

Matthew Lunn

Knowle Court

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 12 July 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Knowle Court provides accommodation for up to 22 older people who require residential care. The service does not provide nursing care. The home was situated in a quiet village on the outskirts of Huddersfield. There were transport links into Huddersfield close by.

The service had a registered manager in place and they have been registered with the Care Quality Commission since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered managers also owned the service. The service also employed two further managers.

We found that although risks had been identified there was no assessment of the risks for any of the people who used the service, so that staff were well informed on how to look after people safely. No one using the service had an individual personal emergency evacuation plans (PEEPs) in place and there were no numbers or identifying features on people's bedroom doors. This could cause difficulty in an emergency situation. Fire drills were taking place but had not captured every member of staff in the last year.

Accidents and incidents were recorded and any actions to be taken were noted.

We saw there was sufficient numbers of staff on duty to keep people safe however staff did appear stretched at lunch time. The service followed safe staff recruitment practices. However, there was one record missing in each staff file we looked at for example one person had only one reference, another person had no identification.

People's medicines were managed and administered safely. However no medicine audits took place other than weekly stock balances and one controlled drug stated there were five in the home yet we were told these had been returned to the pharmacy. There was no record of this being returned. The registered manager investigated this after the inspection and provided evidence to show this controlled drug had been returned to the pharmacy in September 2015.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety.

Staff were trained in a range of topics and also received specific training to meet people's individual needs for example dementia training. All staff underwent an induction period. Staff had a basic understanding of the requirements of the Mental Capacity Act (MCA) 2005 and associated legislation under the Deprivation of

Liberty Safeguards (DoLS). We discussed refresher training with the registered provider. On arrival there was some query as to how many people were subject to a DoLS and staff were not aware of who had a DoLS in place.

Staff received regular supervision observations such as competencies; however face to face meetings were not taking place regularly. Staff's annual appraisals were due at the time of inspection.

We observed a lunch time meal and saw everyone was having shepherd's pie, we did not see evidence of choice for the main course. We were told that there was an option of pasta bake for those who did not want shepherd's pie but we did not see this available and everyone was given the same meal apart from one person who required finger food. After the inspection the registered manager provided evidence of a page from a book where two meals were recorded and names of wanted what meal underneath, this showed everyone had chosen shepherd's pie. Vegetables were served in separate serving dishes and people could help themselves to these or were provided with support if needed. The cook did not have information regarding people's special dietary requirements in the kitchen.

The premises were clean and tidy and had dementia friendly signage. The bathrooms were clean but they were used to store hoists and there were also a number of wheelchairs and pressure cushions and a garden parasol stored in the stairwell. The registered manager said that the fire safety officer had not been concerned by this. However, they had not received a written report following this fire inspection. The registered manager stated they only received reports from the fire officer if there were issues.

People's day to day health needs were met and they had access to a range of professionals.

People were looked after by kind and caring staff who knew them well. People and their relatives were all positive about the care that was delivered and the attitude of all staff. Staff were sensitive to people's needs and were prompt to provide assistance when needed. People's privacy and dignity were promoted. People were supported to maintain their independence.

One person was using an advocate at the time of inspection.

Care plans documented people's end of life wishes and preferences.

Care plans provided information about people so staff knew how they wished to be cared for. However, the evaluation of the care plan stated 'care plan remains relevant' going back to 2013. We questioned how they knew the care plan remained relevant. A manager said they updated the care plans every six month or more often if needed, we saw evidence that this was taking place, some people's care plans had changed three times in one month. The care plans remaining relevant from 2013 was misleading. The care plans also contained information going back many years which could confuse people, we discussed archiving with the registered manager.

We saw a two weekly activity timetable on display. However we feel there was a lack of stimulation throughout the day and people were left sleeping in their chairs most of the time.

We looked at the compliments and complaints received by the service. There were a large number of thank you cards from people living at the service and their relatives but these were not dated and it made it impossible to know whether they were recently received. We spoke to the registered manager about this and they told us that they were working on capturing any comments from people, both positive and negative.

The registered manager had developed a quality assurance system and gathered information about the quality of their service from a variety of sources. However this process was ineffective as they did not highlight any of the issues we raised.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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

Risks to people's health, safety and wellbeing were assessed but in all cases we saw that no action was taken to reduce the risk. People did not have individual PEEPs.

