

HC-One Limited

Knowsley Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Knowsley Manor Care Home accommodates up to 50 people who require personal and nursing care. At the time of the inspection there were 37 people using the service.

People's experience of using this service and what we found

We have made a recommendation about the monitoring and management of risk. The safety of the environment and equipment was not monitored to ensure risks to people and others were identified and mitigated. Equipment used to help people with their mobility such as wheelchairs, stand aids and hoists were unclean, increasing the risk of the spread of infection. The equipment was cleaned after we raised it with staff. Floor signs were used to alert people and others of wet floors, however the risks associated with wet floors was not always monitored and managed.

People's needs were assessed and planned for, however care records for three people did not fully reflect how some of their needs were to be met. Whilst we did not evidence any impact on people, this placed them at risk of receiving ineffective care and support. Following the inspection, the manager assured us that the records were updated.

Some people's bedrooms and bedroom furniture were in a poor state of repair. Paint work was scuffed and stained, and some items of furniture was damaged. Following the inspection, the manager assured us that an ongoing programme of decoration was about to commence.

There had been a lack of consistency in the management of the service. The service did not have a manager registered with the Care Quality Commission. An interim manager and management support team were appointed at the service whilst the provider was actively recruiting for a permanent manager. The current manager is the third in post since the last inspection. Staff felt different managers had different ways of working and these inconsistencies had unsettled them.

The processes for monitoring the quality and safety of the service were not always fully effective. Checks had not identified dirty equipment which was being used to assist people with their mobility and that some people's care records did not fully reflect their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood their responsibilities for keeping people safe and for reporting any health and safety concerns. Safe recruitment processes were followed, and staff received the training they needed for their role.

People were treated with kindness and compassion and their privacy and independence was respected. Staff recognised when people needed emotional support and comforted and reassured people. People received personal care in private and their personal records were kept secure.

Care was planned and delivered taking account of people's personal choice and preference. Activities and social events were planned around people's interests and hobbies, however family members felt people would benefit from more opportunities to access the community. The provider had a complaints procedure which was accessible to all. Family members were confident about complaining and felt they would be listened to. Complaints were used to improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published July 2018). The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our responsive 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 ●

Knowsley Manor 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Day one of the inspection was carried out by one inspector, a dementia care specialist nurse advisor 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. Day two of the inspection was carried out by one inspector.

Knowsley Manor 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of this inspection was unannounced and day two was announced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six family members about their experiences of the care provided. We also spoke with the interim manager, area quality director, area director and eleven members of staff including nurses, care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk to people's health and safety was not always monitored and managed in relation to the environment and equipment used to assist people with their mobility.
- Floor signs were used to alert people and others to wet floors, however people who lacked the capacity to understand the signs were placed at risk of slips and falls. We observed two people walking on wet floors in a hallway with no staff present in the area.
- Items of equipment used to assist people with their mobility including wheelchairs, stand aids and hoists were heavily stained with food debris and a build-up of dust. The equipment was cleaned after we raised it with managers.

We recommend that the provider review their processes for the monitoring and management of risk.

- Regular safety checks were carried out on utilities and the operation of equipment.
- Each person had an up to date personal emergency evacuation plan (PEEP) which was easily accessible to those who needed them in the event of an emergency.

Staffing and recruitment

- People needs were safely met by suitable staff with the right qualifications and skills.
- Safe recruitment processes were followed. Checks were carried out to assess the suitability of applicants prior to an offer of employment.
- Staffing levels were in line with those calculated to meet people's needs and keep them safe. However, staff commented that they spent little quality time with people when assisting them with their personal care needs. They felt an additional staff member would allow them to spend more time with people.

