The Knoll Care Partnership Limited

The Knoll

Inspection report

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Manchester
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Date of inspection visit:
19 June 2017

Date of publication:
20 July 2017

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 inspection took place on 19 June 2017 and was unannounced.

The Knoll is a residential care home located in Urmston, Trafford and is registered with the Care Quality Commission to provide personal care for up to 10 older people.

There was a registered manager in place at the home. 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.

Staffing levels were sufficient to meet the needs of the people who currently used the service. The service used a dependency tool and staffing levels were flexible to ensure extra staff could be deployed when the need arose. There was evidence of a robust recruitment procedure to help ensure staff were suitable to work with vulnerable people.

Safeguarding policy and procedures were in place and staff we spoke with demonstrated an understanding of safeguarding issues and were confident to report any concerns. Accidents and incidents were logged appropriately and analysed for patterns and trends.

Health and safety information was in place and up to date. Medicines were managed safely at the service and staff were trained appropriately.

Staff induction was thorough and training was on-going with reminders in place to help ensure no staff training was out of date.

Nutritional and hydration records were complete and up to date and appropriate referrals were made to other professionals and agencies when required. The mealtime experience was pleasant and choices were offered with regard to food and drink.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We observed care throughout the day and saw that interactions between staff members and people who used the service were friendly and respectful. People's dignity was respected and care was offered and given discreetly and sensitively.

Residents meetings and families meetings took place on a regular basis and minutes were available for those who were unable to attend. Information was given to prospective users of the service and their families in the form of an information pack.

The service had an End of Life policy in place and training was undertaken by staff. Advanced care plans, where the person's wishes had been expressed, were included within the care files.

Care files we looked at evidenced that care was person-centred. There was a range of health and personal information and people's preferences, likes and dislikes were recorded.

There were a variety of group activities on offer as well as one to one engagement. Questionnaires were sent out regularly to obtain people's views of the care delivery.

There was an appropriate, up to date complaints policy and complaints were followed up in a timely way. Compliments had been received in the form of thank you cards and letters.

The registered manager had an 'open door' policy and was available to staff, visitors and people who used the service regularly. Staff members told us they were well supported by the registered manager and the providers.

We saw evidence of regular staff supervisions and appraisals. We saw minutes of staff meetings, which were undertaken approximately two monthly.

There were a significant number of audits undertaken by the service. Audits for issues such as accidents and incidents were analysed to look at how continual improvements could be implemented.

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 was safe.

Staffing levels were sufficient to meet the needs of the people who currently used the service. The service used a dependency tool and staffing levels were flexible. There was evidence of a robust recruitment procedure to help ensure staff were suitable to work with vulnerable people.

Safeguarding policy and procedures were in place and staff we spoke with demonstrated an understanding of safeguarding issues and were confident to report any concerns. Accidents and incidents were logged appropriately and analysed for patterns and trends.

Health and safety information was in place and up to date. Medicines were managed safely at the service and staff were trained appropriately.

Is the service effective?

Good

The service was effective.

Staff induction was thorough and training was on-going with reminders in place to help ensure no staff training was out of date.

Nutritional and hydration records were complete and up to date and appropriate referrals were made to other agencies when required. The mealtime experience was pleasant and choices were offered with regard to food and drink.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We observed care throughout the day and saw that interactions between staff members and people who used the service were

friendly and respectful. People's dignity was respected and care was offered and given discreetly and sensitively.

Residents meetings and families meetings took place on a regular basis and minutes were available for those who were unable to attend. Information was given to prospective users of the service and their families in the form of an information pack.

The service had an End of Life policy in place and training was undertaken by staff. Advanced care plans, where the person's wishes had been expressed, were included within the care files.

Is the service responsive?

Good

The service was responsive.

Care files we looked at evidenced that care was person-centred. There was a range of health and personal information and people's preferences, likes and dislikes were recorded.

There were a variety of group activities on offer as well as one to one engagement. Questionnaires were sent out regularly to obtain people's views of the care delivery.

There was an appropriate, up to date complaints policy and complaints were followed up in a timely way. Compliments had been received in the form of thank you cards and letters.

Is the service well-led?

Good

The service was well-led.