Medicines were stored securely and administered safely. However the controlled drug register showed a controlled drug was still in the home yet we were told it had been returned to the pharmacy. The registered manager provided evidence after the inspection to show the controlled drug had been returned in September 2015.

Fire drills did not capture inclusion of every member of staff annually.

People felt safe and staff knew what to do if they had concerns about abuse

There were sufficient numbers of staff to care for people's needs. However we observed there were not enough staff to support people in a timely manner at lunchtime.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. Supervision observations took place but supervision meetings did not happen in line with the home's policy and did not focus on providing support to staff. Annual appraisals were due to take place the month of inspection.

The registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities. However staff did not have a full understanding of MCA and DoLS.

People were not provided with a choice of main course at lunch time. The cook did not have information regarding people's special dietary requirements in the kitchen

Requires Improvement 

People were supported to access health care when necessary.□

Is the service caring?

Good ●

The service was caring.

People received kind care from staff and the managers.

People were supported to maintain and improve their independence.

People were treated with dignity and respect by staff who knew them well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans provided information to staff about people's care needs, their likes, dislikes and preferences. However when care plans were updated the terminology was confusing.

Activities were on offer at the home however people were not engaged with what was offered to occupy people during the inspection.

The service had a complaints policy that was applied when issues arose. The service was working on capturing positive and negative comments from people.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager monitored the quality of the service provided to ensure standards were maintained. However we found this was ineffective as we identified several shortfalls in quality of service as indicated by the breaches in the regulations identified in this report.

People, their relatives and staff were positive about the way the home was managed.

Staff felt supported by management

Knowle Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on the 12 July 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this completed form.

During the visit we spoke with eight people who used the service, six relatives, the owner of the home who is also the registered manager, two managers, four care staff and the cook. We undertook general observations and reviewed relevant records. These included three people's care records, four staff files, audits and other relevant information such as policies and procedures.

Is the service safe?

Our findings

People said they felt safe living at the service. People we spoke with said, "I'm safe here, yes, I never feel frightened." Another person said, "The staff make me feel safe."

A relative we spoke with said, "The staff are very good, I walk away knowing he is safe."

Staff we spoke with said, "People are safe because we do regular checks on them."

Risks to people were identified but were not assessed with plans put in place to minimise the chances of them occurring. For example, the care plan for one person stated they could become distressed and hit out yet there was no information for staff on how to prevent the distress or what to do if the person became distressed. Another person was identified as a falls risk but no actions had been put in place to prevent falls. We spoke with registered manager about the lack of risk assessments and they agreed to update them immediately. We were also told the person who can become distressed was now very settled. The care plans were not updated to reflect this.

Accidents and incidents were recorded and any actions to be taken were noted. These were totalled and analysed each month to look for trends. They were also discussed at the monthly managers meeting to discuss what can be done to reduce the risk of further accidents or incidents occurring. This was then cascaded to the staff meeting to ensure that any learning or action needed is passed on to all staff.

We saw that one of the people in the lounge had cuts and bruises to their face. They had fallen two days previously and had needed hospital treatment for the wound. The accident and incident records showed that this person had fallen several times over the last few months. The senior carer we spoke with told us, "They don't see the danger in what they're doing at the moment." This person received two hourly checks through the night and had a bed monitor in place. There was no recorded falls risk assessment in place for this person or a falls reduction care plan. The senior carer we spoke with said they had not been referred to the falls team. The registered manager said the person had not been referred to the falls team because the falls were not happening closely together. However, one of the managers told us that the falls team had been involved previously and had advised there was nothing more they could do. We found that there was a lack of awareness around this person's risk and plan going forward, identified risks were not assessed or mitigated. As a result of their facial injuries they were not able to wear their spectacles and we were told that staff would stay with them when they were moving around the service or they would transfer them using a wheelchair. We observed this person moving around the service independently during our visit and no short term risk assessment was in place whilst they could not wear their spectacles. We discussed this with the registered provider who agreed to introduce a short term risk assessment straight away and make sure all staff were aware of this.

We saw no evidence of Personal Emergency Evacuation Plans [PEEP] for any of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We

noted that none of the bedrooms had numbers and there were no identifying features to any of the bedroom doors such as a person's name, apart from one room which did have the name of the person on a piece of A4 printed paper. One bedroom had a 'private' sign on the door which we were told was from when this room was used by the previous registered provider but they confirmed it was now a person's bedroom. We discussed this with the registered manager and pointed out that in an emergency the fire service would not be able to easily identify rooms. We also stated that it would encourage independence if people could more easily identify their own room without having to ask for help.

