Knells Country House Limited

The Knells Country House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 1 November 2016. We last inspected this service in October 2014 during which we found that the provider met all the regulations in force at that time. Since then there has been no incidents or concerns raised that needed investigation.

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

At the time of our visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. Staff had completed training in the protection of vulnerable people.

Staffing levels were good. The records we looked at showed that staffing levels were planned around the needs of people who lived in the home. We saw that staffing levels were increased at certain times during the day when the work load was at the highest level. People were recruited safely which ensured only suitable people were employed at The Knells.

We found that peoples' medicines were managed well through a computerised system and in line with their prescriptions. Healthcare needs were met through advice from the mental health team, peoples' doctors and consultants where necessary. Dental, optical, chiropody and dietician services were accessed when required.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else" and "The food is excellent and all home cooked". Dietary needs and nutrition were well managed.

People had their care and support needs assessed and kept under review. Staff responded quickly when people's needs changed, which helped to ensure their individual needs were appropriately met.

We saw that people were treated with kindness and respect. They were included in planning and agreeing to the support they received. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives. People were encouraged to follow activities of their choice both in the home and out in the wider community if they wished.

The registered manager set high standards and the focus of the service was on promoting people's choices and rights. The registered manager and the staff team had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, (DoLS). They understood how to protect the rights of people who needed support to make important decisions about their lives.

The provider had policies and procedures in place to deal with any concerns or complaints. There had been no complaints to record. There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

The home was managed by a registered manager who was experienced and qualified to run the service. Staff felt well supported by the registered manager who promoted strong values and a person centred culture. Staff said they were pleased to work in such a good home and were supported in understanding the values 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?

Good

The service was safe.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to report any concerns or safeguarding issues.

There were sufficient numbers of staff to ensure that people had their needs met promptly and safely.

Medicines were managed appropriately and the records were up to date.

Is the service effective?

Good

The service was effective.

Staff training was up to date and staff received training appropriate to their roles within the staff team.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good

The service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

All the people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

The provider had an appropriate system for dealing with complaints. People told us they would speak to any of the staff about any concerns knowing they would be listened to.

Is the service well-led?

Good

The service was well-led.

The registered manager had developed a strong and visible person centred culture at The Knells Country House. Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

The Knells Country House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 announced inspection took place on the 1 November 2016 and was carried out by one adult social care inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR back within the allotted timescale. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also looked at the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During our inspection visit we spoke to four people who lived in the home, five support workers, the deputy manager and one relative. We spoke to a member of the housekeeping staff and the two cooks who were on duty during our visit. We spoke to a GP who was visiting his patients at the time of our inspection. We spent time with the registered manager and discussed the running of the service. We observed care and support in communal areas and looked at the care records for five people who lived in The Knells Country House.

We looked in the kitchen, dining rooms, bathrooms, and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked the recruitment, training and induction records for four staff, the computerised medicines system and records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, maintenance contracts and the quality assurance audits that the registered manager had completed. We spent time in one of the lounges whilst people enjoyed a quiz prepared by the activities co-ordinator.

Good

Is the service safe?

Our findings

People we spoke to told us they had always felt safe living in The Knells. One person said, "Yes thanks you I have always felt safe since I moved in. No problems here you know". Another said, "I feel quite safe and if I was ever worried I would just talk to the staff. We can speak to any of them at any time". Relatives we spoke to told us they had no concerns about safety in the home. One relative said, "I have never had any concerns or seen anything to worry me. All the members of the family visit regularly and we would all speak up if we saw anything untoward".

People were safe because systems were in place to help reduce the risks of harm and potential abuse. The service's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Records we looked at confirmed that staff had received up to date safeguarding training and were aware of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Members of the staff team showed a good understanding of the different forms of abuse and what signs to look for. One member of the staff team said, "I have never seen anything or anyone abusive but if I did I would report it immediately. We have a number to call if anything we reported was ignored or not investigated". Where safeguarding concerns had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority and reporting any concerns immediately. Notifications were also sent to CQC.

