

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Knappe Cross Care Centre

Brixington Lane, Exmouth, EX8 5DL

Tel: 01395263643

Date of Inspection: 03 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✘ Action needed
Care and welfare of people who use services	✘ Action needed
Safeguarding people who use services from abuse	✔ Met this standard
Cleanliness and infection control	✘ Action needed
Safety, availability and suitability of equipment	✔ Met this standard
Supporting workers	✘ Action needed

Details about this location

Registered Provider	Ashdown Care Limited
Registered Manager	Mrs. Paula Burtoft
Overview of the service	Knappe Cross Care Centre provides accommodation for up to 42 older people who may require nursing or personal care.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people that lived at the home, one of their relatives and three staff. People we spoke with said they were happy living at the home. One person said "the staff are very kind". People who use the service were not fully involved in decisions made about their care and treatment.

We found that although people liked living at the home, some of their needs were not being met adequately. Not all care records were completed properly.

We looked around all areas of the home. We saw that some of the facilities were not clean.

People benefited from safe equipment that met their needs.

We found that mandatory staff training was out of date. Specific training in certain illnesses such as epilepsy and diabetes had not been undertaken which meant that staff did not have the skills to look after people properly.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 24 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services × Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was not meeting this standard.

People's privacy, dignity and independence were not always respected.

People's views and experiences were not taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Because of the complexities of people's illnesses, such as dementia, some people at the home were unable to express their views therefore both direct and indirect observation was used to assess the wellbeing and happiness of people in the home, as well as speaking with them.

During our visit to Knappe Cross we spoke with six people who lived there, one relative and with three members of staff about the ways in which people were involved in the services they received. One person we spoke with told us they were very happy living at Knappe Cross, they said, "They are very kind they help me when I need it". Another said "They are friendly and kind". One person told us that they "really enjoyed" living at the service and that they were all "well looked after".

We observed people in one of the communal areas of the home, and their interactions with staff. We observed very little interaction between staff and the people in the lounge. We saw some interactions during which staff did not involve the people they were assisting. For example when we offered the chair we were sitting in, to a person who was being assisted to the lounge we were told, [they] go there'. The person was not asked where they wanted to sit.

It was not clear whether people had been involved in making, or reviewing plans, about their care. We saw documents which stated that people would be given the opportunity to be involved in making decisions about their care but there was no evidence that they had actually been involved.

The lunch time meal we observed was not an occasion which paid respect to people's social needs or independence. We saw four people sat at the dining room tables in

wheelchairs instead of being moved into dining room chairs, this was not dignified.

In the ground floor lounge we saw two members of staff feeding people who needed support with eating. Staff did not speak to the people they were supporting but instead had a conversation between themselves and with a visiting relative. One member of staff was seen standing over a person helping them to eat. This meant that the person was not able to see the member of staff. This showed a lack of respect for the individual.

We saw a pile of net pants in the laundry. They were washable and reusable but were not named and were used for anyone that needed them. This showed that staff did not understand that sharing underwear was not dignified.

We visited three toilets that had not been fitted with locks to ensure people's privacy. We also saw some care charts that were not stored in a way that protected people's confidentiality. This included charts to monitor the amounts of fluid that people were given and records of when staff had assisted them to change position when they were being nursed in bed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People's wellbeing and health care needs were not always assessed. Care, treatment and support was not always delivered in a way that met people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw that some people moved freely around the home. They looked relaxed and comfortable. One person told us that they were "very happy".

We looked at the care files of five people living at the home to find out how their health and personal care needs had been assessed and how the service planned to meet those needs. Each person had a care file that contained a wide range of documents relating to their care and support needs. However, many of these documents were not fully completed nor signed. For example we saw the care plan for a person who had been admitted the previous week and their care plan was blank. This meant that staff did not have the appropriate information to deliver care and meet their needs.

There was no evidence that people who lived at the home, or their relatives or representatives had been involved in drawing up their plans. We spoke to one relative who had not been aware that they could be involved in either the initial writing of, or in regular reviews of their relative's care plan.

We looked at a care plan for a person in relation to ensuring that they received adequate food and drink. We saw information that stated that the person might be at risk of choking. We also read that a referral to a speech and language therapist for a swallowing assessment needed to be undertaken. A visit had taken place but no other actions were noted in the care plan with no further reference to whether the person remained at risk of choking. We saw no assessments of the risks associated with this or how they would be managed.

We looked at charts used to record some people's daily fluid intake. One chart showed that a person had not been given a drink between 3.30 pm – 10.00 pm. Another showed that a person had not received any fluids between 5.30pm – 11.00 am the following day. We saw no guidance on the charts to indicate how much, or how often, these people were to be offered drinks. We saw a chart that showed that one person had taken a very small amount of fluid throughout a day. No strategies had been recorded of how staff were to encourage the person to increase their fluid intake. We saw another care plan where the

person had been identified as "high risk" of developing pressure sores. There was no action plan in place to tell staff how to care for this person properly.

We saw evidence that people had been supported to access medical services such as local doctors. People had also been supported to visit opticians and dentists. We saw, written in a daily report in a care plan file that staff had noted that a person was 'desperately in need of chiropody'. We did not see any further reference to this. There was no evidence that a referral to a chiropodist had been made.

