

Knells Country House Limited

The Knells Country House

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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22 October 2014. During our previous inspection visit on the 28 November 2103 we found the service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

The Knells Country House (The Knells) provides care and accommodation for up to 22 older people some of who may suffer from dementia. It is owned by The Knells Country House Limited and is situated in a rural setting not far from the centre of Carlisle. It is an older property, which has been adapted and extended with accommodation on two floors accessed by a passenger lift or stair lift.

At the time of our visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke to people who lived in the home in the communal areas and in the privacy of their rooms. We were able to speak to people who were visiting relatives and a health care professional who had come to talk to the registered manager.

People told us they were happy living in The Knells and said, "I love it here and the staff are so kind. I am glad I moved in". Relatives told us they were pleased with the care their family members received. Comments included, "I am so pleased my relative moved here. It gives me peace of mind knowing they are so well cared for".

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there were sufficient staff to meet people's needs and support their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw, throughout our visit, staff treated people with respect and preserved their dignity. This did not mean staff did not have time for a laugh and joke with people and one person said, "I really enjoy having a good laugh with the lassies".

The registered manager provided details of the staff training plan that evidenced staff training was up to date. Staff confirmed they received training appropriate to their roles within the staff team.

People had access to external health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else" and "The food is excellent and all home cooked".

We saw evidence that staff recruitment and selection was robust and guaranteed only suitable people were employed to care for and support people using this service.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe. People told us they felt safe living in The Knells. Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe. Medicines were administered correctly and the records were up to date.

People were fully assessed prior to moving in to The Knells with the assessment providing information to form the detailed care and support plan. Risks were identified and measures put in place to manage these in a safe and consistent way.

Health care needs were fully met and people were protected from the risk of malnutrition or dehydration through comprehensive nutritional planning. Processes for the recruitment of staff were thorough and safe.

Good



Is the service effective?

The service is effective. We observed warm and open interactions between the staff team and the people who lived at the home and their families. This approach helped staff to find out what mattered to a person so they could take account of their choices and preferences.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that people had been fully assessed before they were admitted to The Knells. We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner.

Good



Is the service caring?

The service is caring. The people we spoke to said they felt well cared for. Relatives told us the staff supported people in a very caring manner. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw staff treated people with empathy and asked people how they wanted their care to be provided.

Care plans evidenced people and their families were involved in the monthly reviews of care.

The provider had procedures in place to ensure end of life care was provided in the most appropriate manner.

Good



Is the service responsive?

The service is responsive. People's needs were assessed prior to moving in to The Knells. People's needs were reviewed regularly and any changes were responded to very quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way. This demonstrated the service had an open and co-ordinated approach in ensuring people received the support they needed.

Good



Summary of findings

People were supported to maintain relationships with family or friends. Relatives told us they were always made to feel welcome when they visited. We observed people participating in a range of activities during the day.

Is the service well-led?

The service is well-led. The registered manager had developed good working relationships with external agencies and encouraged staff development. This meant people received personalised support which met their needs.

Staff told us they received good support from the manager and could approach her at any times to discuss any concerns they may have.

The manager had suitable policies and procedures in place and good systems for monitoring the quality of care and services.

Good



The Knells Country House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was an unannounced inspection that took place on 22 October 2014 and was carried out by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Before we visited the service we had received a provider information return which enabled us to focus on the areas of the inspection we wished to look at in detail. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

We contacted five health and social care professionals who were familiar with this home to ask their opinions about the care and support provided.

During the visit we spoke to five people who lived in The Knells, four people who visited the home on the day of the inspection and one nurse who had an appointment to speak to the registered manager. We spoke to five members of the staff team and spent time with the registered manager.

We looked at the care and support plans for six of the people who lived in The Knells. We examined staff rosters, the training plan, staff recruitment files and looked at the medicines administration records. We spent time with one of the cooks discussing nutrition and menu planning. During our visit we observed the interaction between the staff and people and briefly watched the afternoon's activity.

Is the service safe?

Our findings

We spoke to five people who lived in the home and asked them if they felt safe and comfortable with their surroundings. One person said, "Of course I feel safe. These girls are very good and look after me very well". Another said, "I have always felt safe living here and I have lots of friends. I trust all the staff to keep me safe". Visitors told us, "I have no problems with the safety of my relative. She is always so relaxed with the staff I never need to worry".

Not all the people who lived in The Knells were able to communicate effectively or make all their wishes known. We observed lots of warm and friendly interaction between the staff and the people they were supporting. Staff communicated through body language and facial expression and it was obvious they knew the people they cared for very well.

We spoke to three members of staff and asked them how they made sure people were kept safe living in The Knells. They told us they had completed training in protection of vulnerable adults and all three told us they were aware of their responsibility to keep people safe at all times. Their comments included, "I have done my training in safeguarding and I know how important it is to keep people safe" and "We talk about keeping people safe in team meetings and supervision. All the staff understand how important it is". All the staff we spoke to had an understanding of the different aspects of abuse and what signs to look for. They also assured us they would not hesitate in reporting anything they saw that may harm people who lived in The Knells.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw in the support plans there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

We looked at the number of staff on duty and checked the staff rosters. We saw there was sufficient staff on each shift with the skills, experience and qualifications to provide a good level of care and support.