We saw, throughout the day, that there was sufficient staff on duty to provide a good standard of care and support. People who lived in The Knells Country House told us that staff were available to help them when they wanted them. One person who chose to remain in their room told us, "I only have to use my buzzer and the staff come straight away". We saw that there were four support workers on duty throughout the day plus the deputy manager and the registered manager. Extra staff were employed at certain busy times such as first thing in the morning or early evening. We found evidence of this when we looked at the staffing rosters. There were two members of staff on duty through the night. The registered manager confirmed there was flexibility with the staffing depending on the needs of the people who lived in the home. She said, "There is never a problem bringing in extra staff for example during the night shift if anyone needs extra care or is not well.

We saw that safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all the required employment background and police checks and references had been taken up. We looked at the personnel files for four members of staff and found completed application forms that included a full employment history. We saw relevant references and a positive result from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions on record before applicants were offered their job.

In May of this year The Knells country House had changed their system for the ordering, receipt, administration and disposal of medicines prescribed to people living in the home. The system was completely computerised and we were shown exactly how the system worked and was operated. The registered manager said she was approached by their dispensing pharmacy to see if they would consider

using this system and she agreed to 'give it a try'. It had proved to be very successful and provided an individual, electronic system and record of all aspects of medicines management for every person who lived in the home. We were able to see at a glance which medicines were prescribed to each person and the exact time the medicines, including controlled drugs, which were liable, to misuse, were to be administered. Staff had been trained in the use of this system and we were able to observe part of the lunch time medicines round. The system had locked in safety measures to ensure there were no errors in the administration or recording of the medicines received in to the home.

The service had a nominated accounts manager who was visiting the home on the day of our inspection. They explained to us they were always available for help and advice either during a routine visit or in an emergency situation. The registered manager showed us copies of the daily audit records produced by the electronic system that confirmed the medicines had been administered correctly.

We saw, from records, that the service had arrangements in place for the on-going maintenance of the building and grounds. Routine safety checks and repairs were carried out on the fire alarm and water temperatures. External contractors carried out regular inspections and servicing of fire safety equipment, electrical installations, gas appliances and the safety checks on small electrical appliances. These checks were done under annual service level agreements. There were records in place to report any repairs that were required and this showed that these were dealt with. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

Good

Is the service effective?

Our findings

People we spoke to who lived in The Knells Country House told us that the staff supporting them respected their choices and the decisions they made. One person told us, "I have a lovely room here on the ground floor and I have chosen to spend my time in my room. I have a lovely view of the garden and I can see the birds. I even have my meals in my room as that it what I prefer".

We saw that care staff at The Knells Country House communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so. We saw that staff were able to communicate with people who had limited speech so that all those who lived in the home had their needs met in the most effective way.

We heard people being asked about consent for day to day support and care delivery. We spoke to people who said that they were always asked for consent. One person said, "The staff don't tell us what to do, we ask them for the kind of support we need." We observed subtle interactions where staff allowed people to make their own decisions but discretely guided and supported them. Restraint was never used in the service.

The registered manager showed us details of the staff training programme recorded via the national Minimum Data Set for Social Care (NMDS) accessed through Skills for Care. The document recorded all the training completed for each member of staff and the due dates for any refresher courses or updates. All of the staff had received what the registered manager considered to be mandatory training. This covered things like safeguarding, moving and handling, infection control and health and safety. We also noted that some staff had been trained in the safe management and administration of medicines. Staff were given support to gain suitable qualifications and to attend further training on different subjects. We saw, from the records the registered manager provided for us, that some of the care staff team had done additional qualifications in specialised subjects. These included end of life care, diabetes, skin tissue viability, person centred approach and equality, diversity and inclusion as well as other subjects relevant to their role.

The staff we spoke to during our inspection visit confirmed that they had regular supervision meetings with the registered manager. One member of staff told us, "I meet with the manager to talk about the way we work and also my training needs. It is recorded although quite informal. The staff can discuss anything they like during these meetings. We get an annual appraisal too". We saw details of the staff supervision meetings in the staff personnel files we looked at. The registered manager confirmed that she saw part of her role as manager to supervise the staff team. She said, "The staff supervision meetings are between me and the staff. There are times when staff want to talk about matters that are private to them but could have a bearing on their work load. These meetings give them that opportunity".

