

Kibworth Knoll Limited

# Kibworth Knoll

## Inspection report

12 Fleckney Road  
Kibworth  
Leicester  
Leicestershire  
LE8 0HE

Date of inspection visit:  
27 August 2019

Date of publication:  
23 September 2019

Tel: 01162793879

Website: [www.kibworthknoll.co.uk](http://www.kibworthknoll.co.uk)

## 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

### About the service

Kibworth Knoll is a care home providing personal care and accommodation for up to 36 people. There were 34 people using the service at the time of our inspection

### People's experience of using this service and what we found

People felt safe living at Kibworth Knoll. Risks associated with people's care and support had been assessed and managed. People were supported with their medicines in a safe way by staff who were competent to do so. Staff worked in line with the providers infection control policy and people were provided with a safe place to live.

People's needs had been assessed and the staff had received the training they needed to meet those needs. People were supported to eat and drink well and staff supported people to live healthy lives. The staff worked well as a team and worked with other healthcare professionals to ensure people received the support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in making decisions about their care and their consent was always obtained.

People were provided with a homely and safe place to live. They were treated with kindness and respect and care and support was provided in a compassionate way. People's wishes at the end of their life were explored and respected. People had plans of care that identified their individual care and support needs. A complaints process was in place and people knew who to talk to should they have a concern of any kind.

The registered manager was well respected and worked with the staff team and outside professionals to provide good outcomes for people. People had the opportunity to have a say on how the service was run and the service was regularly monitored to ensure it was safe and well managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Kibworth Knoll

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people living at the service and one visitor. We also spoke with the registered manager, the deputy manager and eight members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

#### After the inspection

The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Kibworth Knoll and with the staff who supported them. One person told us, "I feel totally safe here, more than if I was at home on my own. The staff are always here to help you." Another explained, "I feel very fortunate that the carers come and check on me."
- Staff knew what to do if they felt someone was at risk of harm. One explained, "I would raise the alarm, whistle blow, anything. If I had concerns, I would be listened too."
- The registered manager and management team were aware of their responsibilities for keeping people safe and knew to alert the local safeguarding authority and the Care Quality Commission (CQC) of any alleged or actual abuse brought to their attention.

Assessing risk, safety monitoring and management

- Risk assessments had been completed when people first moved into the service. These were detailed and included information for staff to follow to keep people safe from harm. Risks identified had been reviewed monthly to ensure they were being monitored and managed effectively.
- Staff monitored people's safety daily and appropriate equipment was in place. This included pressure mats which alerted staff when people, who were at risk of falls, moved around the service.
- Safety checks had been carried out on the environment and on the equipment used. Checks had been carried out on the hot water to ensure it was delivered at a safe temperature and checks had been carried out on equipment used. This was to check it remained in good condition and safe to use.

Staffing and recruitment

- People told us overall, there were suitable numbers of staff working at the service to keep them safe. One person told us, "I feel safe here. I think it is the atmosphere and the staff being around all the time." Another explained, "They have three staff on at night which is good."
- Staff members told us there were usually enough staff rostered on shift to enable them to meet people's needs appropriately. One told us, "I think there's enough staff." Another explained, "We could probably do with more, especially at busy times, but we manage ok."
- Recruitment processes remained robust ensuring only the right people were employed at the service.

Using medicines safely

- People were supported with their medicines in a safe way. Staff responsible for supporting people had received training in medicine management and their competency had been regularly checked.
- Medicine records contained a photograph of the person to aid identification and had been completed

accurately to show medicines had been administered as required. One person told us, "I always get my insulin dead on time, they are very good with it." Another explained, "They will give you a painkiller if you need one."

- We observed the staff member allocated to administer medicines on the day of our visit. Each time they supported someone they waited with them while they took their medicine. People were encouraged to drink, were not rushed and given all the time they needed.

#### Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available and used throughout our visit.

- The premises were clean, tidy and odour free. One person explained, "They keep my room spotless and the laundry is very good. You get clean towels and flannels every day."

- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

#### Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements made when things went wrong. For example, following a choking incident, a decision was made to carry out swallowing assessments for everyone using the service. These were then monitored monthly to check for any changes in people's ability to swallow. Where changes had been identified, appropriate referrals had been made to the relevant professionals.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual and diverse care needs had been assessed prior to them moving into the service. The registered manager had recently updated the documentation enabling them to gather more information about the person during the assessment process. One person explained, "I was fully informed when I came into the home, and they talked to me about my needs and how they could help me."
- Care and support were provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for and actions to take were included in their plan of care.
- People were supported to make choices about their care and support daily. A staff member told us, "I always ask them [people using the service] if they want to do something. For instance, you can't assume someone wants to get up, it is their choice."

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there. An opportunity to shadow more experienced staff was made available and training relevant to their roles had also been provided. One explained, "I've done infection control, challenging behaviour, health and nutrition and palliative care. Some of it I didn't know, so it was very helpful."
- The staff team were supported through supervision and they told us they felt supported by registered manager. One explained, "You can meet with [registered manager] if you have a problem. She is approachable, and you can discuss any issues."

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- For people who had been assessed at risk of not getting the food and drink they needed to keep them well, records were kept. We noted whilst the staff recorded what people had been offered, the amount offered was not recorded. This meant the record did not accurately reflect what people had been supported with. We shared this with the registered manager who assured us this would be addressed.
- A choice of meal was available at each mealtime and if someone didn't like what was on the menu, alternatives were offered. One person told us, "I think the food is fantastic. You always get a choice and the breakfast is excellent, so much to choose from. I am never hungry, and we can have wine with our meal."
- Mealtimes were relaxed and unrushed and people received the support they needed in a way they

preferred.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked with external agencies including commissioners and healthcare professionals to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met. One person explained, "I had to go to hospital as I wasn't well and one of the staff came with me which put me at my ease."
- The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals such as their GP had been sought. One person told us, "I had a rash on my leg and the staff sorted it quickly."

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs. There were a variety of communal areas and these were comfortable and tastefully decorated.
- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager and staff team were working within the principles of the MCA and any restrictions on people's liberty had been authorised.
- People told us staff always asked for their consent before providing their care and support and this was confirmed during our visit.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and they looked after them well. One person explained, "A lot of the carers have been here a long time which I think is really good. They know the workings of the home and they know us. It gives you confidence in them." Another told us, "The carers are kind. Sometimes you have to wait your turn while they help some of the less mobile, but it's okay."
- A relative explained, "The staff are amazing, they are so good with the residents. [Person] is happy and content. They [staff] don't talk to [person] as if they are a child like I have seen in some care homes. The staff are always polite and they have picked up on what [person] needs."
- Staff spoke to people in a kind, patient and sensitive manner. For example, after lunch we observed a staff member talking to one of the people using the service. The person said they were frightened, the staff member knelt next to them to ask what they were frightened of, and the person explained they thought they had fallen out of bed the previous night. The staff member reassured the person they had not and then went on to talk about their daughter who had visited that morning. They talked about a picture the daughter had left. The staff member held the person's hand and calmly talked to them alleviating their distress.
- Information was available to enable staff to provide individualised care and support. Staff knew the people they were supporting and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. One person told us, "The staff do their best to meet everyone's needs. They will sit and have a chat and they seem to know us. They get to know what you like."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to make decisions about their day to day routines and express their views about their personal preferences. One person told us, "I can spend my day how I want. I read my book, we have a coffee around 10am then after lunch I usually go to my room and listen to my radio or watch my TV. I live here just as I would at home."
- Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite, respectful and protected their privacy. One person explained, "The staff

always respect your privacy. They knock on the door before coming in. When they help you with a bath they chat to you and it makes me relax. You can wash yourself as well, they just help with the areas you can't reach."