We looked at the fire drills that were taking place. Not all staff were documented as participating in a fire drill and we could not see if night staff had undertaken a fire drill. It is recommended that every member of staff takes part in at least one fire drill annually.

We checked the management of medicines and saw people received their medicines at the time they needed them. Medicines were ordered, stored and dispensed safely. However they were not always disposed of safely. Medicines that are liable to misuse, called controlled drugs were stored in a locked cupboard. The controlled drug register stated there were five Diamorphine tablets in stock for one person. When we checked these we were told that these had been returned to the pharmacy. We could not find this documented anywhere and they were still recorded as being in the service. Therefore they could not evidence what had happened to the controlled drugs. The registered manager completed a full investigation after the inspection and provided evidence to show the Diamorphine had been returned to the pharmacy in September 2015, but the controlled drug register had not been updated to reflect this. The service had no individual protocols for "when required" medicines (PRN), explaining why and how each PRN should be administered and when to be repeated. This information is important, to ensure that staff can make safe decisions about when PRN medicines are needed and how they should be used.

Medication Administration Record (MAR) charts showed that people received their medicines as prescribed and staff had signed the MAR to confirm this. Staff had received training in the administration of medicines and this was updated on a regular basis. Medicines requiring refrigeration were stored in a locked fridge dedicated for that purpose. Records were kept of room and fridge temperatures to ensure medicines were safely kept. Medicines with a short shelf life once opened had the date of opening noted, this meant it remained safe and effective to use. We observed a lunchtime medicine round saw the staff member confirmed the person wanted to take their medicine and stayed with the person until they had taken their medicine.

A member of staff occupied the top floor of the service; this was separated with a child safety gate. We asked to see the risk assessments for this staff member in the service for example if they wanted to bring guests back there was a potential risk to the safety of people using the service and concern regarding strangers coming into the service but they did not have one in place to show us. We were provided with generic risk assessments such as fire safety checks and checks to show the tenant and staff knew how to use the child safety gate. We were provided with further information after the inspection to say that the staff member and any guests always used the external entrance. We were also told that they had started to discuss these living arrangements with the people who used the service and to obtain signed consent to this.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff demonstrated a good knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take. Staff could also explain the procedure to follow if they identified abuse was happening.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included clear instruction on raising a concern internally and externally with full contact details. Staff also knew the procedure to follow if they needed to raise a whistleblowing concern.

We asked staff if they thought there was enough staff on duty. Staff we spoke with said, "Yes there are enough staff. It is like anywhere I suppose there are always times we could do with more." Another staff member said, "Lunchtimes can sometimes be a bit stretched but management are good and step in."

There were sufficient numbers of staff to care for people's needs. On the day of inspection we were told there was one senior care worker on duty and three carers. There was also a manager on duty and the manager who was on a day off came in. The registered provider who was also the registered manager was also on duty. We observed staffing levels were satisfactory, although at lunchtime we saw that staff were very busy, as a few people needed support and some people preferred to eat in their rooms. People who needed support had to wait a bit longer and we saw one meal left on the side for about 20 minutes due to them needing support in their own room. We discussed this with the registered manager who said they would look into staffing levels at lunchtime.

We looked at the recruitment files for four staff members. Although the registered manager followed safe recruitment processes to help ensure staff were suitable to work with people living in the service, we did see in the four staff files we looked at one item was missing from each one. For example two people did not have proof of identification, another person only had one references instead of two and one person had not signed their contract. The registered manager provided reason's and evidence for all the missing items which was due to incorrect filing, the registered manager said they would do a check of all files and update them. We saw they had obtained references from previous employers and reviewed evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment, water temperature checks and hoists. Audits took place monthly and covered areas such as medicine, housekeeping and personal allowances.

A relative we spoke with said, "They have just redecorated and it's always clean and tidy."

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. However we did see the cook offering people pieces of sliced fresh fruit on the afternoon, they were handing the fruit to people but were not wearing gloves; they also did not provide people with plates and they were placing the pieces of fruit on the arm of a chair or a table. This could provide a risk to infection control. The bathrooms were clean but they were used to store hoists and there were also a number of wheelchairs and pressure cushions and a garden parasol stored in the stairwell. The registered manager said that the fire safety officer had not been concerned by this. However, they had not received a written report following this fire inspection. The registered manager said reports were only provided by the fire officer if there were issues.