The registered manager had an 'open door' policy and was available to staff, visitors and people who used the service regularly. Staff members told us they were well supported by the registered manager and the providers.

We saw evidence of regular staff supervisions and appraisals. We saw minutes of staff meetings, which were undertaken approximately two monthly.

There were a significant number of audits undertaken by the service. Audits for issues such as accidents and incidents were analysed to look at how continual improvements could be implemented.

The Knoll

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.

The inspection took place on 19 June 2017 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with five people who used the service and three visitors. We also spoke with the registered manager, two directors and three members of staff. We reviewed records at the home including two care files, two staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We looked at documentation and spoke with the registered manager about staffing levels. The service used a dependency tool, which calculated the level of each individual's dependency and the staff required to meet their needs. This was used to inform rotas and we saw that staffing was flexible, for example, extra staff were deployed if someone was poorly or displayed behaviour that challenged the service. At the current time there were no individuals who required two people for assistance with transfers. The registered manager told us that they were careful with assessments of potential new users of the service. This was to help ensure compatibility with people already using the service and to ensure their needs could be fully met within the home.

A person who used the service told us, "There are always staff around when you want them". Another agreed that there were always staff around. One visitor we spoke with said, "I visit frequently and there are always enough staff. You are always able to speak to a member of staff". Another visitor said, "There are enough staff, they always offer me a drink and make me welcome".

Agency staff were rarely used as the regular staff team endeavoured to fill any gaps. There was an on call system for out of hours and staff told us this was answered promptly and they were supported with any issues or concerns.

The two staff personnel files we looked at evidenced robust recruitment procedures. Each file included an application form, proof of identity, an offer letter and two references. Disclosure and Barring Service (DBS) checks had been undertaken to help ensure staff were suitable to work with vulnerable people.

There was an up to date safeguarding adults policy and a whistle blowing policy in place. These included guidance for staff and relevant contact numbers. Staff we spoke with demonstrated an understanding of safeguarding issues and were confident to report any concerns.

Accidents and incidents were logged appropriately within each individual's care file, and body maps were used to illustrate where wounds or injuries were. The management had an overview of all incidents which were analysed for patterns and trends and we saw that these were addressed.

We looked at health and safety information. We saw that each person who used the service had a personal emergency evacuation plan (PEEP) in place. This was to give information to the fire service about each individual's requirement for assistance in the event of an emergency. These documents were kept in a 'grab file' which was easily accessible and they were updated on a regular basis to ensure all information remained current. There was a business continuity plan in place. This was so that there would be clear instructions in place in the event of an emergency.

We saw evidence of up to date gas and electrical safety certificates, legionella testing and regular testing and maintenance of emergency equipment, such as fire extinguishers, emergency lighting and fire exits. We saw a fire risk assessment which was up to date and risk assessments for equipment, such as the stair lift. All

portable appliance testing (PAT) was up to date. There had been regular fire drills undertaken and comments made as to how responses could be improved.

There was an infection control file which included relevant information for staff about the prevention and control of infections within the home. Staff had undertaken training in this area and all were up to date with this. A recent infection control audit had been undertaken by the local health trust and the results were positive. Minor issues had been identified and an action plan had been put in place to address these.

We looked at how medicines were managed within the home. There were robust systems in place for ordering, storage, administration and disposal of medicines. The home used a monitored dosage system, which helped minimise the risk of errors. Medicine administration record sheets (MAR) each included a photograph of the individual and records were completed appropriately. There was a protocol to follow in the event of a medicines error. Staff who administered medicines had the appropriate training and regular competence checks. There were daily checks of temperatures where medicines were stored to ensure they were kept within the manufacturers' recommendations.

Good

Is the service effective?

Our findings

Staff we spoke with a good understanding of their roles and responsibilities and a thorough knowledge of the people who currently used the service. A visitor told us, "It is a relief for us that [relative] is cared for. She had a fall but this was dealt with efficiently by the home".

Staff induction was thorough and included reading policies and updates, mandatory training and shadowing with an experienced staff member. Staff we spoke with felt they had been well equipped for the role following the induction period.

Training was on-going and the registered manager had a system of reminders in place to ensure no training was out of date. We saw the training matrix and this evidenced that staff were up to date with all mandatory training and additional training courses were regularly offered. Staff we spoke with told us they were encouraged and supported to access training.

