

Knoll Care Partnership Limited

The Knoll

Inspection report

109 Church Road
Urmston
Manchester
MF 41 9 FJ
Tel: 0161 755 3818
Website: www.example.com

Date of inspection visit: 15 October 2014
Date of publication: 28/01/2015

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 

Overall summary

We carried out this unannounced 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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place 15th October 2014. The inspection was carried out by a lead inspector, an expert by experience and a specialist advisor. Experts by Experience are people who have

personal experience of using or caring for someone who use this type of care service. Specialist advisors have up-to date knowledge and experience in their specialist area.

The Knoll provides personal care and accommodation to 10 older people in single and shared accommodation over two floors. Upstairs accommodation can be accessed by stairways or a stair lift. The Knoll is situated close to public transport links into the city of Manchester and surrounding areas. At the time of our inspection there were nine people living at the home.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and had legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with people who lived at the home and their relatives who told us they were happy living at The Knoll. Comments included: “I am very happy here, they [staff] are very helpful.” “I can’t fault it here.”

We spoke with health and social care professionals who visited the home on a regular basis. They told us: “I have no concerns about the care people receive.” “The staff contact us if they have any concerns about [people who live at the home] they are good at identifying if [a person] needs our support.”

We spent time observing the interactions between staff and the people they cared for. We saw staff approached people with respect and worked in a way that maintained people’s dignity. We observed that staff were caring and compassionate and treated people with kindness. We found that staff knew people well and were able to tell us about people’s care needs.

People knew how to make a complaint. The people we spoke with told us if they had any complaints they would speak with the manager and they were confident their concerns would be taken seriously.

We spoke with people who lived at the home about the meals provided at the home. People told us: “It is good plain cooking.” “I have no complaints about the food it is always nice; I clear my plate.”

There were menus in place and the people we spoke with confirmed they were offered a choice of meals. Care plans contained a nutritional assessment and identified people’s preferences in relation to meals and drinks.

We found there were enough staff on duty in the home to meet people’s care needs. Where people asked for help this was provided in a timely manner and people did not have to wait long for help.

We spoke with staff about how they were appointed to their role. Staff told us: “I have been here 10 years so it is different now but we had to have CRB checks and give references.” “We have all been here for years.”

We looked at a sample of staff recruitment files and saw there was a robust recruitment process in place that included obtaining a Disclosure and Barring Scheme (DBS) check and written references from previous employers. This was to make sure the staff employed at The Knoll were safe to work with vulnerable people.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make their own decisions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe. People told us they felt safe and secure living at The Knoll. Risks to people who lived at the home, visitors and staff were assessed and were managed appropriately.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

Good



Is the service effective?

We found the service was effective. We spent time observing the interactions between staff and the people they supported. We observed staff approached people with respect, were polite and worked in a way that maintained people's dignity.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards, aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The staff we spoke with aware of their responsibilities to protect the rights of people with limited capacity to make decisions.

There was a handover of information at each shift change to ensure all staff were aware of any changes to a person's care and support needs.

People's health and care needs were assessed, and information in care plans and risk assessments was regularly reviewed.

Good



Is the service caring?

We found the service was caring. We observed staff treated people with kindness and compassion and showed patience when providing care and support. We saw that staff encouraged people to make decisions about daily routines and that staff were kind, patient and caring.

We observed the midday meal service and found people were given the support they needed to eat their meals and the meal was not rushed.

People, who lived at the home, or their representatives, were involved in planning their care and support.

Good



Is the service responsive?

We spoke with health and social care professionals who visited the home on a regular basis. Their comments included: "I have had a number of clients placed at The Knoll and have always found the home to be welcoming and knowledgeable about the residents." "They are keen to be on board with care plans and are currently doing a fantastic job with one person I am working with."

There was a complaints procedure in place and each person was given a copy on admission to The Knoll. People told us they would speak to the manager if they were unhappy about any aspect of their care.

Good



Summary of findings

Is the service well-led?

We found the home was well led. There was a manager who was registered with the Care Quality Commission. The registered manager had system of audits in place to monitor quality and safety within the home such as; infection prevention and control and medication, accidents and incidents, equipment, the environment and complaints. Quality survey questionnaires were sent out to people who lived at the home and their relatives on a three monthly basis. Any feedback was used to make improvements to the service.