Is the service effective?

Our findings

People received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One relative said, "Staff seem trained enough." Another relative said, "I'm very happy with the care here. Staff know mum and understand the way she is. They are all very pleasant and friendly."

We saw evidence to show that all staff underwent a formal induction period. Staff spent four days going through policies and observing people. Staff shadowed experienced staff for about three weeks or until such time as they were confident to work alone. One staff member said, "The induction was good, very detailed."

Staff were up to date with their training. The registered manager provided information on recent training and we saw certificates in the files we looked at to match this. Staff explained they used an external trainer as well as e-learning and in house training.

We asked staff if they felt supported by supervisions. One staff member said, "Supervisions are fine, I feel comfortable talking about anything. I find [registered manager] very easy to talk to. It is a very friendly place and if someone is upset they will support you." Another staff member said, "Any issues are addressed at supervision." And another staff member said, "We get supervision every six months and we discuss training and any issues."

We were told by the registered manager that staff had supervision every six weeks but one of the manager's told us that this was not a face to face meeting but more of a spot check/observation of practice. A face to face meeting was held every two months and looks at areas such as training and development needs.

We saw evidence of observational supervisions taking place regularly, such as staff being observed doing moving and handling or administering medicines. However staff were supposed to receive a face to face meeting every two months and these were not always taking place. We saw annual appraisals were booked in to take place in July and August 2016. We discussed the importance of supervision as a meeting in which staff could raise any concerns they had and receive support from management and we were told that this had already been raised within the management team and the format of supervisions was going to be revised.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were protected. Where appropriate, the service always worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. On arrival, one of the managers was unable to tell us how many people had a DoLS in place. They were able to locate the information and we found that seven people had a DoLS in place. Staff were not able to tell us how many people had DoLS in place and this meant that they may not be aware of the restrictions in place on those people. This could result in staff placing undue restriction on some people or not correctly protecting those who did have DoLS in place. We discussed this with the registered manager who said they would work on updating all staff. One of the managers said, "DoLS is my 'baby' and I keep all the records updated that is why the other manager did not have the information on how many people had a DoLS."

Staff had received training on MCA and DoLS but could only demonstrate a basic understanding of the basic principles of the Act. Staff we spoke with said, "It is when someone can't make a decision for themselves you have to make decisions in their best interests." And another staff member said, "We need to make sure we are not depriving them [people who used the service]." We discussed refresher training for staff with the registered manager who said they would arrange this.

The registered provider sought written consent from people in areas such as taking photographs and providing care and support. Staff explained w they always obtained verbal consent prior to undertaking any care. One staff member said, "I ask them for consent before I do anything such as is it okay to give you a wash."

People who used the service were very complimentary about the food. One person who used the service said, "It is good food." Another person said, "Food is generally good." And another person said, "The food is good, I like most things." And one person said, "I think the breakfast is fantastic, I can't get enough of it. They make me porridge and I'd never tried that before I came here but I love it. We have a choice of things on an afternoon too; I always choose a currant teacake."

A relative we spoke with said, "If there is nothing they [family member] like they just seem to get pasta. They like most things so it is not a problem." Another relative said, "If people get up late they happily make breakfast for them."

Staff we spoke with said, "There is a good choice for food and drinks, there is always someone on hand to whip something up. Basically if it's in the kitchen they can have it. People sometimes ask for fruit and it's made up for them." And another staff member said, "We tried offering different things on the menu like curry and Italian but they like traditional things meat and vegetables. They like fancy cakes though." Another staff member said, "People have different dietary needs such as diabetics, pureed and we have one person who is yeast intolerant and needs special bread, the food is really nice."

