Care Quality Commission

Knotty Ash Home Limited

Knotty Ash Residential Home

Inspection report

69 East Prescot Road
Liverpool
Merseyside
L14 1PN
Tel: 0151 254 1099
Website: knottyashhome@hotmail.co.uk

Date of inspection visit: 09 January 2015
Date of publication: 16/02/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on 09 January 2015. Knotty Ash Residential Home provides support and accommodation for up to thirty four people, some of whom are living with dementia. It is based on a busy street within walking distance of local shops and public transport. A car park and garden with seating are available within the grounds. The home is a purpose built building with all communal rooms and the majority of bedrooms located on the ground floor. A lift is available to the three bedrooms located upstairs. There are two lounges and a dining room available for people to use. All bedrooms provide single accommodation with en-suite toilet facilities.

During the inspection we spoke with seven people who lived at the home, four of their relatives and nine members of staff. We also spoke with the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 last inspected the home in September 2014. At that inspection we looked at the support people had received with their care and welfare and found that people had received the support they needed. We found however that the provider had repeatedly failed to ensure accurate and appropriate records were maintained. Following that inspection we served a warning notice due to a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in that they had failed to ensure that people were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information recorded about them. During this inspection we looked to see if improvements had been made and found that they had.

During our inspection in September 2014 we had looked at systems in place for assessing and improving the quality of the service. We found that the provider had breached regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because they did not have effective systems in place to ensure the safety and welfare of people using the service and others. Following that inspection we asked the provider to take action to make improvements to how the quality of the service was monitored. The provider sent us an action plan to tell us the improvements they were going to make, which they stated they would be completed by 28 November 2014. During this inspection we looked to see if these improvements had been made and found that they had.

During this inspection we found the following.

We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because The home did not meet the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). You can see what action we told the provider to take at the back of the full version of this report.

People were supported to make everyday choices including the times they chose to get up / go to bed and a choice of meal and activities. A variety of activities were provided to occupy and interest people. In addition staff spent time engaging with people as well as meeting their care needs.

Care plans provided sufficient information to assess people's support needs and guide staff on how to meet these. Regular reviews of care plans took pace to monitor any changes to the support people required. People's heath was monitored and health care advice obtained for them when needed.

Medication was stored and managed safely.

People told us that they considered the home a safe place to live. Staff understood their role in identifying and reporting any potential incidents of abuse. No referrals for safeguarding adult's investigations had occurred since our last inspection in September 2014.

The environment was safe and provided sufficient space and aids and adaptations to support people with mobility difficulties to get around more easily.

There were enough staff working at the home to meet people's health and welfare needs. Staff had generally received the training and support they needed to carry out their role effectively.

Quality assurance systems were in place to assess the quality of the service provided and obtain people's views. These would benefit from further development.

Records relating to the people living at the home were well maintained and stored confidentially.

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.

People told us that they felt safe living at the home. Staff were aware of the procedures to follow if they suspected abuse had occurred although no safeguarding adults incidents' had been reported at the home since our last inspection.

Medication was safely managed within the home. People received their medication as prescribed.

Systems were in place for identifying and minimising risks for people living at the home.

Recruitment procedures were in place for checking the suitability of staff to support people who may be vulnerable.

There were sufficient staff working at the home to meet people's needs safely and well.

Good

Is the service effective?
The service was not always effective.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Assessments of people's ability to make important decisions had not been carried out.

People's health had been monitored and action had been taken to obtain health care advice for them when needed.

People were offered a choice of nutritious meals and received support to eat and drink if needed.

Staff had received the training and support they needed to support people safely and well.

Requires Improvement

Is the service caring?
The service was caring.

Staff interacted positively with people living at the home. This included providing them with emotional support as well as support with their care and welfare.

People's privacy and dignity was respected and staff took time to communicate with people in a way they understood.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care plans were up to date and provided sufficient guidance to identify people's support needs. Staff had a good knowledge of the support people needed and how to provide it in a way the person preferred.