There was an open culture at the home. The people we spoke with told us they would feel comfortable raising any concerns with the registered manager and felt their concerns would be listened to and dealt with appropriately.

Staff told us they had regular supervision to discuss their performance and training needs. The staff we spoke with told us the manager was approachable and supportive.

Good



The Knoll

Detailed findings

Background to this inspection

The inspection took place on 15 October 2014 and was carried out by one inspector. The inspection was unannounced which meant the provider was not told we would be visiting the home. We last visited the service in October 2013 and found that there were no breaches in regulation.

Before this unannounced inspection we checked all of the information that we held about the service and the service provider. We also spoke with health and social care professionals who visited the home on a regular basis such

as; three GP practices, dietician, district nurses, community psychiatric nurses, the infection prevention and control nurse, social workers and the local authority quality manager.

During this inspection we spent time talking to seven people who lived at the home and one visitor. We spoke with four members of care staff, the manager and provider. We also looked at four care plans and risk assessments, used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit, we observed staff interactions, reviewed maintenance records and spoke with the manager and provider.

Is the service safe?

Our findings

The service was safe. We spoke with seven people who lived at the home; spent time observing care and spoke with one person's relative to find out if they thought people were safe and well treated. The people we spoke with told us they felt safe. Comments included: "They [staff] make me feel safe, they [staff] just make me feel that way." "We are all safe they are very good to us." "They [staff] are always cheerful and never short tempered." "They put me at my ease and I feel comfortable with all of them [staff]." "They don't pull you about they are lovely and always in a good mood."

We spoke with one person's relative who expressed a high level of satisfaction with the home. They told us: "I can't fault it; I think it is because there are only 10 people living here it is small and homely the staff are like part of the family." "I don't worry about [my relatives] safety I know she is safe and secure with the staff here."

We looked at a sample of four people's care plans and risk assessments. Risk assessments included; moving and handling, falls and medication and provided staff with guidance on how to minimise the risk of harm. We saw the care plans and risk assessments had been reviewed on a regular basis to provide the most up to date information.

We asked the manager how they determined staffing levels within the home and they told us: "I use the old residential forum guidance as a baseline and if people needed additional support staffing levels would be increased according to their needs." We asked a visitor if there were always enough staff on duty and they told us: "There are three staff on most days and for 10 people I think that is very good and enough to make sure people are safe."

We saw there was a system in place to make sure staffing levels were sufficient to keep people safe. The manager and provider told us staffing levels were determined based on people's care needs. We spoke with four members of staff about how they kept people safe. The staff we spoke with told us they had received training in relation to

safeguarding people. The staff were able to describe the various types of abuse and the action they would take if they suspected abuse was taking place. Comments included: "I would not hesitate and would report to the manager, the director or CQC." "I wouldn't be worried about reporting anything to the manager and if it involved the manager I would go above her to report it." The manager emailed a copy of the training records to us and these confirmed that the staff had received training in how to keep people safe from harm. We spoke with a relative who told us: "For me the priority was staff trained in dementia care and they have the training and care for [my relative] very well, I am happy [my relative] is safe in their hands."

We spent time observing the interactions between people living in the home and the staff. We found that staff treated people with respect and worked in a way that maintained people's dignity. We saw people were encouraged to make decisions and be as independent as possible.

We saw medication was stored in a lockable metal trolley that was secured to the wall when not in use. We observed staff giving out medication and saw the trolley was locked when staff took medication to people. Medication administration records (MAR) were signed at the point of the medication being taken by the person. We looked at a sample of MAR sheets and saw they were signed up to date with no gaps in recording. We checked the expiry dates of medication and how the ordering and stock rotation systems worked. We saw there was a medication ordering system in place. We looked at the medication stocks and found all medication was within its expiry date. The registered manager carried out an audit of the medication systems on a monthly basis and any errors were addressed with staff.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse. We looked at a sample of staff recruitment files and saw appropriate safety checks had been carried out prior to employment. This included a Disclosure and Barring Service (DBS) check and obtaining references from previous employers.

Is the service effective?

Our findings

The service was effective. People's relatives and social care professional told us that people's needs had been assessed before they moved into the home. We spoke with one visitor who told us they had been involved in developing their relatives care plan. Comments included: "They have involved me in any assessments." "They asked me about [my relative's] life, what they liked and didn't like in respect of food and activities." "They have a folder with a history for staff to read and get to know the person."

