Kibworth Knoll Limited

# Kibworth Knoll

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

This inspection took place on the 13 and 14 January 2016 and was unannounced.

Kibworth Knoll provides accommodation for up to 36 older people who require personal care including people living with dementia. There were 33 people using the service at the time of our inspection.

The service had a registered manager. 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.

People told us they felt safe living at Kibworth Knoll. Their friends and relatives confirmed this.

Although the staff team knew their responsibilities for keeping people safe from harm, we found that a safeguarding incident had not been passed to the registered manager for their attention or action. This was immediately addressed following our visit.

People received their medicines as prescribed by their doctor though the paperwork held was not always accurate. Protocols for medicines prescribed to be taken as and when required where not in place and medicines had not always been stored appropriately. Actions were taken following our visit to remedy these issues.

People's needs had been assessed prior to them moving into the service and plans of care had been developed from these. The plans of care seen during our visit did not always include people's personal preferences in daily living or provide specific information as to how a person's care and support needs should be met.

There were systems in place to monitor the service being provided, though these had not always been effective in identifying shortfalls, particularly within people's care records and the medicine records held.

People's consent to the care and support they were to receive had been obtained when they first moved into the service and the staff team involved them in making decisions on a daily basis. For people unable to give consent, decisions had been made in their best interests by someone who knew them well. The registered manager was working in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People using the service had access to the required healthcare services, were supported to maintain good health and received on going healthcare support.

The majority of risks associated with people's care and support had been assessed and actions had been

taken to minimise such risks. However, not all of the risk assessments seen during our visit were effective or reflective of people's current situation.

The provider's recruitment procedures had been followed, with the required checks being carried out prior to new members of staff commencing work.

People liked the meals served at Kibworth Knoll and mealtimes were relaxed. People's nutritional and dietary requirements were assessed and a balanced diet was provided, with a choice of meal at each mealtime. Monitoring charts used to monitor people's food and fluid intake were not always clear.

Throughout our visit we observed the people using the service being treated in a caring and considerate manner. They were involved in making choices about their care and support and when they made their choices, these were respected by the staff team.

Staff meetings and meetings for the people using the service and their relatives had been held and surveys had been completed. This provided people with the opportunity to be involved in how the service was run.

The staff team felt supported by both the registered manager and the providers of the service.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

People living at Kibworth Knoll told us they felt safe.

People received their medicines as prescribed though shortfalls were identified within the documentation held.

Risks associated with people's care and support had not always been assessed appropriately.

People told us there were enough members of staff to support them properly.

### Is the service effective?

**Good**

The service was effective.

Staff members understood the principles of the Mental Capacity Act 2005.

A balanced and varied diet was provided but records relating to people's nutrition and hydration were not always clear.

The staff team were aware of people's health care needs and referred them to health professionals when needed.

The staff team had been provided with a number of training courses though specific health related training had not been offered for some time.

### Is the service caring?

**Good**

The service was caring.

People told us the staff team were kind and caring and we observed staff members treating people in a caring and considerate manner.

People's privacy and dignity were respected.

People were supported and encouraged to make choices about

their care and support on a daily basis

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People had plans of care in place but these did not always reflect the care and support the people were receiving.

People had been involved in the review of their plan of care.

People were supported to maintain relationships with those important to them.

Whilst activities were offered, these were at times limited.

## Is the service well-led?

**Good**

The service was well led.

People were given the opportunity to have a say on how the service was run. People we spoke with us told us they felt the service was well managed and the management team were friendly and approachable.

There were monitoring systems in place to monitor the quality of the service being provided however these did not always pick up shortfalls within people's records.

The staff team working at the service felt supported by the registered manager.

# Kibworth 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 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.

This inspection took place on 13 and 14 of January 2016 and was unannounced.

The inspection team consisted of two inspectors 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. Our expert by experience had expertise in understanding services for people with dementia.

Before the inspection we reviewed the information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

At the time of our inspection there were 33 people using the service. We were able to speak with eight people living at Kibworth Knoll, eight visitors, seven members of the staff team, the registered manager and the provider.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, two of which were looked at in detail. We also looked at associated documents including risk assessments. We looked at three staff files including their recruitment and training records and the quality assurance audits that the management team completed.

Requires Improvement

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Kibworth Knoll and they told us they felt safe with the staff team who looked after them. Their friends and relatives agreed. One person told us, "I feel very safe here." Another told us, "I feel safe here I have no concerns." A visitor told us, "[person using the service] wasn't safe where they were, but they are now that they are here."