We looked at the staff recruitment and selection process by checking the personnel files for five members of staff. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme provided by an external training provider.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working 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 ensured only suitable people were employed by this service. The manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

There were clear policies and procedures in place for medicines handling and storage. We looked at the arrangements in place in relation to the recording of medicines received into the home and kept on people's behalf. We looked at the medicines administration records and found these to be clearly and correctly completed.

We saw that weekly audits (checks) were completed and recorded on the medicines file. This ensured the correct amount of medicines were always available for people. We found that all the medicines were held in a locked cupboard within the medicines trolley. All medicines were clearly labelled and those we checked were all in date.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff and recorded in the appropriate register.

Prior to our inspection we spoke to the pharmacist who supplied the medication to The Knells. They told us there were no problems with medicines management and the staff were always approachable and helpful.

Medicines no longer required were disposed of in an appropriate and safe manner. All these procedures and checks made sure people received the correct medicine safely and at the time prescribed by their GP.

Is the service safe?

We walked round the building and saw there was suitable equipment to assist people who may have limited mobility and watched briefly as two members of staff moved a person using a hoist. This was done in a calm manner with staff reassuring the person at all times.

Is the service effective?

Our findings

During our inspection we spent time in all parts of the building and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining room for their meals. Others stayed in the communal areas of the home chatting with their friends, their visitors and the staff. We heard staff asking people where they wanted to sit, if they wanted a drink and if they were comfortable. There was a relaxed atmosphere and one person told us, "It is great living here, I can choose what I want to do and the girls understand if I want to sit quietly in my room".

We discussed staff training with the manager and were given a copy of the annual training plan. This evidenced what training had been completed and when updates or refreshers were due. Staff told us they received the training they required to be able to meet people's needs and that it was always appropriate to their role within the team. Training had included fire awareness, moving and handling, health and safety, dementia awareness, infection control, nutrition, adult protection and end of life. In addition staff had also completed, or were in the process of completing, recognised qualifications in health and social care. The training provided meant people received effective care and support from staff that had the knowledge and skills needed to carry out their roles and responsibilities within the service.

We asked staff how they supported people who had behaviours that may challenge the service. One told us, "This very rarely happens but if it does all the team know how to deal with these situations like this". Another said, "We just make sure the person is safe and call another member of staff to take over or leave it for a couple of minutes and then go back. We try to keep people as calm as possible". Information regarding behaviour that may challenge was recorded in the care plans together with guidance for staff in how to deal with such situations.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check

their understanding of MCA and DoLS. The registered manager and senior staff had completed training in this subject and were preparing to cascade the training to the remaining staff.

The registered manager was aware of their responsibility to inform the Care Quality Commission of any application for a DoLS. The registered manager had, in the past, convened a best interest meeting with the involvement of an Independent Mental Capacity Advocate (IMCA) when this was necessary for the best interest of one of the people who lived in the home. A DoLS was put in place following this meeting but this has since been removed.

People had access to food and drink throughout the day and we observed lunch being served. Staff told us that, at the time of our inspection, there were no residents requiring assistance with eating although some needed encouragement to eat their meals. We saw that staff supported and encouraged in a patient and appropriate manner and gave people time to eat at their own pace. People told us they enjoyed their meals and were given choices at every meal.

We saw, on the care and support plans, everyone had a full nutritional assessment in place. People's weights were recorded weekly or monthly whichever was appropriate. If people were at risk from dehydration or malnutrition details of fortified meals were recorded.

We spent time talking to the cook and checking the food stores. All the meals were prepared from scratch by the cooks and all cakes and pastries were hand made. The cook had a good knowledge of nutrition and made sure anyone who may be at risk from malnourishment were given high calorific meals. Special diets were catered for including diabetic and vegetarian options.

We looked at copies of the four weekly menus and found them to be varied and nutritious. The registered manager and the catering staff met regularly to discuss any menu changes and people who lived in The Knells were also involved in menu planning.

Healthcare needs were met through good working relationships with external health care professionals. The registered manager confirmed they received very good support from the GP surgeries and the district nursing teams. People were able to access specialist advice if

Is the service effective?

necessary. This included the dietician, speech and language therapist, hospital consultants and mental health specialists. People also had access to chiropody, dental care and optical care.

Is the service caring?

Our findings

People told us they were happy living in The Knells and they felt well cared for. They told us, "I love it here and the staff look after me so well. I have made some new friends".

We spoke to four relatives who visited the home on the day of our inspection. They all expressed a high level of satisfaction with the care and support provided. One relative told us, "I cannot speak too highly of the care my relative receives. The staff are wonderfully kind and have enormous patience. Another relative said, "This home is fantastic as are the manager and all the staff".