A range of activities were provided for people living at the home. In addition to this staff spent time engaging people in conversations and checking how they were.

A system was in place dealing with any complaints received. People living at the home and relatives knew how to raise a complaint and told us they would feel confident to do so.

Is the service well-led?

Requires Improvement

The service was well led.

A registered manager was in post and people told us they found her approachable.

Systems for obtaining and acting upon the views of people living at the home and their relatives were in place but would benefit from further development.

Audits had been carried out on various aspects of the home to check the quality of the service provided. Again these would benefit from further development.

Records relating to people living at the home were well maintained and stored confidentially.

Knotty Ash Residential 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 January 2015. The inspection was carried out by an Adult Social Care (ASC) Inspection Manager and a lead ASC Inspector.

Prior to our visit we looked at information we had received about the home and any information sent to us by the registered manager since our last inspection in September 2014.

During the visit we spoke with seven of the people living at the home and with four of their relatives. We also spoke with the registered manager, three members of care staff, three members of domestic staff and two members of kitchen staff. In addition we spoke with the activity coordinator and a visiting health care professional.

We looked at shared areas of the home and with their permission visited people's bedrooms. We also looked at a range of records including five care and medication records, recruitment records for five members of staff, training records relating to the staff team and records relating to health and safety.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the home. One person said "It's safe enough here." Another person said "I feel safe because there is always someone here to help me if I need it." We spoke to a relative who told us "My mum is safe here and we can relax knowing that she gets what she needs."

The provider had a policy in place for identifying and reporting potential safeguarding adults' incidents. In discussions with staff they had an understanding of safeguarding adults and their role in identifying and reporting potential abuse. No allegations of abuse had been reported at the home since our last inspection.

Staff we spoke with had a basic understanding of the whistle blowing policy and how to use it. Whistle blowing protects staff who report something they suspect is wrong in the work place.

In discussion with staff they displayed an understanding of their role in preventing an outbreak of infection. Staff were able to explain how they minimised the risk of cross infection when supporting people with their personal care. They were also able to explain how they reduced the risk of cross infection when dealing with food or laundry. We saw that supplies of gloves, aprons and water soluble bags were available and we observed staff using these through the day. Records showed us that staff had received training in infection control.

A clear system was in use in the laundry room for keeping washed and unwashed laundry separated and for dealing with any laundry that may be infected.

The kitchen had recently received a visit from Environmental Health who had given them a five star score. This is the highest rating that can be given and is based on national ratings for the standard of food hygiene on the premises.

We saw that the premises safety was maintained. We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. We saw that the fire alarm system was checked weekly and there was a fire evacuation plan that had been revisited and updated.

A separate locked room was used at the home for storing medication. This contained a lockable trolley to take out when giving people their medication, a lockable drug fridge and lockable cabinet.

Temperatures of the drug fridge had been recorded regularly to ensure it was within a safe range. We looked at a sample of medications stored in the fridge and found that they had been stored appropriately. We noted that the date medication such as eye drops had been opened had been recorded. This helps to identify when they are no longer safe to use.

The home use a pre-packaged system prepared by a pharmacy for dispensing the majority of peoples medication. We checked samples of boxed medication and controlled medication held in the home. We found that stocks tallied with the record of medication given and remaining stock.

We looked at a sample of medication that was frequently subject to changes of dose. We saw that before making the change the home had obtained written confirmation of the new dose. Information was recorded within the Medication Administration sheet (MAR) however the handwritten entries had not always been signed and dated by two people. This would further reduce the risk of errors occurring.

We looked at the accident records and saw that action had been taken in response to accidents to reduce the risk and minimise reoccurrence. An example of this was a person who had fallen. We saw that their care had been reassessed and changes made to support them.

On the day of our inspection there was a senior carer and three care staff working in the home. In addition the registered manager was available, three domestic staff and two kitchen staff were working and the activity coordinator was present during the afternoon. The manager explained that a member of care staff had called in sick at the last minute and they had tried to cover the shift but had been unable to do so.