The staff team were aware of their responsibilities for keeping people safe. They knew the different types of abuse to look out for and explained the procedure to follow if a concern was identified. This included informing the registered manager. We did note though that this process had not always been followed in practice. An incident that had occurred had not been reported to the registered manager for their attention and action to keep people safe. The registered manager assured us that this would be referred to the local safeguarding team and the reason for it not being brought to their attention sooner would be looked into.

The risks associated with people's care and support had been assessed and reviewed on a monthly basis. These included the risks associated with moving and handling, falls and nutrition. We did note that not all of the risk assessments seen during our visit were effective or reflective of the people's current situation. For example, one person who had been identified as at risk of losing weight, their nutritional risk assessment instructed the staff team to weigh them on a two weekly basis. This had not happened because records showed that they had last been weighed on 16 December 2015. Another example was a person's bedroom radiator risk assessment. This stated that the person didn't spend a lot of time in their bed so this was a low risk, even though they were cared for in bed.

We identified a number of radiators within the service that were hot to the touch. When we looked at the risk assessments completed we found that these had not properly addressed the risks presented to people. The risk assessment for the radiator in one person's bedroom stated, 'Checked regularly (the person using the service) so if they did fall near a radiator they would not be there long.' This person had been identified as at risk of falls. The provider acknowledged the unsuitability of this risk assessment. Although risk assessments had been carried out on the radiators in people's bedrooms, the risks associated with the radiators within the communal areas had not been assessed. The provider explained that they were currently in talks with a local carpenter with regards to the installation of radiator covers where these had yet to be installed.

We noted that the main stairwell within the home was unprotected and this posed a risk to the people using the service, primarily the risk of falling. A risk assessment was carried out following our visit. Regular safety checks had been carried out on the equipment used for people's care and on the environment. These included checks on the emergency lighting and the fire detection system. A recent visit by the fire service had found the provider to be broadly compliant. Fire evacuation training had been provided to the staff team and three practices had been carried out in 2015.

Checks were being carried out on the hot water in the home to ensure it was safe. We did note that though the temperature of the water from the hot water taps was being tested and recorded, this was not always being done in a timely manner. The provider told us that more regular testing would be carried out. The

registered manager advised us that neither they nor the handyperson had undertaken legionella training and a legionella risk assessment had not been carried out. By the second day of our visit the registered manager had made contact with a contractor to address this shortfall.

The main lift was being regularly serviced, though we saw from the service reports that very similar observations and recommendations had been made on four visits over the last twelve months. We shared our concern with regards to the recommendations not being carried out with the provider. They explained that they were working with the contractor to ensure the on going safety and maintenance of the lift.

People using the service told us that they felt there were enough staff on duty to meet their needs. One person told us, "There's always somebody here if you need them, you just have to press your buzzer". Another told us, "When I ring the buzzer at night they bring me a cup of tea." The registered manager explained that staffing levels were determined by people's care and support needs. We looked at the staff rota and found that appropriate numbers of staff were on duty both day and night to meet the current care and support needs of the people using the service. The staff members we spoke with agreed. One told us, "I feel there are enough staff to meet people's current needs."

We looked at the provider's recruitment procedures to see that they had been followed. Checks had been carried out prior to a new member of staff commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. We did note that one of the files checked had limited information regarding the persons previous employment. We discussed this with the provider who assured us that this had been followed up during the interview process, though not documented.

We looked at the way people's medicines were managed to see if people had received these as prescribed. We saw that they had, though we identified a number of shortfalls within the recording on the Medication Administration Records (MAR). This included for pain relief patches, details of where these patches had been applied. We saw that staff had signed for the receipt of medicines but this was not meaningful as they had not signed in the correct quantity. Staff had signed the MAR chart which showed the monthly quantity of medicines. The service received the medicines on a weekly basis and so only received a quarter of that quantity. For example where the MAR chart showed the quantity as being four tablets, the service had only have received one tablet. We discussed this with the registered manager who contacted the pharmacy during our visit to try to address this issue.

We sampled some MAR charts and found that photos were not always in place for people who were staying at the service in the short term. Photographs help with identification and reduce the risk of medicines being given to the wrong person.

We noted that protocols were not in place for medicines prescribed as PRN (as and when required) or variable dose. This meant that staff were not directed as to how much, or how often, each medicine should be offered. We also noted that medicines given in variable doses were not being recorded on the MAR charts. This meant that staff did not know how much medicine had been administered in a 24 hour period.