- People were supported to be as independent as possible. One person told us, "I can pretty much look after myself and the staff let me get on with it."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in the planning of their care with the support of their relatives. One person explained, "The manager discussed my care plan with myself and my son before I came in here."
- People received care and support based on their individual needs. Plans of care had been developed when they had first moved into the service and had been monitored and reviewed monthly.
- People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. This ensured staff understood people's life history and what was most important to them. Because of this information, staff were able to interact with people in a meaningful way.
- People's preferences regarding their care and support were followed. One person told us, "If there is anything you want, you only have to ask." Another explained, "It is very good indeed here. We are well taken care of and all our needs are met."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included large print documents and pictorial aids. Audio books for people with hearing loss were accessible from the local library and access to Vista (a leading charity for people with sight loss) was also available.
- Staff knew people well and knew how each person communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities. A staff member was employed as an activity's leader three days a week. The remaining days were covered by the staff on duty. People told us there were enough activities offered and they could choose to attend or not. One person told us, "We had a beach party last week and it was really good. The staff put so much effort into it. We had fish and chips in a tray, doughnuts, ice cream and a Punch and Judy show, it was very good. They do try and put things on for you quite a lot of the time." Another explained, "I do a lot of knitting for a charity, I really enjoy this. We have quite a few things to do, one resident plays the organ. We can go outside if we want, they have some nice

gardens here."

- External activities were also arranged and enjoyed. One person explained, "Once a month we go to the café and have a scone and tea, it is very nice. They have a mini bus to take us."
- Relatives and friends were encouraged to visit, and we were told they could visit at any time. One person explained, "Visitors can come when they want. My son takes me down to the shop, you just let them know you are going out, so they don't worry about looking for you."

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "You can always talk to the manager if you are worried about anything, she will always listen."
- When a complaint had been received, this had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support

- People's wishes at end of life had been explored and their wishes had been included in their plans of care. This included how they wished their social, cultural and spiritual needs to be met.
- Staff had received relevant training and gave good examples of how they supported people at the end of their life. One explained, "We make sure they are comfortable and pain free and we sit and talk to them." Another added, "Just because a person's eyes are closed, doesn't mean they can't hear you. It's vital staff remember that."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in place and people spoke positively about them and the staff team. One person explained, "The manager is magic, she has been wonderful. She has answered all my questions and put me at my ease. I had a problem with my bank card and she accompanied me to the bank to help me sort out the problem." Another told us, "The manager always checks on you and you can go and see her if you need to."
- Staff understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The staff team felt supported by the registered manager and management team felt able to discuss any issues or concerns. One explained, "The management is good, I feel supported in everything. If I had concerns, I know I would be listened to."
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display within the service and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Procedures were in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.
- The staff team understood the provider's vision for the service. One told us, "It's about providing a home from home. Providing security for them and their families, and to make them feel valued and safe."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities for learning lessons when things went wrong to

ensure people were provided with good quality care.

- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the service and had been given the opportunity to share their thoughts. This was through the use of surveys and regular meetings. One person explained, "We have resident's meetings and the deputy tells us everything that is going on in the home."
- The registered manager collated information from surveys conducted and made this available for people's information. Comments in the latest surveys returned included, "The knoll has a lovely atmosphere. It isn't so much a care home as a home with carers. It is loving and warm and always so clean and well maintained. A lovely place to be for all." A comment included in a survey returned by a healthcare professional read, "Always a pleasant place to visit. Staff are welcoming and always have a good knowledge of resident's needs."
- The staff team had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the registered manager. One explained, "I meet with [registered manager] monthly and I have support sessions, she acts on what I say."

Continuous learning and improving care

- The registered manager was committed to continually improving the service. Improvements had been made to the activities offered and the team were developing their reminiscence and memory tools. Improvements had been made to the initial assessment documentation and support for people who had difficulty swallowing had also been developed to ensure their ongoing safety.

Working in partnership with others

- The registered manager worked well with others including commissioners of the service, the local authority safeguarding team and other healthcare professionals. This made sure people were kept safe and received the care and support they needed.