Formal staff supervisions were undertaken at least twice per year and informal support was offered on a daily basis. Appraisals were undertaken annually. We saw records of supervisions and appraisals within staff files.

We looked at two care files and saw that all appropriate information was contained within them. The service used a traffic light system to illustrate whether people's needs were high, medium or low in each area of their life. Daily care notes were comprehensive and evidenced appropriate care delivery and two hourly checks throughout the night, where required.

Appropriate referrals were made to other agencies and professionals, for example, dieticians, speech and language therapists (SALT) and GPs, when required. Where an issue with nutrition had been identified appropriate documentation, such as weight records and food and fluid charts, were completed. The service had a transfer document for each individual which was kept up to date. This was to be sent with them if they were admitted to hospital to help ensure staff were aware of all relevant information.

The home used the 'Apetito' meals which were delivered to the home. This had been decided via discussions with people who used the service and their relatives and people we spoke with felt the food had improved with this system. People who used the service were regularly consulted about the meals and there was a feedback book that they could put comments in. One person who used the service said, "The food is alright. I like English food and you can have what you want. They come round and ask you if you want anything". Another said, "I like the food here", and a third commented, "I enjoyed my lunch". A visitor told us, "[Relative] seems to enjoy the food".

We observed the lunchtime meal. This was relaxed and friendly and most people sat in the dining room, although there were a couple who wished to eat in their rooms and this was facilitated. Tables were set nicely with placemats and napkins. People were asked if they wanted a clothes protector and these were supplied if required. There was a choice of two main meals, both of which looked appetising, and

alternatives were available if neither choice was wanted. There was a choice of three different cold drinks and two hot drinks as well as two desserts. Some staff members sat and ate the meal with people who used the service. They told us this was to help ensure the food was of a good standard and to give them the chance to sit and chat with people and offer assistance where required. This worked well and the mealtime experience was relaxed and friendly. We saw that snacks and drinks were on offer throughout the day and people told us they could have breakfast in bed if they wanted.

We looked around the premises and saw that there was appropriate signage to assist people to find their way around the home. Bathrooms and toilets were clearly denoted and there were contrasting toilet seats to aid people living with dementia.

Consent forms, for issues such as medicines administration and the use of photographs, were included within care files and were signed by the person who used the service or their representative. We saw that verbal consent was sought for each offer of assistance given by staff.

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 so that they can 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was appropriate paperwork within care files to indicate that people's mental capacity was assessed and monitored and that best interests decisions were made where appropriate. Those who were subject to DoLS authorisations had appropriate records within their files and the registered manager had an overview of when these were due for renewal. Staff we spoke with were able to give examples of applying the principles of the MCA and were aware of the people who were subject to DoLS. They could explain how this was addressed in practical terms and how the least restrictive measures were used.

Good

Is the service caring?

Our findings

We asked people who used the service if they were looked after well. Comments included; "The girls are alright with me"; "It's alright here, the girls look after me"; "They [staff] are lovely. I didn't like the idea [of coming into a home] but I had to come. They are very helpful".

One visitor told us, "We are all pleased with [relative's] care. They [staff] are very nice with her". Another said, "I am involved with care plans. I couldn't be happier; I am informed of everything and get minutes of the meetings if I can't attend. I've had questionnaires to fill in".

A staff member commented, "All the residents are very happy". Another said, "It's a very caring home. Everyone is involved in everything. We have a good relationship with all families and we are all one big team".

We observed care throughout the day and saw that interactions between staff members and people who used the service were friendly and respectful. People's dignity was respected and care was offered and given discreetly and sensitively. It was clear that the people who used the service, families visiting, and staff had good, positive relationships and were comfortable with each other.

We saw minutes of residents' meetings, which were held on a quarterly basis. We saw that issues discussed included; the mealtime experience, menus and nutrition, activities and safeguarding. Minutes of a families' meeting, which were also held quarterly, included discussions around care plans and consent forms, call bells, person-centred care, Mental Capacity Act and Deprivation of Liberty Safeguards, activities, CQC inspection, menus and nutrition, quality monitoring visits, questionnaires and compliments and complaints.