Whilst eye drops had been dated when opened, creams had not. This meant that they could be used past their recommended use by date.

Where people were looking after and taking their own medicines, a risk assessment had been completed and it had been deemed safe for them to do so.

Good

# Is the service effective?

## Our findings

People using the service told us that they were looked after well and they felt the staff team had the skills and knowledge to properly meet their individual care and support needs. One person told us, "It is very nice here, I haven't been here all that long, but they know what help I need." Visitor's we spoke with also felt that the staff team had the necessary knowledge to meet their relative's needs. One explained, "It is reassuring that [their relative] is here, the girls know what she needs and she always looks well cared for."

We attended the staff handover on the first day of our visit. This was very detailed and provided the staff team coming on duty with the information they required in order for them to be able to meet the needs of the people that day. We observed the staff team supporting the people using the service and saw that communication was open and inclusive. It was evident that the staff understood people's needs and they provided care and support in a way that people preferred.

The staff members we spoke with told us that the registered manager was supportive and very much available if they needed help or advice. One staff member told us, "[The registered manager] is very supportive. I feel whatever I tell her will be kept in confidence and if I share a concern it would be dealt with." Another explained, "The manager is very approachable and goes out of her way for you." They told us they had received a period of induction when they first started working at the service and training relevant to their role had been provided. One staff member told us, "I have completed first aid training and mental capacity training recently. I'm currently doing training on common health conditions; I really enjoy distance learning training."

We checked the training records and these confirmed that a number of training sessions had been provided throughout 2015. These included safeguarding training, moving and handling training and pressure ulcer prevention. We did note that training in specific health related conditions such as catheter care and diabetes training had not been offered for quite some time. We were informed following our visit that the registered manager had contacted the local district nursing team to arrange refresher training in these areas.

Staff members had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS. One staff member told us, "It is about whether people are able to make decisions for themselves; about being able to understand the information they are given. For people who cannot make decisions for themselves, this must be done in their best interest."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

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. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. At the time of our visit no one using the service had an authorised DoLS in place.

Mental capacity assessments were included in the records we looked at. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well. We saw that whenever possible, people had been involved in making day to day decisions about their care and support and staff gave us examples of how they obtained people's consent to their care on a daily basis. One staff member told us, "I always make sure that they [the people using the service] are happy for me to help them, I always ask them first if they want me to do something and get them to do as much as they can themselves to promote their independence."

We asked people what they thought about the meals served at Kibworth Knoll. One person told us, "Oh the food is good although there's too much sometimes." Another person explained, "I think the food is lovely, I have no complaints." One person shared that sometimes the meals were not hot enough and another told us that the pudding they had been served that day was tepid. We shared this information with the registered manager for their attention and action.

There were four weekly menus in place and these provided a variety of meals and choices. The menus were displayed for people's information, though it was noted that visual aids were not used.

During meal times people were offered a choice of where to sit. We saw the tables were set with table cloths and serviettes and condiments were available. A variety of drinks were available from water and juice to beer and wine. We did note that these were already placed on the tables prior to people arriving for their meal, reducing the chance of offering people a daily choice. Opportunities to offer choices during the meal time were also missed. For example meals were pre plated and rather than offering people gravy once they had their meal in front of them, this was already added prior to the meals leaving the kitchen.

People were given the time they needed to complete their meal at a pace that suited them. People seemed happy with who they were sitting with at the table and we could hear them having conversations with each other. After the meal had been served members of the staff team served a choice of hot drinks and after eight mints. This was enjoyed by all.

The cook had access to information about people's dietary needs. They knew about the requirements for people who required soft or pureed food and for people who lived with allergies.
The cook was aware of a person who was on a fortified diet. A nutrition plan was in place and the person had been referred to the dietician. The dietician's advice was included in their plan of care and food supplements prescribed were being provided.

Monitoring charts had been implemented for people who had been assessed as being at risk of dehydration or malnutrition. When we looked at the food and fluid charts for two people we noted that they were not always dated and they didn't include the recommended fluid intake amount for the staff team to follow, This meant staff could not be sure that they had given the person the correct amount of fluids each day in order to keep them well. The charts were a little confusing and difficult to follow and it was hard to work out how much food and fluids the people had actually taken. The provider and registered manager explained

that they would re look at the forms that were currently being used to make them clearer and easier to follow.