We observed lunch in the dining room. Everyone was having shepherd's pie. Vegetables were served separately in serving dishes placed on the table so those who were able to could help themselves and those who needed support were given it. Staff asked everyone what vegetables they would like and how much/how many so that individual preferences were catered for. Gravy was also served separately in gravy boats so that people had choice of if they wanted gravy and where on the meal they wanted it. Staff gave people opportunity to be independent asking, "Do you want to do it yourself or would you like me to help you?" Tables were nicely set with clean table cloths, cutlery and condiments. We saw staff assisting those who required help with eating. There were a number of people who chose to eat in their room and some of these people needed support. This meant that staff were quite stretched during meal service. This meant that people who needed support with meals were not provided this in a timely manner. Meals were taken to

people's room on trays and covered with cloches. We were told that there was an option of pasta bake for those who did not want shepherd's pie but we did not see this available and everyone was given the same meal apart from one person who required finger food. After the inspection the registered manager provided CQC with a copy from a book to show that when people who used the service were asked what they wanted for lunch, every person's name was listed under shepherds pie and no names under pasta. We did see someone had requested jam on toast and this was made for them. People were given a choice of gateau or ice cream for pudding and people's preferences around portion size etc. was catered for. One person who was identified as a diet controlled diabetic was given gateau and ice cream for pudding; we were told that they are able to eat whatever they wanted. We could not see this recorded anywhere, the registered manager agreed to look into people with diabetes eating what they wanted and gain support from an external diabetes specialist.

We asked the cook how people made their choices for mealtime. They said that they went around in the morning to ask people what they would like as if they asked them any sooner they may change their mind. They said that sandwiches or salads were available to people if they wanted them but we saw no evidence of this. The cook did not have information regarding people's special dietary requirements in the kitchen. We were told that information was held on people's care files and staff told the cook of any changes to people's dietary needs. They were able to tell us the four people who required a pureed diet and explained how they prepared this keeping each food separate when presenting on the plate. No special menu was provided for diabetics. The cook explained how they fortified food with butter and cream to increase the calorific value for those in need of this. The kitchen had recently been audited by environmental health and had been awarded a 5 star hygiene rating on 8 July 2016.

People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically to assess people's risk of malnourishment using a combination of their height, weight and body mass index, to identify this. The service also worked with the Dewsbury Feeding and Swallowing Screen. This assesses the person's capabilities with not only fluids but also diet. However where a risk was identified no plans were in place to manage the identified risk.

People were supported to appointments with external healthcare professionals such as the GP and optician, evidence of visits were documented in their care files.

Colour and contrasting colour in particular, can help people with dementia to live better in their homes. The service had blue plates for those people living with a dementia and we saw toilets had red seats. There was also dementia friendly signage around the home however this was not reflected in the identification and personalisation of bedroom doors.

Is the service caring?

Our findings

We asked people who used the service and their relatives what they thought of the staff. People who used the service said, "Staff are good to me." Another person said, "It is lovely here." Relatives we spoke with said, "Staff are very caring and that makes a difference." Another relative said, "The staff are lovely, I don't know where they get the patience from." And another relative said, "Staff are always friendly and the staff don't seem to change very often which is important as they all know mum."

Through our observation staff demonstrated a caring approach. They knew the people who used the service well and the atmosphere was very homely. One staff member said, "This is a very family run place. They try to treat people how you would want to be treated. We all work well together and there has not been any bother with staff since I started."

People we saw were well presented and everyone seemed comfortable with staff. We saw that staff spoke to people and their relatives in a polite and respectful manner. We observed staff sitting at the same level as people rather than standing over them whilst speaking.

We did observe staff explaining what they were doing such as when administering medicines. Staff showed they were sensitive to people's needs by speaking to them confidentially in a quiet and patient manner.

People were involved in the service via 'resident meetings.' Meetings for people who used the service took place monthly. At each meeting they discussed the previous meeting, the quality of care and the person's choice and control over this, their dignity and respect and their health and wellbeing. They discussed the environment, menus, social activities, complaints and suggestions. They also discussed the staff and their experience with the staff, any new staff and any recent inspections. The meetings had a good turnout of people with an average of 13 people in attendance.

People's privacy and dignity were respected and promoted. Staff were friendly and caring. We asked staff how they supported people to maintain their dignity and privacy. One member of staff we spoke with said, "I shut doors behind me, always keep them covered up [when undertaking personal care] and tell them what I am doing." We also observed staff knocking on people's doors before entering.

We asked staff how they promote people's independence, staff we spoke with said, "I encourage them to do as much as they can for themselves." Another staff member said, "I never just take over, I always give them time but help when needed."

We saw that all people who used the service had access to an advocate if needed and information was available. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. At the time of inspection one person was using an advocate.