Using medicines safely

- Medicines were used safely. Medicines were safely stored in areas which were clean, tidy and maintained at the correct temperature.
- Medication administration records (MARs) were completed maintained.
- Staff with the right knowledge, skills and competence were responsible for the management and administration of medicines.
- Medicines were safely administered to people at the right time and in a way, they preferred.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and knew about the providers whistleblowing procedure. They understood their responsibilities for keeping people safe and for reporting any concerns about people's safety.
- Allegations of abuse were raised with the local safeguarding team in a timely way and staff and there was worked with the safeguarding team to minimise further risk of harm to people.
- Arrangements were in place to ensure that people who lacked the mental capacity to consent were protected from the risk of harm.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. All accidents and incidents which occurred at the service were recorded and analysed.
- Managers and staff held regular discussions around accidents and incidents which occurred and about what actions to take when something went wrong. Information was used for learning as part of staff team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's outcomes were not always consistently good.

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

- The décor and furnishing in some people's bedrooms were in a poor state of repair. Paintwork on walls and skirting boards were scuffed and there were holes in some people's bedroom walls and doors. Some items of furniture were damaged including bedside cabinets, chest of drawers and vanity units.
- Net curtains were poorly fitted to bedroom windows and not finished off after being shortened.
- Following the inspection, the manager provided us with a plan of decoration and refurbishment of bedrooms, which was to commence immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Relevant standards and guidance were followed and used effectively to assess people's needs and choices.
- Most people's care plans detailed the care they needed and intended outcomes. However, there was a lack of specific guidance relating to foot care for one person who had diabetes and wound care for two other people. We did not evidence any impact on those people, however they were placed at risk of not receiving effective care and support.
- Monitoring charts were in place and used effectively to monitor and evaluate aspects of people's care.
- The service worked closely with other agencies to promote people's health and wellbeing.

Staff support: induction, training, skills and experience

- Staff were provided with the training they needed for their role.
- Family members told us they thought staff were good at their job. Their comments included; "The staff are very well trained and do the job exceptionally well," "They are all very good from what I've seen" and "Without a doubt."
- Staff received supervision with their line manager, however the frequency of these had reduced over the last year because of the changes in management.

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

- People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool.
- Staff followed guidelines set out for people by dietitians and speech and language therapists.
- Staff understood people's dietary needs, likes and dislikes. People were given a choice of food and drink and staff assisted them as required.

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

- People's health care needs were understood and met. Information was shared with other agencies if people needed to access other services such as hospitals, GPs and specialist nursing teams.
- Referrals to other healthcare services were made for people when required in a timely way. A visiting healthcare professional told us staff made prompt referrals, worked well with them and always followed their advice and guidance.
- Family members told us their relatives' healthcare needs were met. Their comments included; "[Relative] sees doctors and other professionals such as dentist, chiropodists and optician" and "[Relative] sees the optician here. A doctor visits every Tuesday or if needed they will come in."

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 (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 had the appropriate legal authority and were being met. The service was operating within the principles of the MCA.

- Managers and staff had completed MCA training and they understood the need for consent. Staff knew which people had a DoLS in place and what it meant for the person.
- A mental capacity assessment had been completed for people to understand their capacity to consent to care and treatment. Where people lacked the capacity to make their own decisions, they were made in the person's best interest following the appropriate process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were treated with kindness and compassion.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their privacy and independence was promoted. However, the use of dirty equipment and lack of maintenance of people's bedrooms undermined their dignity. Immediate action was taken to address these concerns.
- Personal information about people was treated in confidence.
- Staff supported people with personal care in private and they knocked on bedrooms and bathroom doors before entering.
- Staff encouraged people's freedom of movement and independence. Staff recognised how important it was for some people to keep busy around the environment and they encouraged and supported this.
- Family members told us they felt their relative privacy was respected. Their comments included; "They make sure the door is shut when they are showering her [relative] or getting her dressed or undressed" "All her [relative] personal care is done in private in her bedroom or in the bathroom" and "They make sure it's done in private."

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

- Staff treated people with kindness and compassion. Staff had a good understanding of people's emotional needs and supported them well.
- Family members were made to feel welcome and were offered refreshments. Family members told us that staff always took time to chat with them about how their relative had been.
- Family members told us they thought staff treated their relative well and were kind and caring. Their comments included; "Oh certainly, I should say they would do anything for her. The care in general is very good," "They [staff] care a lot and are very kind to him [relative]" and "They [staff] know her [relative] very well and show her a lot of kindness."
- Staff knew people's personal history and backgrounds and used this knowledge to engage people in meaningful conversations and activities.