The majority of staff we spoke with told us that there was generally sufficient staff available to run the home and meet people's needs. When we spoke with care staff we found that their understanding of the current staffing requirements was different to that of the provider and the manager. We asked the manager to clarify this with staff.

Good

Is the service safe?

We looked at staffing levels and saw from the previous six weeks of rotas that staffing levels had been maintained. During our inspection we observed that there were sufficient staff available to meet people's needs. Although staff were busy we noted that call bells were answered promptly and staff had time to interact with people and provide reassurance when required.

We looked at how staff were recruited to work in the home. A member of staff explained to us that before they started work they had an interview with the registered manager, following which a series of checks had been carried out on them. We asked to see five staff files. Four of these were available and we saw that appropriate procedures had been followed and references and Disclosure and Barring Service (DBS) checks had been sought prior to staff starting work. These checks help to assess whether staff are suitable to work with people who may be vulnerable. The other file was not available and the registered manager explained that she had misplaced it. We were able to see that a DBS check had been sought for this staff member but no further evidence that safe recruitment procedures had been followed.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with were very complimentary about the staff who supported them. One person told us "I get good care here. The staff help me with what I ask." A relative told us "The girls are great. They work hard and provide good care." We asked if people enjoyed the food at the home and the comments we received were positive. One person said "The food is very nice. I like it and I've put on weight since I've been here. If people don't like it then they give them something else but that hardly ever happens." Another person told us "The food is pretty decent. They accommodate me and help me have the food I need."

We saw that relevant staff had received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We spoke with the manager and they told us that the senior staff in the home had also had enhanced training in this area. The manager showed us a recent DoLS application that they had made to protect a person who lived in the home. We could see that no mental capacity assessment had been completed to determine that this person was not able to make the decision for themselves. We looked in care files and could not find any evidence of mental capacity being explored to see if people could make important decisions safely.

One person's care plan stated they had Alzheimer's disease though they were not yet diagnosed. It also stated the person had long term memory loss and showed signs of confusion. This could indicate they may lack capacity to make important decisions. Elsewhere within their file they had a disclaimer stating they wished to use a door wedge to keep their bedroom door open although this brought increased risk in the event of fire. No capacity assessment was in place for ensuring the person fully understood the risks and benefits involved in this decision.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the registered person could not demonstrate that they were obtaining and acting in accordance with the consent of the person or a person lawfully able to consent for them, in relation to their care.

A visiting health care professional told us that in their opinion people had received the support they needed with their health care. They explained that staff had a good knowledge of people's needs, made appropriate referrals to health professionals and maintained records of people's weight if needed. We saw that checks had been regularly carried out to monitor people's health, this including looking at their risk of falls, pressure sores and nutritional intake. This meant that changes to people's health could be quickly noted and therefore acted upon. In discussions with staff they displayed a good understanding of individuals' health care needs and their role in meeting these. Where people required support with eating and drinking a care plan was in place to advise staff on how to provide this.

We observed lunch in the dining room. The meal was relaxed and people were sitting in small groups chatting to each other and to staff. The food looked, smelled and tasted appetising. People who needed support were helped discreetly by staff at a level and pace suitable for them.

A record of menus showed that people had been offered a variety of nutritious meals. We spoke to the cook who had a good understanding of any dietary requirements people had and was able to explain how they catered for them. They also told us that people could have a drink whenever they chose and that if someone did not like the meal on the menu an alternative would always be provided. A visitor confirmed this, telling us they had observed staff providing a small cooked snack for one person who had been unwell and asleep until mid-morning.

Everybody living at the home had their own bedroom with en-suite facilities. Bedrooms provided sufficient room for people with mobility difficulties to get around or receive support. A downstairs shower room was adapted to provide sufficient space for people in a wheelchair to use the shower safely and with staff support. An upstairs bathroom provided a bath chair to help people into the bath and was also spacious enough for people to get around safely and receive support if needed.

Aids and adaptions were provided in the home to support people with their mobility. These included a lift, stand aid, hoists and well placed grab rails. Emergency call buttons were fitted in toilets, bathrooms and bedrooms so that people could summon help easily.