We saw care plans covered end of life wishes and preferences. We saw the service's end of life policy which also documented signs that people were nearing the end of their life.

Is the service responsive?

Our findings

We looked at three people's care plans. We found information in the care plans was not person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The care plans contained information which was no longer current. For example out of date topical medication administration left on file and a blank body map with nothing more than the person details entered on to it. Care plans were printed out every month but the old plans were not archived and this meant there was a lot of information on the files and there was a risk of inappropriate care being provided.

Care plans were reviewed monthly or more often if needed. One person had new care plans put in place three times in one month due to their needs changing. However the evaluation form stated care plan remains relevant dating back to 2013 which gave the impression the care plan from 2013 still remained relevant in July 2016. We discussed the wording of this with the manager and the confusion it led to.

There was some good information in the care files, for example one person needed a foam pad for their right hand which was contracted. There was full photographic evidence of the foam pad and how to fit it onto the hand. However another person's care file contained contradictory information, as in the oral health section it recorded how to care for the dentures yet the nutrition care plan stated needs a soft diet as no longer wears their dentures. The care plan for one person also said they will show their likes and dislikes by facial expressions yet there were no examples of what each facial expression meant, which could result in staff not being aware when the person showed their dislike.

The daily records provided a detailed account of care people received, for example, food and fluid intake or personal hygiene. There was good communication in the management of people's care between the registered provider and external professionals such as GPs and community nurses and this was documented in the care files.

We asked staff what they understood by the term 'person-centred care'. One staff member told us, "Person centred care is all about them and their needs." We also asked staff what they thought of the care plans. One staff member said, "They are far too full and need archiving."

We asked relatives if they had been involved in the care planning process. Relatives we spoke with said, "If they are doing [person using the service] care plan they will always call me. I found it beneficial initially but to be honest they know more about her needs now than I do."

We asked people and their relatives if there were enough activities taking place. One person who used the service said, "We sit outside when the weather's nice, I really enjoy getting some fresh air, can't do without it." Another person said, "There is a lady who comes to do exercise with us on a Friday, I enjoy that." And another person said, "I enjoy Gary the Guitarist." Another person said, "I walk around the grounds with my daughter." And "I go to the farm shop as well." Relatives we spoke with said, "I visit about twice a week and there is often something going on, there seems to be plenty of staff around too."

Staff we spoke with said, "I think they could offer more to do but to be honest when we do give them the option they don't want to do things." Another staff member said, "There is enough going on, [staff member's name] reads to them."

There was a two weekly activities schedule on display in the hall. The day of our visit showed music morning and in the afternoon hairdresser and balloon games. We did see a member of staff holding a music quiz in the main lounge during the morning. However this was not well participated. The only people observed to be taking part in this activity were two visitors. It was difficult to hear the tunes even sitting quite close as the television was also on. We fed this back at the end of our inspection and were told that some people in the lounge reacted badly if the television was turned off and people were not keen to join in with activities. The activities currently offered by the registered provider to people should be person centred, appropriate to their needs and choices as individuals, hairdressing is not an activity it is personal care. The hairdresser was in during the afternoon and was seen cutting and styling people's hair in the dining room. There were no other activities taking place that afternoon and we did see a large number of people were left unstimulated throughout the day, some sleeping in their chairs for most of the time we were there.

Activities were discussed at the meetings for people who used the service. We saw information on the living chicks they had over Easter and 11 chicks had hatched. However the meeting notes stated this had not been as popular as it once had been and people and staff were thinking of alternatives. This meant that the registered provider was evaluating activities coming into the service and making sure they were what people wanted.

We asked people who used the service and their relatives if they had ever had to make a complaint. One person who used the service said, "I have never had to complain." Relatives we spoke with said, "I know how to make a complaint, I would go to the manager first and would be happy to if I needed to." And another relative said, ""We've no concerns. [Person using the service] doesn't complain about anything and he would let us know if he wasn't happy. I know [manager] and [registered manager] and could talk to them if I wasn't happy about anything."