We were shown copies of recently returned satisfaction questionnaires and saw that all the comments were extremely positive. These included, "You can't get better than The Knells. Wonderful caring staff", "I live living here and have no problems at all" and "I am very well cared for and can discuss my worries with any of the staff and they always listen".

We spent time in the communal areas of the home and conducted a Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication.

During our observation we found that people's choices were respected and staff treated people with respect. We noted that staff were very attentive and dealt with requests without delay. We saw anyone needing extra help with their

mobility was assisted in an empathetic and discreet manner. Staff made sure people they assisted were relaxed, comfortable when being moved using specialist equipment.

We spoke to five members of staff, two in a group and three individually. We asked all of them about people's preferences and needs. From our conversations it was obvious all the staff knew the people they supported very well. They were able to tell us about the people who lived in The Knells, what they liked to do during the day, their bathing preferences and what they liked to chat about. The registered manager had a high profile in the home and was well known to people who lived in The Knells and their visitors. People said, "We see Mandy (registered manager) every day. She is always round and about".

The registered manager was able to describe in detail the procedures put in place to make sure people had comfortable and dignified end of life care. When we spoke to the care staff they confirmed they had completed the 'Six Steps' end of life training. They told us, "It is what we do anyway but it is nice to have the process officially endorsed. This training evidenced recognised best practice in supporting people at the end of their lives. It ensured people received consistent and co-ordinated care and enabled them to remain in the home if this was their wish.

The care and support plans we looked at evidenced people's involvement with the care planning process. Those who were able had signed their care plan giving their consent to care and treatment. If necessary relatives signed the documents on their behalf. We discussed the monthly care plan review system with the senior on duty and they confirmed these were always completed with the person and/or their relatives.

Is the service responsive?

Our findings

Prior to their admittance into The Knells people's health and social care needs were comprehensively assessed to ensure the service was able and suitable to meet their needs. The registered manager explained, "It is important to make sure we get as much information as possible in order to decide if The Knells can provide appropriate care and support and meet all the assessed needs".

Some of the people had stayed in The Knells for a short period before they moved in permanently. The registered manager confirmed this very often helped people settle into their new home more quickly.

The information gathered at the initial assessment meeting was used as a basis for each individual plan of care and support. Each support plan contained a personal history showing people's personal preferences and choices as well as detail about their life before they moved in to the home. Some people had provided a lot of information whilst others chose only to give the barest details. Whatever their choice was, it was respected by the registered manager and the staff.

We looked at the care and support plans for six people and found them to be relevant and up to date. Each of them demonstrated a clear commitment to promoting, as far as possible, each person's independence. All were well laid out, needs were evaluated, monitored and reviewed each month. We saw that each plan of care was centred on people's personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support.

People's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary. Emotional needs were recorded as well as physical needs and advice from the mental health team was accessed when required. We asked visitors if they felt the home was responsive to their relative's needs and were told, "The staff respond immediately if anything goes wrong. My relative's doctor visits and if they need to see a consultant that is organised too".

The home employed activities coordinators and there was a programme of activities for people to join in if they wished. People were keen to tell us about the singer who had visited the previous evening that was enjoyed by everyone including the staff. During our inspection we saw people making hats and decorations for the forthcoming Hallowe'en party. Outings were organised for people who wanted to go out and there were regular church services for people wishing to attend.

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display for people to read. We looked at the complaints log but there had been none to record. The manager confirmed that any concerns raised were always used as a learning curve to improve the care provided. One person had said they didn't see the manager often enough as they spent their time in their room. They requested a weekly chat with the manager and this had been organised.

Is the service well-led?

Our findings

At the time of our visit there was a registered manager in post. 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 and associated Regulations about how the service is run.

We saw there was good interaction between the manager and all the members of the staff team. We spoke to catering, domestic and care staff and asked about the leadership and management of The Knells. Staff said, "We work very much as a team and support each other" and "I think this home is well managed. It is the best one I have ever worked in".

Visitors also told us they were impressed with the way in which this service was managed. They said, "I have been visiting here for over five years and have always found the manager to be supportive of the staff and wonderful with the people living in the home".

Staff told us they had regular one to one supervision meetings with the manager. These gave them opportunities to discuss the running of the home as well as their own professional development. All the staff we spoke to told us the manager was very approachable and they felt able to speak to her about anything. They told us, "Nothing is too much trouble and we have always found her very fair".

Staff meetings were held for all staff groups including care staff, senior staff and catering and domestic staff.

Prior to our visit we spoke to external health and social care professionals and asked them about the leadership within and management of The Knells. We were told, "The home is very well run in a positive way. Every time I visit I am impressed by the caring attitude of the staff which stems from the top. I would certainly use this service if it was necessary".

The provider had a system in place to monitor the quality of the service provided. This included a series of checks or audits on all aspects of the service. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. The audits highlighted any work necessary to improve the standard of care provided and the environmental standards throughout the home. We saw evidence to show the improvements required were put into place immediately.

Quality assurance questionnaires were sent to families and people who lived in The Knells. We were able to read some of those recently completed and returned. They all provided positive comments about the service. Any comments or suggestions made were acted on providing this was possible.