their needs and preferences known. The member of staff engaged warmly with the person and it was clear that there was a very positive relationship between them.
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about such things as what to eat, where to sit or whether to participate in an activity.
- People confirmed they had been involved in making decisions about the recent refurbishment of the premises too.

Respecting and promoting people's privacy, dignity and independence.

- Staff were seen to knock on people's doors and wait for a response before entering. This was confirmed by people who said, "My dignity and privacy is respected. I feel respected. The staff are wonderful here. Staff always knock before entering my room."
- People's right to privacy and confidentiality was respected and confidential information was appropriately stored.
- We observed staff waiting for people to respond when asked a question to ensure they knew the person's

choice.

- People were supported to maintain relationships with their friends and family. One relative told us, "I am always made to feel welcome and can come whenever I want."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good - People's needs were met through good organisation and delivery.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this information to develop care plans and to care for people in the way they wanted. For example; a member of staff told us that one person only liked to be supported with personal care by certain staff, although they were happy to have any staff support them with their other care needs. The member of staff explained this was easily accommodated by the team. When the person required assistance with their personal care, the staff team would swap around with each other to make sure the person was comfortable with the support provided.
- Care plans were detailed, and included information on each aspect of the person's needs such as, eating, personal care, communication and moving and handling. The information was person centred and described the way staff should support the person with reference to the person's preferences.
- It was clear from these records that people and their relatives were involved in planning their care. This was confirmed when we spoke with people.
- The provider had recently increased the activities staffing hours to provide more opportunities for people to have meaningful ways to spend their time. The activities team, along with the acting manager had developed a wide range of opportunities for people which included such activities as a regular afternoon tea event, trips out to the local market, and birdwatching. They had also arranged regular sessions with a company that provided virtual reality experiences for individuals and groups of people. Through this opportunity people were able to experience flight simulation, going on safari and many other experiences that appealed to people's individual interests. The acting manager told us that through this experience, people who had previously been withdrawn had come to life and responded really positively.
- Activities on a one to one basis were offered to people who were cared for in bed or preferred to stay in their bedroom, although some people did not feel there was enough time given to this. The acting manager told us that the activities programme was being continuously developed and they were hoping to find more ways for people in their rooms to engage with stimulating pass times. For example, the afternoon tea event could be expanded to include serving afternoon tea on a tray to people in their rooms.
- Some people told us they enjoyed the activities provided. About the high tea that was taking place during the inspection, one person said, "Isn't this lovely? I've thoroughly enjoyed this." Some people, however, told us they did not feel there were enough activities that appealed to them. The acting manager confirmed that work was ongoing to develop activity plans with each person to gain a better understanding of what expectations they had about future activities.

Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and this was used to check types of complaints received and to use this information to make improvements to the service.
- People and their relatives told us they knew how to make a complaint and were confident that the registered manager would take action to deal with their concerns. One person said, "I am encouraged to

raise my concerns and express myself. If I was to complain I know it would be taken seriously."

- Where complaints had been made we saw the registered manager responded to them in line with the provider's policy.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

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

Requires Improvement: □ There was no registered manager in post on the day of the inspection. It is a condition of the provider's registration to have a registered manager. This means the rating for 'Well -led is limited to 'requires improvement'.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- At the last inspection in December 2017 Provider and Management oversight was not effective. The provider did not promote a person-centred culture within the service and did not have clearly communicated direction or values which underpinned the service. At this inspection we found significant improvements had been made.
- The acting manager was in the service throughout the week and knew the people using the service, their relatives and staff very well. People and their relatives knew the acting manager and said they found her responsive and approachable. One person said, "I know the manager. She is very approachable. I could raise any concerns with her at any time."
- The acting manager and staff had a good understanding of the provider's values. It was clear the culture of the service had developed in line with good practice guidance and a person-centred ethos.
- The acting manager and staff all confirmed this was an ongoing process and we saw they were committed to, and took pride in, these improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The management team and staff had good understanding of their roles. The acting manager was keen to develop staff roles and responsibilities. Staff who showed good skills or an interest in an area of care were being supported to take a lead role in it. In this way, the registered manager was using staff skills well and supporting them to undertake further training to take responsibility for being part of the positive changes at the service.
- Staff confirmed they received regular supervision and annual appraisal regarding their performance and to support their professional development.
- The provider and the registered manager carried out regular audits. This meant they could regularly identify areas of the service that required improvement, and make those improvements in a timely way.
- Information obtained through complaints, surveys, meeting, audits and the analysis of incidents was used to make continuous improvements to the service.
- When necessary, the acting manager sent notifications to the Care Quality Commission as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were able to share their views about the service and were able to

contribute to making improvements.

- There were ways for people and their relatives to make their views known, including regular key worker meetings, resident's and relative's meetings and surveys.
- The acting manager promoted an open and transparent working environment. Staff told us they felt comfortable with the acting managers approach, that she had provided stability to the team and had enabled them to take pride in providing good care.
- The provider had put plans in place to maintain the stability of the staff team when the new registered manager took up post. It was planned that the acting manager would continue to provide support to the new manager several times a week. This was planned with a view to sustaining and building on the positive changes already achieved.
- Staff confirmed they regularly discussed areas for improvement and were encouraged to be part of positive change.

Working in partnership with others.

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.