We looked at the compliments and complaints received by the service. There were a large number of thank you cards from people living at the service and their relatives but these were not dated and it made it impossible to know whether they were recently received. We spoke to the registered manager about this and they told us that they were working on capturing any comments from people, both positive and negative. There was a white board in the kitchen that was predominantly used for shopping lists but it was now also being used to note any comments received from people in an effort to make it quicker and easier for staff to record things as they were said. Any comments that were recorded were followed up by a member of the management team who visited the person to discuss what had been said (positive or negative). Staff explained they were trying to be more proactive in capturing comments and acting on them. There was a clear complaints procedure in place and on display but the service had not received any formal complaints at the time of our visit. We did see that there were comments logged from people who had given a compliment or made a negative comment but not wanted to make a formal complaint. For example, "[Person using the service] has requested that there are more joints of meat served rather than stews. Sunday roasts." As a result of this comment it was recorded that the registered manager had been to a local farm shop and purchased two joints of meat. We also saw that a positive comment about the food had been logged on one of these forms, "[Person using the service] is going out for lunch and said she hopes it will be as good as at Knowle Court yesterday." This showed us that people were happy with the quality of food on offer.

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since December 2010.

People who used the service and their relatives were complimentary about the registered manager and staff at the home. Comments included, "The manager is very good." "I am very happy with the care here all the staff are pleasant." And "[Registered manager's name] is lovely."

One of the managers conducted a weekly meds audit every Monday. A weekly safety audit of the premises was completed by the registered manager. Audits of finances, and fire safety were also undertaken weekly. Care plans were all audited every month with some things such as Bowel charts being checked by management on a daily basis. This meant that systems were in place to monitor the quality of the service and the care provided. However the audits did not highlight any of the issues we found such as a controlled drug not being documented as returned to pharmacy, supervisions not taking place as per the services policy, the absence of risk assessments and incomplete staff training in fire drills. Due to the registered provider having poor oversight of the quality assurance processes the risks to the service provision were going unidentified.

We also found records were not updated, for example staff recruitment records were not all filed correctly, which did not support the registered provider in evidencing that fit and proper person's had been employed. There was also a lack of management oversight and communication with regard to who had a DoLS in place.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked staff if they felt supported by management. Staff we spoke with said, "The managers are nice, it is not often managers help you, but these managers do, they are approachable and I like that you can approach them about anything." Another staff member said, "The managers are good they work with you." And another staff member said, ""[Registered manager] is very approachable and very helpful, you can go to them with anything." And another staff member said, "I find [registered manager very easy to talk to. It is a very friendly place and if someone is upset they will support you."

We asked staff about the culture of the home. Staff we spoke with said, "It is a home that is open and honest." Another staff member said, ""I think things are all put on the table. They are very open and honest and any issues are addressed at supervision."

We asked if relative meetings took place on a regular basis. We were told by a manager. "Relatives meetings did not work, people are kept up to date continuously."

We asked staff if they thought the staff meetings were useful. Staff we spoke with said, "They are sometimes

repetitive." And "If you can't make a meeting you are always given the notes afterwards." Another staff member said, "They (the service) are always looking for suggestions of what we could do better and they do put things in place. They ask service users and staff for their opinion." And another staff member said, "If I have something to address I will bring it up at the meeting, such as being a key worker, which was a positive change."

Staff meetings took place about every other month. Topics discussed were people who used the service, infection control, health and safety, accidents and incidents and any relevant business.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service, their relatives and other people who visited the home such as GP and healthcare professionals. We were told that they had started to send surveys out six monthly and we were provided with the most recent surveys from the people who used the service and their relatives. Comments were all very positive and included "A very well run care home I can't see where it could be improved." "Food is all home cooked and very tasty." "At the time of writing this I feel very blessed to be part of Knowle Court." The service was waiting for all the surveys to be returned and they said they would display the comments on the notice board. At the time of the inspection no surveys had been returned from healthcare professionals.

The service had a Quality Issues book that all staff could write in. This included issues such as equipment in need of repair, bulbs needing changing etc. Senior staff looked at this book daily and actions were taken promptly to address any issues highlighted. The book was signed by the person making the report and by the person who had taken the necessary action. Daily infection control and health and safety checks of the environment are done and again any issues are placed immediately on the agenda of the senior management and staff meetings.

The registered manager understood their role and responsibilities in relation to compliance with regulations and notifications were correctly made to CQC.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were not in place for people who used the service. PEEPS were not in place for people who used the service. Not all staff participated in fire drills. Controlled drug medicines were recorded as still being in the home but had been sent back to the pharmacy, there was no record of this.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were taking place but were not effective. Records were not always updated and there was a lack of management oversight and communication with regard to who had a DoLS.</p>