We saw documentary evidence to show peoples' healthcare needs were assessed. Each person was registered with a local general practitioner (GP) and had access to other health care professionals such as; district nurses, dieticians, chiropodist, speech and language therapists and specialist consultants. We asked people if they could see their GP when they needed to. People told us they would tell the staff if they felt unwell or in pain and the staff would contact the GP. We contacted four GP practices and comments included: "I've visited one patient on two occasions at the care home, the staff were friendly and caring, appeared to know the patient well, I saw the patient in their own room, they were appropriate home visit requests, and I had no concerns."

Nutritional needs were assessed and people's weight was monitored. If there was a significant change in a person's weight referrals had been made to the dietician. A dietician we spoke with confirmed referrals were made in a timely manner and staff followed instructions. Comments included: "I don't have any concerns about patients at The Knoll. Referrals for assessments are made in a timely manner."

A mental health professional told us: "They are keen to be on board with care plans and are currently doing a fantastic job with [a patient]."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection no DoLS applications had been made. The manager was aware of the recent Supreme Court judgement and told us they were working with Trafford Borough Council to arrange DoLS assessments for the people who lived at the home.

We looked at a sample of four people's care plans. The daily records of care and monitoring charts gave details of the support people had received throughout the day. They also provided information on any changes to a person's needs. We spoke with the four members of staff who were on duty throughout the course of our inspection. The staff were knowledgeable about people's care needs and the support required ensuring people's needs were met.

We looked at the provider's training policy and training plan which was used to record the training courses attended by staff. The training records showed that staff had regular training in moving and handling, infection control, dealing with dementia, medication management, managing challenging behaviour, fire awareness, health and safety, first aid and food safety. In addition all staff underwent an induction based on the skills for care common induction standards. The registered manager told us they had added some topics to the induction that were relevant to the home.

We spoke with staff about the other training and support they received and looked at the training records. Staff told us: "The dementia training was really good." "We have regular updates of mandatory training like moving and handling." "Training is updated on a regular basis."

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. Staff told us they were able to discuss training and development and any issues or concerns they may have. Comments included: "I have supervision with the manager and the manager is always available so anything important is discussed." "We have supervision about every three months, I feel well supported by the management team."

We spent time observing the lunchtime meal service and the interactions between staff and the people they supported. We saw staff asked people what they wanted to eat. For example; people were asked which vegetables they would like and if they wanted gravy on their meal. Where people needed support this was provided in a sensitive way. People were asked if they had enough to eat and if they would like extra portions. We saw staff offered a choice of drinks and were offered refills throughout the mealtime. People sat and chatted and the meal was a sociable occasion. We spoke with people who told us they were offered snacks such as sandwiches, toast or biscuits throughout the day and at night if they wanted.

Is the service effective?

People who lived at The Knoll were able to choose where they spent their time. We saw some people preferred to sit the lounge whilst others preferred to stay in their bedroom.

Is the service caring?

Our findings

The service was caring. There was a relaxed atmosphere within the home people were sat watching television or chatting. We spent time observing staff interactions and saw staff showed patience and understanding and treated people with kindness and compassion.

The staff we spoke with were able to explain in detail about the needs of the people they cared for. They were able to tell us about people's life histories, their interests and their preferences. We saw that there was a good rapport between people living at the home and staff. Staff understood the need to respect people's privacy and dignity when supporting people with personal care. They were able to give examples of how they maintained people's dignity and respected their wishes. Comments included: "I would make sure curtains and the door were closed and explain what I was doing." "We would knock on doors and talk to the person." "We are all individuals and that is how I treat people, we all deserve to be treated with respect and people living here should be no different."

The registered manager described how people were supported to make their views and opinions on the home known. Comments included: "We are a small home and I speak to people and their relatives on a regular basis and people are able to contact me at any time if they have any

concerns." We spoke with seven people who lived at the home who told us: "I can always speak to [the manager]." "The [manager] comes and asks if everything is alright and if we have any problems we can talk to her."

We looked at a sample of four care plans and found they were centred on the person as an individual. We saw that people's preferences such as the name they preferred staff to use were reflected.

We spoke with seven people who lived at The Knoll about the care and support they received. People told us staff were kind and they liked living at the home. Comments included: "They [staff] are lovely, they are kind and caring." "They come to help me if I need help." "They [staff] provide everything I need." "I am very satisfied with everything here." "I have all I need." "They [staff] are always nice and respectful." "They [staff] are very kind to me."