The people using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. This was evidenced in people's records and through talking to them and their relatives. One relative told us, "They [the staff team] are very good, they got the doctor straight the way when [their relative] had a poorly finger."  A visiting professional explained, "The staff are very friendly and approachable and referrals for health support for individuals are done in a timely manner."

Good

# Is the service caring?

## Our findings

People we spoke with were very positive about the care they received. They told us that the staff team were kind and caring and they looked after them very well. One person told us, "They [the staff team] are very good and very friendly with everybody." Another explained, "My daughter says there isn't a better place than here and I agree". A relative we spoke with told us, "The staff are kind and caring. They are very careful about how people get in and out of chairs and use their walkers. When my relative first moved here staff told me what a lovely person they were and a pleasure to have around. I've got to know some of the staff better now and there are some genuinely caring people that work here." Another told us, "[Their relative] is always treated with respect, the staff are really caring."

We observed the staff team interacting with the people using the service. Staff were kind and respectful. They spoke with everyone in a cheerful manner and we heard pleasant conversations during our visit. People were treated kindly and support was provided in a caring and considerate manner.

We saw members of staff getting down to people's eye level, calling people by their preferred name and engaging in conversation which people clearly appreciated. We did note however that there were also periods of time when people were left without any interaction which resulted in people falling asleep or simply watching the day go by.

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I always make sure the curtains are closed and the door is shut and when I am assisting with personal care, I make sure people are covered with a towel." Another told us, "I always knock on the door before going into people's rooms, and ask their permission before helping them."

People using the service had been involved in making day to day decisions about their care and support whenever possible. One person told us, "I decide what I wear and we get to choose what we eat. I am a bit fussy though so I don't make it easy for them." Another told us, "I can get up when I want and choose what to do during the day."

We looked at people's plans of care to see if they included details about their personal preferences or their likes or dislikes within daily living. We saw that whilst some did include people's preferences others could have been more personalised. For example more comprehensive information about people's food and drink preferences would be of benefit. Providing this type of information would enable the staff team to offer more person centred care.

The registered manager explained that there were advocacy services available for people who could not easily make decisions for themselves or who did not have the support of a family member or a friend. This meant, if needed, there was someone available to speak up on their behalf.

People using the service told us that their relatives could visit at any time and visitors we spoke with during

our inspection confirmed this. One relative explained, "We can come anytime and we are made most welcome. The girls [the staff team] are lovely."

Requires Improvement

# Is the service responsive?

## Our findings

People with spoke with told us that they had been involved in deciding what care and support they needed. One person told us, "They spoke with me to find out what help I needed." Visitors we spoke with also told us that they had been involved with developing their relative's plan of care. One relative told us, "The manager and a carer came to talk to [their relative] in hospital to discuss moving to the care home."

People's care and support needs had been assessed prior to them moving into the service. This was so that the registered manager could assess whether the person's needs could be properly met by the staff team working at the service. From the initial assessment, a plan of care had then been developed.

We looked at two people's plans of care in detail to determine whether they accurately reflected the care and support the people were receiving. We noted that whilst some areas of the plans did reflect the support they received, other areas did not. For example the daily records for one person showed that the staff were applying cream to the person's body however, there was no mention within their plan of care that creams were to be used. The plans of care seen were basic in content and didn't always include people's personal preferences. One person's cultural plan of care asked the question, 'Specific celebrations/Religious days to be observed/avoided'. Their plan of care simply stated 'Sunday'. It was not clear whether this was a day to be celebrated, observed or avoided. The plans of care also lacked information on preferences with regards to personal care. For example what toiletries they liked to use or how often they required support with oral hygiene. The plans merely stated 'one carer to assist'. More personalised information would provide the staff team with the knowledge to provide more person centred care.

For one person who used a catheter. Their plan of care recorded the catheter size and type that they required. The plan of care stated that the catheter bag should be changed weekly and that care workers should empty the catheter bag. From daily records we found that this catheter care was not recorded on a daily basis.

Both plans of care checked had been reviewed every month by a member of the staff team with the involvement of either the person whose plan of care it was or their relative. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person contacting their GP when their health had deteriorated.

We did note that the personal emergency evacuation procedure contained in the plan of care for one of the people using the service stated that they would use a stand aid to transfer to a wheelchair in the event of fire. This had been reviewed as 'no change'. However it was noted that this person was cared for in bed and not able to stand.

