

Knowle Care Home Limited

# The Knowle Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The Knowle is registered to provide personal care for up to 32 older people. Accommodation is provided on the ground and first floor and accessed by a passenger lift. There are two communal lounges, two dining rooms and a conservatory on the ground floor and ramped access to the garden. The home is close to Docklands Retail Park with good local transport links.

At the last inspection on 26 July 2017, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During this inspection visit, people and their relatives told us they felt The Knowle was a safe home to live in and visit. One person said, "My [relative] doesn't have to worry about me when I am here. The staff are very friendly and take good care of me." The registered manager had robust systems to maintain a safe environment and reduce the risk of accidents and incidents. We saw evidence staff had relevant training and were knowledgeable about who to report safeguarding concerns to.

We discussed the management of medicines with people, who said this was safely administered at The Knowle. An excellent electronic medication recording system was used whereby information was accurately documented and failsafe processes prevented the risk of errors.

The provider followed the same safe recruitment procedures we found during our last inspection. We saw this contributed to good staffing levels and skill mixes at The Knowle and we observed a patient, unhurried workforce. A person who lived at the home stated, "I need help sometimes and the girls are always around to help." A range of courses and regular supervision helped staff to strengthen their skills. A staff member told us, "There's plenty of training available."

Those who lived at The Knowle and their relatives consistently spoke about good nutritional support and meal options. A relative told us, "The food [my relative] is given is good and there is plenty of choice."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Care records included written consent to care.

We observed interactions between staff and people who lived at The Knowle showed trust and empathy. The registered manager assessed and promoted people's diverse needs to maintain their human rights. This included the right to be involved in decision-making and care planning. One person said, "I am cared for very well. My personal needs are met."

The focus of support provision centred on people's individualised needs and actions to help them retain

their independence. Information found in care records included details to guide staff to understand the person and their preferences.

People, staff and relatives said the management team was supportive, approachable and led the home well. One staff member told us, "[The registered manager's] approachable and gets everything we need to do our jobs." The management team completed a variety of systems to check quality assurance and people's experiences of living at The Knowle.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# The Knowle Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Knowle is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

This inspection took place on 19 December 2018 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at The Knowle had experience of caring for older people.

Before our unannounced inspection, we checked the information we held about The Knowle. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at The Knowle.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included four people who lived at The Knowle and five relatives. We further discussed care with the registered manager and four employees.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in

an appropriate environment.

We examined care records of three people who lived at the home. This process is called pathway tracking and enables us to judge how well The Knowle understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to two staff members. We also looked at records about staff training and support, as well as those related to the management and safety of The Knowle.

# Is the service safe?

## Our findings

When we discussed the management of medicines with people, they and their relatives told us this was safely administered at The Knowle. One person said, "I take a lot of tablets and I always get them on time." Another person stated, "I have no worries." A relative added, "The home made sure [my relative] was on the right medication. They checked with the doctor when she came in."

Trained staff who administered medication did so safely and patiently. They explained to people what their medicine was for, provided a drink and checked tablets were swallowed. Stocks were checked and securely stored in a clean environment. We found The Knowle had an excellent electronic medication recording system whereby information was accurately documented and failsafe processes prevented the risk of errors. For example, staff could only sign after medicines had been taken and stock was automatically updated. If there was something out of the norm, such as refusal of medication, the system required staff to document an explanation. They were required to do so before they could take any further steps. This had led to zero error events over the last year. The registered manager strengthened medicines management through staff competency testing and auditing of related procedures.

When we discussed the principles of protecting people from abuse with staff, we found they had a good level of awareness of their responsibilities. We saw evidence staff had relevant training and were knowledgeable about who to report concerns to. One staff member told us, "I would inform the manager, CQC, safeguarding and the family and then document absolutely everything."

We found The Knowle had a bright, clean and warm environment. Staff used personal protective equipment to reduce the risk of infection and had training to underpin their skills. A member of the housekeeping team said, "I have the time to do my job properly. We have loads of stuff we need, like gloves and aprons." We found restrictors secured windows to protect people from potential injury. Additionally, the home's electrical, gas, fire and legionella safety certification was up-to-date, which ensured people's ongoing safety and welfare.