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. We saw that mental capacity assessments had been used with people to assess their ability to make specific important decisions. We noted that multi-disciplinary meetings had taken place to discuss individual needs and best interests meetings had been held to help make sure that decisions were taken in a person's best interests. Evidence of these meetings was recorded in people's care plans. The registered manager confirmed she had applied for a DoLS in respect of four people who lived in the home and was waiting for them to be authorised. We saw that staff had completed training in the MCA and DoLS and those we spoke to had a good understanding of the principles of the Act.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as being at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist (SALT) for specialist advice.

Weights were recorded monthly or more frequently if this was necessary for staff to be aware of anyone who may be at risk of becoming malnourished. Food and fluid charts were kept for people who need their nutrition and hydration reviewed to ensure they received a balanced and nutritious diet.

People told us they enjoyed their meals and we saw there were drinks and snacks available throughout the day. We spoke to two of the cooks that were on duty on the day of our inspection and looked at the menus. We saw that the meals were nutritionally balanced and that there was a choice at every meal. All the meals, included puddings and cakes were home cooked on the premises.

People in the service told us that they kept well because they were given the right care and attention and saw their GP when this was necessary. We learned that community nurses came in every week, or more often if necessary. One of the local GP's was visiting two of their patients during our visit. They told us, "There are no problems here at all. I find the home very proactive in their approach. They have certainly turned my two patients around". We saw in the care records that people saw other healthcare professionals such as the chiropodist, optician and dentist. Support was given for hearing loss, dietary needs or for other specific conditions. This was sometimes at consultant level and at other times specialist nurses gave advice. Specialist support was available for people living with dementia through the local adult social care mental health team.

The Knells Country House was an older property set in large grounds. The building had been adapted for use as a care home providing care and support to older people. The registered manager confirmed that maintenance of the building and grounds was on-going and that there was always something to be done. Internal decoration had been completed since the last inspection and plans were in hand to convert a bathroom on the ground floor into a wet room. This had been discussed at a meeting with the people who

lived in the home and all had been in favour of the plans. This would still leave bathing facilities for those people preferring a bath to a shower.

Good

Is the service caring?

Our findings

The service had a stable staff team, the majority of whom had worked at the Knells Country House for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with all the staff.

People and their relatives told us that staff were very caring. We saw they were also respectful of people's privacy and dignity. One person told us, "I am very happy here. I couldn't be more settled" One relative told us, "I am very happy to have my relative here and have always been happy with their care. The family visits very often and the standards of care are always very high".

Visitors were appreciative of the care provided by the staff. One relative said, "The manager and all the staff were lovely and they cared for me as much as they did for my relative who lived in the home".

We observed, during the inspection, how staff were respectful when talking to people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs.

We observed the interaction between the staff and the people they supported during the lunch time meal. We saw that staff ate their lunch at the same time so the lunch was taken in a relaxed and friendly atmosphere. If people needed extra support staff were on hand to provide this in an appropriate manner.

All the bedrooms in the home were for single occupancy and this meant that people were able to spend time by themselves or see people in private if they wished to. Bedrooms we saw had been made more personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. There were other small seating areas or lounges around the home. These enabled people to meet with visitors in private or just sit quietly on their own.

We found that information was available for people in the home to help support their choices. The registered manager told us that, currently, there was nobody who used the service required an advocate but confirmed she would use a local organisation should this ever be necessary. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

We saw evidence to show that this home was committed to supporting people in the home at the end of their lives. Some staff training had been completed and further training in supporting and delivery of end of life care had been booked for later in November. The registered manager confirmed that they all worked well with community nurses to ensure that people had support at this time.

Good

Is the service responsive?

Our findings

Prior to their admission to The Knells Country House people's health and social care needs were comprehensively assessed to ensure the service was suitable and could meet their needs. Some of the people who lived in the home had previously had periods of respite care in the home. When they eventually came to live in the home the care staff already knew their preferences and routines. The registered manager told us that this enabled people to settle easily when they moved into the home. Following the initial assessment of needs the deputy manager developed a personalised plan of care with the person concerned and family members if this was appropriate.

People told us they thought the home and the staff were very responsive to their needs. One person told us, "I only have to mention I don't feel well and the staff arrange for my GP to call". Another person said, "All the staff from the manager down respond immediately if I call or want anything. It is really great living here".