Our observations showed that people were encouraged to do as much as they could for themselves. A staff member told us, "We try to promote independence by supporting residents to help, clearing the tables or cleaning".

Information was given to prospective users of the service and their families in the form of an information pack. This included information about the business, services available, mission statement, questionnaires, what people could expect from the service, social activities, terms and conditions, fire procedures and the complaints procedure. There were useful contact numbers included within the pack.

The service had an End of Life policy in place and training was undertaken by staff. Advanced care plans, where the person's wishes had been expressed, were included within the care files. The registered manager told us that they endeavoured to respect people's wishes and worked closely with the local district nursing service to help ensure people nearing the end of their lives were supported in the way they wanted to be.

Good

Is the service responsive?

Our findings

Care files we looked at evidenced that care was person-centred. There was a range of health and personal information and people's preferences, likes and dislikes were recorded. There was information about people's daily life and social activities and staff were working with people on memory books and memory boxes to help aid reminiscence for individuals and give staff a better insight into each person. All care plans were reviewed and updated on a monthly basis, or sooner if changes had occurred. Records we looked at were complete and up to date.

We asked people if they were given their preferences. One person said, "You can get up and go to bed when you want". A visitor told us, "They [staff] are very aware of [relative's] ways". Another visitor said, "[Relative] is never sat staring into space. There is plenty to do".

There were two activities coordinators employed between the provider's two homes. They told us this helped keep things fresh. Group activities included; trips to the local garden centre, gardening and filling planters, crafts, sing-alongs, quizzes and games. There were also one to one activities, such as filling memory boxes, playing cards and reminiscing. A physiotherapist visited regularly to facilitate gentle exercise and there was music therapy. People who used the service told us activities had improved lately and that they could pursue their own interests at the home. One person said, "I like reading magazines and watching sport on TV". Other comments included; "I like quizzes and TV"; "Activities have improved recently".

We saw the results of a recent questionnaire that had been completed by people who used the service and their relatives. The results were positive and comments included, "Staff were brilliant and [name] enjoyed his stay. Thank you so much".

The complaints policy was outlined within the information pack as well as being pinned up on the notice board. We saw a complaints log which evidenced that all concerns and complaints were addressed appropriately and in a timely way. We asked people if they knew how to complain. They were aware of the policy. One person said, "I wouldn't say I have any complaints". Another told us "I can't find anything to moan about". A third commented, "Not really any complaints".

We saw thank you cards and letters. Comments included, "You all make it such a calm and homely place and spotlessly clean".

Good

Is the service well-led?

Our findings

There was a registered manager in place at the home. 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 manager had an 'open door' policy and was available to staff, visitors and people who used the service regularly. Staff members told us they were well supported by the registered manager and the providers. Comments included; "We are supported, any grievances we can go to the management team. Team meetings are helpful and keep us informed of developments. Team support is good"; "There is support for staff. Management are very approachable and always have been. Any issue, you can contact any of them. They will help when needed and are very prompt and responsive".

People who used the service also told us management were approachable. One person said, "You can talk to them if you want to. I don't need to talk to the manager, everything is alright". A visitor said, "I have a good relationship with the management. I can e mail or ring and always get a response".

We saw evidence of regular staff supervisions and appraisals. We saw minutes of staff meetings, which were undertaken approximately two monthly. Discussions included; CQC inspection, quality assurance systems, safeguarding, medicines management, person-centred care, training, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards, dignity and respect, on call, complaints and compliments, health and safety, handovers, staff issues and food.

There were a significant number of audits undertaken by the service. These included the manager's weekly environmental audit, monthly audits around mattresses, bed rails, pressure ulcers, complaints and compliments, walking aids, pressure relieving equipment and room checks.
Audits for issues such as accidents and incidents were analysed to look at how continual improvements could be implemented. There were monthly directors meetings where audits were discussed and actions agreed.

Quality assurance also included sending out regular questionnaires to obtain feedback from people who used the service and their relatives. These were collated and analysed to help drive improvement to service delivery.

The management team attended any relevant local meetings, such as meetings with other care providers. The service had taken the initiative to set up a provider group partnership, when the local one was disbanded, to look at mutual support. This helped them keep up to date with current guidance and best practice, changes and updates to legislation.