

Horizon Residential Homes Limited

Knells Country House

Inspection report

The Knells
Houghton
Carlisle
CA6 4JG

Tel: 01228526496

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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

Knells Country House is a residential care home providing personal care for up to 24 people. The service provides support to older people, some of whom have dementia-related conditions. At the time of our inspection there were 21 people using the service.

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

The provider's systems for checking the quality of the service were not always followed. This meant records about risk, training and care were not up to date and improvements were not always put in place.

People and relatives complimented the warm, friendly atmosphere in the home and described staff as kind and caring. The home had a welcoming culture. Staff were engaging with people and knew their needs well.

People received individualised support which matched their personal preferences. There was a range of activities and engagement in the local community to support people's social inclusion.

People said the meals were nice and they got enough to eat and drink. People had good input from other care services to support their health needs. Staff provided sensitive care to people when they reached the end stages of their lives.

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

The home was clean and comfortable. The provider had sufficient equipment and screening to reduce the spread of COVID-19.

Relatives said staff had kept them well-informed throughout the pandemic and they praised the new manager and provider for their open and approachable attitude.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 June 2019.

Why we inspected

This was a planned inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach of regulation relating to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Knells Country House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and 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

Knells Country House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Knells Country House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and intended to submit an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 30 May 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 11 relatives. We spoke with the manager, deputy manager, housekeeper, cook, maintenance staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted 11 other staff for their views.

We reviewed a range of records including 4 people's care records and multiple medicines records. A variety of records relating to the management of the service were reviewed, including staff recruitment, training records, policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- The provider's system for assessing or reviewing individual risks to people had not been followed. In some cases, significant changes in people's needs were not updated on their care records.
- Staff were knowledgeable about people's needs but there were not always risk assessments with clear strategies to show how known risks to individuals would be mitigated. This could lead to people not receiving consistent or appropriate support, for example, when supporting someone with distress.

The provider's systems for assessing risk was not effective. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback, the provider stated that risk assessments would be put in place and these would be reviewed at least monthly.
- The provider employed maintenance staff to carry out routine health and safety checks and external contractors to service equipment. Health and safety certificates were up to date.

Staffing and recruitment

- The provider aimed to provide enough staff on duty to make sure people received the assistance they needed.
- Overall, people and relatives said there were enough staff to support people in a safe way. Some relatives had mixed views about the number of staff on duty and staff turnover but said it did not affect the safety of people.
- The provider's recruitment processes had not always been followed. In a small number of cases, full checks had not always been completed prior to appointments to make sure staff were suitable to work with vulnerable people. Also, there were no records of the safety induction of agency staff.
- The provider took immediate action to address this and implemented a recruitment checklist to ensure all clearances were in place prior to a staff commencing employment.

Using medicines safely

- People's medicines were safely administered. The service used an electronic recording system which alerted staff to the time and dosage of any medicines.
- At the time of the inspection, protocols about when to support people with their 'as required' medicines were not easily accessible to staff as they were not held with medicines records. Also directions and guidance for prescribed ointments were not clear. The provider addressed this immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home.
- Staff said the service was safe and they had "great communication with the manager". They told us if they needed to report anything they would feel confident to do so.
- People said they had no concerns about their safety at the home. Relatives said their family members were safe and well looked after. Their comments included, "They know [my parent] really well and keep her safe and in a safe environment."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Medicine containers were on open display so could be compromised and some bins for used PPE required lids. The provider addressed this immediately.
- People and relatives said the premises were kept clean. They told us, "The home is old but clean."
- People and relatives were satisfied with the visiting arrangements.

Learning lessons when things go wrong

- The manager carried out analysis of falls and incidents to identify the people at most risk. Actions were taken to reduce the risk of recurrence, for example, by ensuring greater supervision for people at risk of falls.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- The provider's system for recording the training of staff was not always effective. Training records did not demonstrate that all staff had achieved current essential training in health and safety. For example, the records indicated that around half the staff team did not have current training in safeguarding and a third did not have current training in infection control.

The provider's systems for monitoring the training records of staff was not effective. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider put actions into place for the management team to regularly review training records as part of the probation, supervision and appraisal of each staff member.
- Staff who took part in the inspection said they felt supported in their role. Their comments included, "I feel like I have been given the training needed to do my job and they are always happy to answer questions or show me how things work or are done if unsure."

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

- The provider made sure people's nutritional well-being was supported. People said they had enough to eat and drink.
- Staff worked in a collaborative way to make sure people's nutritional needs were met. The cook commented, "We get very good communication from care staff about any weight loss. Then we fortify foods in a natural way for them."
- People and relatives were very complimentary about the quality of meals. Their comments included, "The meals are very good and we get a choice" and "The food is wonderful. I have meals now and again and the cooks are great. Drinks are always available and they keep a chart for [my parent] as they do not like to drink much."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access health services, when necessary.
- Relatives were complimentary about the access to health care services. Their comments included, "They make sure all the services are available, for example the doctors" and "They took her to the dentist when she needed to go."
- Staff collaborated with health services such as physiotherapists and community nursing services. The

manager said the home had a named GP who staff could contact at any time and also have a weekly ward round with him via video call.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- The home was an older building that had been adapted where possible to support people's needs. There were some signs to help people identify bathrooms and toilets.
- There was hoist equipment and an assisted bath to support people with mobility 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 MCA 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.