The registered manager had robust systems to maintain a safe environment and reduce the risk of accidents and incidents. This included environmental and care delivery assessments to guide staff to mitigate risks to everyone at The Knowle. For example, control measures were included in care records and covered nutrition, skincare, falls, mobility, medication and behaviours that challenged. These procedures were regularly reviewed by the registered manager to assess their continued effectiveness.

The provider followed the same safe recruitment procedures we found during our last inspection. Staff files we looked at confirmed this. Additionally, personnel received a thorough induction on commencement of their employment. One staff member said, "I haven't been here long but it's a great home to work and I am given plenty of help to do my job." We found this contributed to good staffing levels and skill mixes at The Knowle and observed a patient, unhurried workforce. A person who lived at the home commented, "I always get help." Staff we talked with agreed there were sufficient staff numbers to help them deliver care with a timely approach. One staff member told us, "We manage well. I think there are enough staff because

everyone's cared for."



## Is the service effective?

### Our findings

Those who lived at The Knowle and their relatives consistently spoke about good nutritional support and meal choice. One person told us, "I don't eat a lot but it's very nice what I have." Another person added, "The food is very nice and I get to choose." A relative commented, "The food is very good."

We saw people were offered a choice of lunch and dinner during the morning. Additionally, a comprehensive list of their likes and dislikes was on display in the kitchen. Regularly reviewed assessments to guide staff about reducing the risk of malnutrition were retained in care record. Frequently completed monitoring charts assisted staff to oversee people's continuing needs. The provider trained their staff to underpin their relevant skills, such as food hygiene.

Staff kept up-to-date a specific book where GP visits, ambulance attendance and district nurse appointments were documented. This showed staff made appropriate referrals in a timely way to maintain people's continuity of care. A person who lived at The Knowle told us, "The doctor is called up if I need him." Care files held details about different specialist health and social care professionals involved, including dentists, continence service, opticians and chiropodists. We found staff updated care plans to changes in people's treatment and kept relatives informed.

Care records we reviewed included written consent to care from people who lived at the home or their representative. This was decision-specific and covered such areas as assessment, information sharing, medical intervention and care planning. People we spoke with confirmed they felt in control of their lives and we observed staff checked their agreement before they provided support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we discussed the MCA and DoLS with staff, we found they had a good knowledge base. One staff member explained the importance of good, respectful communication. They added "I always offer choice. Where people can't communicate well with us, we photographed every single food item we have. Then we show them the options so it makes it easier for them to make a choice."

The provider had a range of training sessions, which were regularly refreshed to assist staff to develop and retain their skills. Guidance included MCA and DoLS, risk assessment, first aid, safeguarding, health and safety, food hygiene, infection control and medication. We found the registered manager was keen to upskill their workforce. A staff member told us, "I just want to extend my knowledge as much as possible. The manager is good like that, we get really good training." Additionally, staff files contained records of regular supervision to support staff with their professional development.

## Is the service caring?

### Our findings

People and their relatives said staff were kind and had a patient, caring approach. One person told us, "I like my life here, they make me happy." Another person added, "My care is good and thorough." A relative commented, "The staff are lovely here." Another relative stated, "I am very happy with the standard of care my [relative] receives."

We observed interactions between staff and people who lived at The Knowle showed trust and empathy. For instance, staff were patient, supportive and provided clear instruction. A relative told us, "The staff are lovely, kind and very caring to [my relative]." Staff maintained eye-level contact whenever they engaged with people and demonstrated an understanding of the principles of good care. One staff member stated, "Good care is simply being nice to people." Relatives commented they were assisted to maintain their important family relationships. Another relative said, "This is a lovely home. We always feel welcome." Care planning further detailed any involvement with advocacy services. Consequently, people could access this where they required support to have an independent voice.

The registered manager assessed and promoted people's diverse needs to maintain their human rights. For instance, care records evidenced their cultural, religious and end of life requirements. Guidance made available to those who lived at The Knowle included their bill of rights. This covered the person's right to live a fulfilling life, dignity, involvement in decision-making, safe risk-taking and non-discriminatory care. The registered manager ensured people understood their contribution to care was their human right. They did this through considerate discussion and recorded this in their documentation. A relative commented, "My [relative's] care is very thorough. The staff show kindness and respect to her."

Part of the home's consent process covered people and their relative's level of inclusion in their care. This looked at and evidenced agreement to the individual's involvement in the preparation, review and continued management of their care plan. One relative commented, "We meet up to chat about [my relative's] care and any changes we need to make."