During our visit we observed the staff team supporting people. It was evident that they were completing the care and support tasks required of them, however there seemed little time left for them to interact and socialise with the people using the service. People were therefore often left to their own devices in one of the lounges. This resulted in some people spending their time watching the television, whilst others were left to

sleep.

A member of the staff team was responsible for arranging activities throughout the week and these were provided each afternoon. We were told that every month a visit was arranged to 'The Well', a multi faith organisation where tea and cake was enjoyed. A monthly church service was also provided and a number of activities including cake decoration were arranged. On the first day of our visit we saw four people enjoying a game of dominoes. We checked the recorded activities for the week in which we visited. We found that on two of the days people were supported to attend chair exercises, on three of the days it was recorded that people watched a film, on one day people played dominoes and the final day's activity was recorded as 'hairdresser'. We noted that apart from the activities that were organised for the afternoons, there was little for people to do to occupy there time at other times of the day. There were no activities being provided for people during the morning though we did see some of the people using the service being offered a daily paper to read. One person told us, "It is very nice here, but I would like to get out more." A relative told us, "I know that activities happen and that [their relative] wasn't joining in. They were doing some cake decoration. I would have liked them to have more stimulation but like the staff said they can't force [their relative] to join in."

People we spoke with told us that they knew about the provider's complaints procedure and they knew who to talk to if they had a concern of any kind. One person told us, "I've no complaints but if I was worried I would tell them [a member of the staff team]." Another explained, "I would talk to [the registered manager] she would deal with any concern that we had." A relative stated, "I would speak to [registered manager] or the person in charge, they are all approachable, but I have no concerns."

Relatives and friends told us there were no restrictions on visiting and they told us they were made welcome at all times. One relative told us, "I have always been made welcome. The staff are lovely."

Good

# Is the service well-led?

## Our findings

We looked at the systems that were in place to check the quality and safety of the service being provided and found that a number of audits had taken place. The registered manager was carrying out audits with regards to falls and pressure sores on a monthly basis. These audits enabled them to identify any patterns or trends around pressure care and falls and resulted in one person being referred to their GP for further support. The provider also carried out an annual audit of the service to satisfy themselves that the service was safe and fit for purpose. The last audit carried out in September 2015 looked at areas such medicines management, care records, maintenance and housekeeping. Where issues had been identified, an action plan had been devised to drive improvement.

Whilst audits were being undertaken, we found that these had not identified the shortfalls we found during our visit. These included shortfalls within people's medicine records and their plans of care. The registered manager had already started to take steps to address these shortfalls prior to the conclusion of our inspection visit.

People we spoke with us told us they felt the service was well managed and the management team were friendly and approachable. One person told us, "[registered manager] is lovely, you can tell her anything." Another person explained, "You can speak to [registered manager], she is always in." A relative told us, "I needed to speak to the manager a week or so ago, it was not a problem, we covered everything I wanted to discuss with them." A visiting health professional told us, "The staff get on well with the managers and they seem happy in their jobs, which isn't true everywhere. It's a nice home."

The staff we spoke with felt supported by the registered manager. They told us that they felt able to talk to them if they had any worries or concerns and they were always available. One member of staff told us, "The management are very approachable; you can talk to them about anything." Another explained, "The manager is very supportive and always around."

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. This was through daily dialogue and regular meetings. At the last meeting held in November 2015 people discussed the winter menus and mealtimes and it was recorded that everyone was very happy with how things were and didn't want anything changed.

Surveys had also been used to gather people's views of the service provided. These had been sent to a selection of people including people using the service, relatives and friends, members of staff and health care professionals. Comments written in the surveys seen included, "Very pleasant and homely." "Staff always friendly and caring making a homely atmosphere for the residents." "Very happy staff who jolly along the residents."

Regular staff meetings had also been held. One staff member explained, "We are encouraged at staff meetings to offer ideas to improve the service."

Staff we spoke with were aware of the provider's aims and objectives. One staff member told us, "Our aim is to offer the best care possible, provide a home from home and to meet people's individual needs." Another explained, "We aim to look after the residents, meet their needs and keep them safe from harm."

Daily handovers were taking place between shifts. These provided the staff team with the opportunity to discuss the needs of the people using the service, discuss day to day issues that arose during their shift and encouraged open communication. One member of staff told us, "There is a very open culture here and we feel able and comfortable to raise any issues."

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff members demonstrated their understanding of this.