We looked at a care plan for a person who suffered from epilepsy. We saw no care plan detailing how staff were to meet the person's needs if they suffered a seizure. When we spoke to staff they confirmed that they had not received any training in how to manage or understand epilepsy.

We saw that care plans were regularly reviewed but because care plans had not been completed for all health issues it was not possible for these to be reviewed or the health issue to be monitored.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who lived at this home told us that they felt safe from harm. One person said "The staff are very kind". People said they were very satisfied with the care they received.

The home had policies on safeguarding vulnerable people and on whistle blowing. We spoke with three staff about their understanding of safeguarding adults procedures. They were all told us about different types of abuse, and were confident that they would know if any abuse was occurring within the home. They were clear that they would raise concerns, either with the manager or external agencies. They knew where to find information about the local adult safeguarding teams. Staff had completed safeguarding training. However the provider may wish to note that some staff needed refresher training.

The manager told us that deprivation of liberty applications were made if needed.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at all communal areas and 14 of the bedrooms during this visit to Knappe Cross. The bedrooms we saw were clean. However the toilets we saw were not. We saw a toilet seat and a stand aid which were dirty and a frame, to aid people use the toilet was also dirty and rusty. Another toilet we saw had a bin beside it which containing used incontinence pads, the bin was overflowing and had no lid. We saw a piece of moving and handling equipment which was dirty with dried faeces on it. We spent time sitting in communal areas of the home and saw that two chairs were badly stained and a carpet in a persons bedroom was heavily soiled. This means that people living at the service were potentially at risk of cross infection.

The service employed a laundry person who was responsible for the laundering and ironing of people's personal items of clothing and other linen. The home had a laundry which we visited and found to be disorganised and dirty. We saw underwear and socks on the floor behind a laundry bin; the walls and floor were not easy to clean and were covered in a thick layer of dust. Although we saw that protective equipment, which included disposable gloves and aprons and liquid soap and hand gels were available at the service no soap or towels were available in the laundry. This meant that when staff had handled laundry, facilities were not available for them to wash their hands before leaving the laundry room. This puts people living at the home at risk of cross infection.

The manager told us told that they were not sure which member of staff was the lead for infection control but thought that it was one of their (the manager's) responsibilities. The manager had a copy of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections but was unclear what her responsibilities were. For example the home had recently had an outbreak of suspected Norovirus which we were told by staff affected "quite a few residents and staff" This had not been reported to the local authority. No specific actions had been put into place to manage the outbreak. One member of staff told us when asked how they care for someone with an infectious disease said "nothing different we just do what we normally do for everyone else". They said they barrier nursed people and used gloves, aprons and red disposable bags to control the spread of infection.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

There was enough equipment to promote the independence and comfort of people who use the service.

Reasons for our judgement

During the day we saw staff using equipment correctly and safely. We saw wheelchairs which were individually named. They had lap belts and footplates fitted. We saw various sizes of hoists, handling belts and other equipment used for safe handling of people. All equipment had been checked and serviced at the appropriate times. Staff said there was enough equipment throughout the home to enable them to move and transfer people safely.

We saw staff helping people move with the aid of their frame. We saw them encouraging and supporting people to remain independent when possible. For example we saw one person being quietly followed by a member of staff whilst they walked slowly with their walking frame to support and guide them along the corridor to the toilet.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff do not receive appropriate training to ensure care delivered to people is safe and to an appropriate standard.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager told us that they were well supported by the Company's operations manager. The manager said that they felt they could always ring the operations manager for advice and support at any time.

We were told that the service uses a computer training system which staff are encouraged to undertake in their own time. This training method involved staff using workbooks and completing knowledge papers to prove their understanding of the topics when the training has been completed. These questionnaires were then sent to the training company to be marked by a member of the training company. One member of care staff told us they thought the training method was 'good'.

The manager maintained a training matrix and individual training records at the service. The training matrix was not simple to follow and did not highlight dates when staff needed to undertake training.

The manager is a qualified manual handling trainer and told us that they also provided this training annually to all staff who worked at Knappe Cross. The manager also told us that some staff needed this training to be updated.

We looked at records relating to all members of staff who were employed at the service. The records showed that all staff required training updates.

Training which staff needed to update included manual handling, infection control and fire awareness. One member of staff told us they wanted to have training which enabled them to understand diabetes and epilepsy. The manager told us that a new system for training was going to be put in place which included training in diabetes.

Staff told us that they felt the manager was approachable and confirmed they received regular supervision.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
	How the regulation was not being met: People living at Knappe Cross care Centre were not able to make, or participate in making, decisions relating to their care or treatment.
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: People's wellbeing and health care needs were not always assessed. Care, treatment and support was not always delivered in a way that met people's needs.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control
	How the regulation was not being met:

This section is primarily information for the provider

	The registered person was not maintaining appropriate standards of cleanliness and hygiene.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Staff do not receive appropriate training to ensure care delivered to people is safe and to an appropriate standard.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 24 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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