The five care plans we looked at during our inspection visit evidenced that people had been involved in the preparation of their care plan as many of them had been signed by the person. If people were not able to sign their own plan of care an appropriate person had signed on their behalf. We saw, from the care plans we looked at, that care staff had been provided with clear guidance on how to support people as they wished. Wherever possible personal histories were included but some people declined to give more that the most basic information. This preference was respected by the registered manager and all the staff.

Each care plan was reviewed every month and a more in-depth review was carried out by the deputy manager with the individual at regular intervals. We saw that all the reviews were up to date and recorded any changes to the assessed needs. When changes were identified the information was passed on to the care staff immediately and discussed at the relevant staff handover.

The care plans ensured staff knew how to manage specific health conditions such as diabetes or mental health needs. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing behaviours that may challenge the service and/or people who lived in the home. Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members. Each care plan was underpinned by a series of risk assessments that were in place to minimise risk of falls, developing pressure ulcers, mobility issues and poor nutrition.

When we spoke to people we asked them if they were able to take part in organised activities. One person told us that they really enjoyed playing dominoes as that was their favourite. The staff told us that people played dominoes on the dining room. The registered manager had recently appointed an activities co-ordinator and she was working in the home on the day of our inspection. We were able to observe the after lunch quiz she had prepared and we could see that people were enjoying it. Arrangements had been made for a bonfire party the week-end following the inspection and people were looking forward to the fireworks. Family members had also been invited to join their relatives for the party. The activities co-ordinator told us that they were all going to start making Christmas cards to send to friends and families. Some people

preferred to remain in their room so the activity coordinator organised one to one activities for those people.

People living in the home told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers in private to take communion.

We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans were in each care plan should people ever need to be moved to a safer area in the event of an emergency. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear.

The provider had a policy and procedure for recording complaints but there had been none to record since before the previous inspection. We asked people who they would speak to if they had any complaints and were told, "I would speak to any of the staff but I have never had reason to complain about anything". Visitors told us they had never had any reason to complain about anything. We were told, "I have never had any reason to complain about the way the staff respond to any questions about my relative's care and support. If there was ever anything wrong I would just speak to the manager and I know she would put it right immediately".

Good

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC) and she had been in post since taking over the operation of the service. Since that time she had focused on developing a strong and visible person centred culture in the home. She told us that her vision and value was that, "Everyone who comes through our doors will be included in our home and supported to feel safe, secure and loved." She had a high profile in the home and people told us she was always "round and about".

When we spoke to the registered manager she talked about of the importance of effective communication across the service. Regular meetings took place, including informal chats, where any pressing concerns or new issues could be addressed. Staff supervision was up to date as were annual work appraisals.

Our observations of, and discussion with staff found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service had always been of the highest standard. They said that the environment had always been happy, relaxed and friendly with the care of people always given priority. Staff described working as one big team and being committed to the person centred approach which had greatly improved the outcomes for people living there. One member of staff told us, "I have worked in other homes before and this is by far the best. All the girls are helpful and the manager has been so supportive since I started working here".

We saw that the registered manager continually strived to improve the service and had introduced reflective practice discussions during staff meetings aimed at enhancing the care and support provided. If staff came up with suggestions to improve practices and care provision these were looked at and discussed. The registered manager had worked with the National Institute for Clinical Excellence (NICE) for almost two years looking at the various aspects of residential and nursing care. She told us, "I have attended regular meetings and my two year tenure ends at the end of this year. I have learned a lot during these visits much of which I have agreed with and put into practice".

The registered manager used the internal quality audit systems in place to assess and monitor the quality of the service provided. There was an established auditing programme for the registered manager and her deputy to follow as well as other forms of quality monitoring. Care plans and medication audits were done regularly. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were recorded and reviewed. The registered manager was currently reviewing and updating the home's policies and procedures with the help of an external organisation.

An in depth questionnaire was sent to people who lived in the home, their relatives and external health care professionals early in the year. We were able to look at the replies received and found that all of the people who responded were happy with the care and support they received. Suggestions were made about food and menus which had been taken on board.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.