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

- Family members were given opportunities to express their views through regular care reviews, meetings and regular discussions with managers and staff.
- Family members told us they felt involved and listened to. Their comments included; "We have reviews, but the staff are always talking to me about what they could do," "I visit every day, so I talk to them [staff]" and "I feel very involved and I have no problems saying what I think."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Care plans were personalised. They contained information about people's needs, preferences, lifestyle choices and their preferred routines.
- The plans included information about people's background, culture and spiritual needs giving staff the knowledge to help them respond to people's past life experiences and beliefs.
- Daily records were completed for each person outlining the care and support given and any progress daily. These records showed people received care and support which was responsive to their needs.
- Family members commented that staff knew their relative well and provided them with the right care and support. Their comments included; "[Relative] gets all the care they need" and "They [staff] knows [relative] very well and do things just right."

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

- The registered provider employed an activities co-ordinator who organised and facilitated activities for people both individually or in groups as preferred.
- Consideration was being given to exploring more choice of activities which were age appropriate and relevant to the needs of people living with dementia.
- Trips were arranged for people to access the community however, family members commented that their relatives would benefit from more of these opportunities. Their comments included; "There are not enough trips out" and "[relative] enjoyed a trip out but has only been out the once."
- People were supported to maintain relationships with those who were important to them.

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.

- Managers and staff had a good understanding of the AIS and their responsibilities for ensuring information was made available to people in an accessible format which they could understand.
- People's communication needs were detailed in their care plan, including any aids or adaptations people needed to enhance their communication.

Improving care quality in response to complaints or concerns

- Information about how to complain was made available to people and others.

- A record of complaints received by the service was maintained. Complaints were acknowledged and dealt with in a timely way and used as an opportunity to improve the quality of the service.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.
- No person was receiving end of their life care at the time of our inspection. Staff had however completed training in end of life care and understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the service management and leadership was inconsistent.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- The service did not have a manager registered with the Care Quality Commission (CQC). The previous manager left shortly before this inspection. A registered manager of a sister service was managing the service in the interim on a part time basis with support of other managers within the organisation.
- There has been a lack of consistency in the management of the service, the interim manager is the third manager appointed since the last inspection. At the time of this inspection we were given assurances that the provider was actively recruiting for a permanent manager.
- Staff felt the inconsistencies in the management of the service had impacted on their work. Comments staff made included; "Different managers have different ideas, so things are constantly changing" and "One manager says do something this way, then another comes along and wants it done differently."
- There was a system in place for checking on the quality and safety of the service. However, they were not always fully effective in identifying areas for improvement in relation to people's health and safety.
- The ratings from the last inspection were clearly displayed in the reception area and on the providers website.

Continuous learning and improving care

- Managers and staff had learnt and made improvements following the last inspection, however further improvements were required so that people received consistent safe and effective care.
- Managers were receptive to feedback during the inspection. They made some changes during the inspection and provided us with a copy of the service improvement plan. The plan set out areas for improvement and timescales for completion.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Despite the inconsistencies in the management of the service staff worked hard as a team to provide people with person centred care with positive outcomes.
- Staff and family members felt the interim manager and other managers were supportive and approachable. They told us there was an open-door policy whereby they could openly share their views and opinions.
- People, family members and staff were provided with other opportunities to put forward their views and opinions about the service and how it could be improved. This was done through regular, surveys, discussions and meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were open and honest about the improvements needed to the service and showed a commitment to ensuring they were made.
- The manager shared appropriate information with the CQC and the local authority safeguarding team in a timely way and learnt from incidents.

Working in partnership with others

- The service had good links with family members, other agencies and health and social care professionals.
- Managers and staff worked closely with others to develop their skills around meeting people's needs.