Requires Improvement

Is the service effective?

Staff told us that they had generally received the training and support they needed to carry out their role. Two members of staff told us that they had identified training needs and training had been booked to meet these.

We looked at staff training and saw that generally staff received regular training in order for them to carry out their job roles safely. We saw that staff had received training in basic areas of care including, first aid, infection control and safeguarding vulnerable adults. Staff had also received training in more specialist areas of care including supporting people who have dementia. Care staff told us that they had found this useful and would welcome the opportunity to further their knowledge in this area. Other staff who worked in the home told us that they had welcomed the opportunity to undertake this training as it provided them with knowledge on how to interact with people living at the home. We raised concerns about one staff member who had been in post for four months and had not yet had moving and handling training. We reported this to the manager and the provider and they agreed to take action to rectify this immediately.

Staff told us that they had received one to one supervision from their manager but this had not always been consistent. This was confirmed in the records we looked at. We noted that newer staff had one to one supervision more regularly, this helped to ensure their work was monitored and any additional support they needed could be discussed. Staff meetings had taken place and staff told us that they felt listened to and confident to raise any issues they had. All of the staff we spoke with told us that they felt they worked well as a staff team and supported each other.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care that they received. Their comments included "The staff do the best they can and they are very caring" and "I haven't been here long and all the staff are very welcoming and caring." We also spoke with relatives who made positive comments about the care. One relative said "The staff are very good and are always on hand if I want to discuss anything."

A visiting health professional told us that they had noted people were able to decide for themselves what time they wanted to get up or whether they wished to stay in bed a little longer. They told us that they had seen staff respond positively to people's requests, "Whatever they want they get." We observed that people could spend their time and see their visitors in communal rooms or in the privacy of their bedroom as they chose.

We observed staff chatting with people about day to day things and spending time making sure that people's needs were met. People who were sitting in their rooms were regularly checked by staff and we observed that when people were sitting alone staff took time to check on them and engage them in a meaningful conversation.

It was clear from our observations that staff knew people well and were able to communicate with them and met their needs in a way the person preferred. We observed one person in distress because they had lost something. We saw a staff member offering lots of support, helping them to look for the item and being reassuring. The person was not rushed and was given the help they needed. When another person wandered off from the lunch table staff skilfully engaged them in conversation and supported them back to the table to eat their lunch.

Throughout the day we observed that staff spoke respectfully to people. We also noted that before going into an occupied bathroom or bedroom staff knocked on the door and obtained permission before entering.

A menu board in the dining room contained large individual photographs of the day's meals. The cook explained that wherever possible they used photographs of actual meals they had served. The way the menu was presented helped people whose eyesight may not be good or who may have lost the ability to read to access the information more easily. Similarly photographs of activities that had taken place were displayed in the hallway and dining room. This provided people with the opportunity to see the activities they had taken part in and help prompt their recollection.

Good

Is the service responsive?

Our findings

We asked people who lived in the home if staff were responsive to their needs. One person told us "They help me in the way I like and if I don't like it I tell them." Another person described staff as, "Very good, very helpful."

One of the people living at the home told us "I have no complaints but if I did I would tell them and they would sort it out. They are good like that here." We spoke with one relative who told us that they had never made a formal complaint. They said "Sometimes you have a niggle but the staff sort it out straight away. The manager is very approachable and if you had a problem then she would listen." Another relative told us that after they had raised concerns the provider had arranged to meet with them to discuss the matter further.

Individual care files were in place for people living at the home. Care files contained an assessment of the person's needs which had been carried out prior to them moving into the home. This meant that staff were aware of and could plan for the support the person would require. A series of assessments had been carried out and reviewed monthly to monitor the person's health and welfare. This included assessments of their risk of falls, dependency levels, nutritional needs and risk of pressure sores. Where an assessment identified the person needed support a written care plan was in place providing guidance to staff on the support required. Regular reviews of care plans had been carried out. This helps to identity any information that requires updating or additional support the person may need.