## Is the service responsive?

### Our findings

People told us staff were attentive to their needs. One person stated, "All the little things are taken care of." A relative added, "[My relative's medical condition] is getting worse, but the staff cope beautifully with her." Another relative said, "[My relative] is 100% better since she came into this home." A third relative commented, "The home is responsive to my [relative's] needs."

The registered manager completed a pre-admission assessment to check they could meet the person's needs and reduce the risk of inappropriate placement. This was enhanced when the individual was admitted to the home and information obtained helped staff to build a person-centre care plan. The focus of support provision centred on people's individualised needs and actions to help them retain their independence. One person who lived at The Knowle said, "Having a bath is lovely and with help I can manage quite well." Evidence we saw showed care planning was regularly reviewed to maintain people's continuity of care.

Information found in care records included details to guide staff to understand the person and their preferences. For instance, the registered manager undertook an in-depth review of people's backgrounds. This also covered choice about cultural and religious wishes, name, night checks, preferred sleep times, clothing and toiletries. One person at The Knowle said, "I have choice. I get up when I want and go to bed when I want." Multiple communal areas gave people options to spend time in, which the provider had further considered in the refurbishment of the home. A staff member told us, "I love the new extension, it's bright and warm. The new dining room gives people the choice of where to eat."

The Knowle employed an activities co-ordinator to support people's social needs five days per week. They provided group and one-to-one entertainment and a programme of activities offered individuals different pursuits every day. These included arts and crafts, skittles, bingo, knitting circle, dominoes, story reading, relaxation, coffee mornings and gentle exercise. One person said, "We have parties and we even had a disco. I really enjoyed that." People we spoke with added they could choose not to engage in group activities if they preferred to remain in their bedrooms. Another person who lived at The Knowle told us, "I stay in my room but [the activity co-ordinator] always makes sure I have something to do."

Care records documented each person's choice and needs related to end of life care. Details covered people's support, funeral and religious preferences. When we discussed care of those with life limiting illnesses with staff, they showed a good understanding. A staff member told us end of life care was about, "Comforting the resident and giving them support and reassurance."

In the last year, the provider had not received any complaints. We saw they had good systems to address people's concerns if these were raised. People and their relatives said they were made fully aware of the home's complaints procedure and were confident concerns would be addressed quickly. A relative told us, "Make no mistake, if I had a complaint I would say. They have a complaints procedure, but someone will always listen."

## Is the service well-led?

### Our findings

A registered manager was in place. 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.

When we discussed the home's management with people and their relatives, they said it was well-organised and had good leadership. A relative told us, "I would tell [the registered manager] if I had a problem. She is very helpful." Another relative stated, "The atmosphere is always the same, very happy and cosy. We haven't encountered any problems." The registered manager completed regular surveys to give people a voice about their experiences. Comments we saw were complimentary about The Knowle.

We observed the management and staff team had a good level of awareness about people and their relatives' backgrounds and personalities. Visitors and those who lived at the home were relaxed when they engaged with the registered manager. Staff we spoke with stated The Knowle was well managed and a supportive environment. One staff member said, "I like [the registered manager]. She makes sure everything's done and keeps us all up-to-date with all the new legislation and guidance. She's on the ball and supportive."

Staff we spoke with said they worked well as a team and had good leadership. A staff member told us The Knowle was a, "Good atmosphere to work in." Records we saw showed meetings were held every three months to enable staff to raise concerns or ideas to develop the home. Another staff member told us, "I love working here. We have a small team and we work really well together. We have our moments, but we talk about them and get them resolved quickly."

The management team completed a variety of systems to check quality assurance and people's experiences of living at The Knowle. Audits we looked at showed the registered manager had good oversight of the home. These checked, for example, care planning, environmental safety, food hygiene, infection control and medication. The registered manager said they assessed incidents and gave an example where they acted to improve. This related to a number of falls, after which they implemented a new protocol, recording form and better oversight systems. A person who lived at the home said they were confident change was led well by the management team. They added, "I have complained about the food and it improved straight away."

We saw evidence of the provider working with other organisations in the ongoing improvement of people's lives, including health and social care services. For instance, one staff member was designated as the safeguarding champion role. This involved them attending the local authority forum for training, best practice, guidance and sharing new ideas between homes.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.