One relative told us: "The girls [staff] are very good they are responsive if they see [my relative] needs something they do it." We saw people were smartly dressed and looked well groomed. We spoke with one person's relative who told us: "My [relative] always looks very presentable they [staff] know how to look after people." "I would recommend this home to anyone."

We spoke with health care professionals who told us: "The staff seem very caring they are quick to refer people if they have any concerns."

Is the service responsive?

Our findings

The service was responsive. We saw a pre-admission assessment was carried out prior to admission to ensure The Knoll was the most appropriate place to meet the person's care needs. We saw care plans and risk assessments were reviewed on a regular basis and whenever there was a change to the person's care needs. This showed the provider was responding to changes in need.

People we spoke with told us they received the information they needed to help them to make decisions about moving to The Knoll. This included a 'resident's information pack' about the home. We spoke with a relative who told us: "I was able to bring [my relative] to the home to have a look around so they could decide if it was right for them."

We saw people's likes, dislikes and interests were recorded in care plans and staff organised activities to suit people's interests. The four members of staff we spoke with were able to describe people's life histories and preferences and knew what type of activities people enjoyed. On the afternoon of our visit we saw people were engaged in activities some were drawing and others knitting. One person we spoke with told us: "I enjoy drawing it keeps me occupied." Another person showed us some knitting they were doing and told us they were knitting for a relative. Other people told us they enjoyed joining in with board games and quizzes.

People told us they were able to make decisions about day to day activities such as when to get up and go to bed. We saw people going out with their relatives. One person told us: "My daughter picks me up and takes me out every week." "I really enjoy that and look forward to it."

The registered manager told us that where people wished to attend church or receive a home visit from their minister of choice this was arranged.

There was a complaints policy and procedure in place which set out how any complaints would be investigated. The procedure included contact details of the local government ombudsman. We saw that complaints made to the home were logged in a book. The record included the date of the complaint, the nature of the complaint and action which had been taken to resolve it. We noted there had been one complaint received since our last inspection visit. The seven people we spoke with told us they knew who to speak to if they had any complaints. They all said the manager and the staff were very approachable and always available. A relative told us: "I have no complaints at all but we were given a copy of the complaint procedure."

There was a 'residents' meeting held on a regular basis to discuss issues such as menus and any suggestions or ideas. The relatives we spoke with told us they were asked their views about the care and support their relatives received.

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in place who was registered with the Care Quality Commission. We spoke with people who lived at the home, their relatives, staff and health care professionals who visited the home on a regular basis. The people we spoke with told us the manager was always available and that the home had a positive and open culture.

Leadership was visible and effective at all levels and staff had clear lines of accountability for their role and responsibilities.

There were effective systems in place to monitor the quality of the service. A quality monitoring survey was sent out on an annual basis and we saw the results of the 2014 survey were generally positive. The relatives we spoke with told us they had received a questionnaire asking for comments on the service their relative received.

There was a system of audits in place that included; medication, accidents and incidents, infection control, activities, choice, complaints, environment and mobility equipment. We saw where issues had been identified there was a record of how they had been addressed.

There was a handover at the start of each shift so that all staff were aware of any changes to people's care needs.

Staff told us they were well supported by the manager and were able to raise issues in supervision or staff meetings and these were taken seriously and discussed.

People received care and support from a team of staff who had worked at The Knoll for a number of years. The

registered manager told us that during periods of leave or sickness the staff covered and where this was not possible staff from the providers other home would provide cover. The registered manager told us that agency staff were seldom used, and when they were there would always be permanent members of staff on duty to support the agency staff and provide consistency for people who lived at the home. This was confirmed by the staff we spoke with.

The registered manager told us and staff confirmed that there was an 'on call' system in place to ensure a member of the management team was available for support and advice at all times.

There was a business continuity plan in place for use in the event of an emergency although this was not a written document. We recommend that a written business continuity plan be produced so that all staff are aware of the procedures in the event of an emergency.

The manager told us that staff were made aware of the aims and objectives of the home during their induction period. The staff we spoke with confirmed they had an induction that included reading policies and procedures and shadowing existing staff.

We contacted local authority officers and health care professionals who told us: "The manager is always very open and honest during my visits and is in regular attendance in many of the Trafford Council facilitated forums such as the Nursing and Residential home service Improvement Partnership." "I had no concerns when I visited."