A member of staff was employed to support people living at the home with activities and occupation. People told us that since the activity coordinator had commenced work, a wide range of activities had been available. A timetable for the week we visited included, hairdressing, yoga, games, reminiscence and sensory activities. On the afternoon of our visit we saw people enjoying a poetry reading session. We also observed that the activities coordinator spent time engaging individual people in conversation.

We saw a memory tree that contained memories people living at the home had of the war. Staff told us it had been on display in the foyer until recently. This was good practice as it engaged people in discussion and reminded people reading it of the full and varied lives people had led.

Activities that people had taken part in were recorded and evaluated to establish whether it had been worthwhile for that person or whether a different activity or approach would benefit them more.

A patchwork collage was on display in the hallway and patchwork cushions were scattered around the home. These used different fabrics, textures and craft objects including zips, bobbles, fringing and buttons. They were of a high quality and did not give the appearance of being specialist products, however they provided a tactile experience for people to enjoy. A member of staff explained that people living at the home particularly liked the collage and regularly spent time interacting with it.

The complaints procedure was on display in the reception area of the home, we looked at this and saw that it had been updated since our last inspection. We looked at the complaints file and saw that no formal complaints had been recorded for over a year. However we spoke with a relative who told us about a complaint they had raised with the manager and provider. They explained that as a result the provider had met with them to discuss the issues raised. We discussed this with the manager and provider who explained that as they had not received the complaint in writing they had not recorded it as a formal complaint. They were however able to explain the actions they had taken in response. Documenting all complaints received along with the actions taken to resolve them would provide a formal way to monitor concerns and complaints, look for any patterns and check that they were responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

During our inspection of the home in September 2014 we found that the provider had repeatedly failed to ensure accurate and appropriate records were maintained. We judged that this had a major impact on people and therefore served a warning notice due to a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we looked to see if improvements had been made and found that they had.

During the September 2014 inspection we had looked at systems in place for assessing and improving the quality of the service. We found that the provider did not have effective systems in place to ensure people's safety and welfare, we judged this had a moderate impact on people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We therefore told the provider to take action to make improvements to how the quality of the service was monitored. During this inspection we looked to see if these improvements had been made and found that they had.

The home had a registered manager in post who had been in post for some time and had registered with the Care Quality Commission in June 2014. This is a condition of the registration of the home. The other conditions for registration had also been met.

We saw that a meeting had taken place for people who lived in the home and their relatives in August 2014. We saw that issues were discussed and explanations given. We were told by the manager that there were plans to hold these twice a year. A number of relatives had not attended the meeting and the manager said that relatives had said they didn't feel it necessary as they didn't have any concerns.

We asked about surveys and were told that the home were thinking of introducing them to source feedback from people living at the home and their relatives but this had not been done. Exploring different ways to obtain people's views would provide as many people as possible with the opportunity to comment on how their home was run. It would also help the manager and provider to plan future improvements to the service.

We saw that staff meetings had been held following our last inspection. The full staff meeting had been held on a number of different days and times. The manager told us that this was to ensure that all staff had the opportunity to attend the meeting and hear the information.

We looked at a number of audits that the manager had completed including medication and care plan audits. We saw that care plan audits were now being carried out on regular basis. However we felt that a number of further improvements could be made to the current systems in place.

Audits were basic and carried out on an ad-hoc basis. For example staff files had not been audited for some time. An audit of these would have revealed the misplaced file we identified during the inspection. The current audit system had not identified the need for capacity assessments that we identified during the inspection. A more through quality assurance system with planned, regular checks on different parts of the service would enable the provider and manager to plan future improvements to the service.

Records we looked at regarding people's care were clear, up to date and reflected changes to the persons support needs. Daily records provided sufficient information to make staff aware of any changes to the person's needs and the support they may require.

We also noted that the complaints procedure had been updated to reflect the correct details for the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Suitable arrangements were not in place for obtaining, and acting in accordance with the consent of service users, or the consent of another person who was able lawfully to consent to care and treatment on that service user's behalf.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.