- The provider and staff understood people's rights to make their own decisions and sought their consent.
- In the small number of cases where people lacked capacity, DoLS applications had been made to the local authority. The progress of those applications was not being monitored so during the inspection the manager developed a DoLS log to record periodic requests for updates.
- Where relatives had Lasting Power of Attorneys (LPA), they had been involved in decisions made in people's best interests.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were treated with care and kindness. They described the manager and staff as caring and helpful.
- Relatives said there were very good relationships between people and the staff. Their comments included, "The girls give mum love and are superb" and "The staff are fantastic and approachable. They are warm and caring."
- Relatives also praised the provider for being involved with people when he visited. Their comments included, [My parent] showed [provider] some holiday photos and he made them into 3D so she feels like she is in the pictures - that is going the extra mile."

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

- People were encouraged to make their own choices and decisions, and these were respected.
- People and relatives confirmed they were involved in discussions about their care. They told us, "My family member has dietary requirements and the chef comes to talk to her about what she would like" and "The manager discusses [my parent's] care plan with me and keep me updated."
- People were encouraged to follow their own daily lifestyle. Relatives commented, "She has everything she needs and if she hasn't they make sure she gets it" and "They take great care of the residents there they get them cushions and cups of tea whenever they want."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted by the service. People and relatives described how staff knocked on doors or called out before entering rooms and always asked permission to assist people.
- People's personal appearance was respected and supported. A relative commented, "They are very caring and treat her with respect and dignity. Her clothes are clean and she gets her hair and nails done. The staff are lovely and the home passes the 'sniff' test."
- People were supported to maintain independence where possible. A relative told us, "Staff support her to be independent and help her walk around with her zimmer frame. They sit and do activities with her and take her out for fresh air when she wants."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good delivery.

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

- People were supported in a person-centred way and their individuality was respected. People told us staff were knowledgeable about their lifestyle preferences. Relatives commented, "[My parent] can be awkward but they understand her" and "Staff interact very well with her. They understand my family member and her needs."
- The provider's system for reviewing people's care needs was not always being followed by staff. Some people's care plans were out of date or contained contradictory information so would not be clear to new or agency staff. The provider stated a new care management system was going to be put in place to make the process of managing care plans far easier.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records included some details of their communication needs. People had been supported in a variety of ways with information that suited their communication, including flash cards and large print.

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

- People had good support to keep in touch with relatives and the wider community. The manager had set up a private WhatsApp group for people to see their relatives and share videos of events. People spoke positively about the social activities and trips out.
- Relatives appreciated the effort the home made to keep people active. Their comments included, "There are good activities and they get everybody involved" and "They do a lot of activities, they have taken in Shetland ponies and llamas. They have a music group, tea parties and they go out on trips."
- Staff said activities were promoted. One staff member commented, "There is a big emphasis on engaging with the residents at quiet times or encouraging them to do activities with others and ensuring that the residents are getting the attention and social interaction they need."

Improving care quality in response to complaints or concerns

- The provider had a system for managing complaints. People and relatives said they would feel comfortable about raising any comments. People and relatives had a good relationship with the manager

and provider.

- Complaints records included details of any complaints received and written responses or meetings to resolve them. Complaints were managed in an open, apologetic and sensitive way and any actions the home could put in place to improve the service were recorded.

End of life care and support

- The service provided compassionate care to people who were at the end stages of their life.
- Most staff had training and experience in supporting people with their palliative care needs.
- People's care plan's included reference to their preferred last wishes, although these would benefit from more detail.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- The provider had quality assurance systems to manage risk and monitor quality. However, these were not fully effective because actions were not completed by staff and not reviewed by the provider for completeness. For example, monitoring visits in April 2022 had identified care recording shortfalls that were still present during this inspection.
- Risk assessments were not always in place for known areas of risk. Care records were not always up to date or current. Training records were not being monitored to check the competency of staff.
- There were designated senior care staff but this role did not contribute sufficiently to the management of the service. This meant the new manager also had to perform several care roles to keep the service running, including care recording and covering staff shifts. This had led to reduced oversight of the governance of the service.

The provider's governance systems were not always effective and actions were not always completed to ensure improvement. This contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service promoted a friendly, open and positive culture where people's individuality was respected and supported.
- People and relatives were complimentary about the way it was run and the positive impact on people's well-being. People and relatives said they would recommend it to others. They commented, "It's a happy place and well-run" and "They go the extra mile to keep the residents happy. The atmosphere is calm, positive, bright and happy."

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; Continuous learning and improving care

- The provider was aware of the duty of candour and their legal responsibility to be open and honest.
- The provider was committed to improving of the service for the people who lived there. Staff felt things were slowly improving. One staff commented, "The Knells is a little disorganised with regards to its paperwork, but I have seen some changes being made."
- Relatives said there had been improvements to the service despite the challenges the service had faced during the COVID-19 pandemic and changes of management. They told us, "I like the new manager, she is

approachable" and "[Manager] and [provider] act on things. They are trying to make it better since the new provider took it over."

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

- People said they had opportunities each day to give their views to the manager. There had not been residents' meeting for a while but people said they were encouraged to give their views about activities, menus and so on.
- Relatives were complimentary about the engagement with the manager. One relative commented, "There has been a change in management. My parent trusts her and she communicates well with us."
- Staff meetings were held periodically to discuss organisational standards. Staff said they felt able to give their comments and suggestions openly.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- The home had some links with the local community, and this helped people to be included as citizens of the local area.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to monitor the quality and safety of the service were not always effective and did not identify or support improvement. Records did not always accurately reflect people's current needs or risks to their well-being. Regulation 17(1)(2)(a)(b)(c)(f) |