

*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: 11 February 2013

Date of Publication: March 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard

## 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

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Staffing	9
Supporting workers	10
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Knappe Cross Care Centre had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing
- Supporting workers

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2013, observed how people were being cared for and talked with people who use the service.

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### What people told us and what we found

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We (Care Quality Commission) last visited Knappe Cross in December 2012. At that visit we found that Knappe Cross was not meeting one or more essential standards and that improvements were needed. During this inspection we looked to see if these improvements had been made and we found that they had. However one other area of concern was identified at this inspection with regard to staffing levels.

People that we spoke with were satisfied with the care being provided. One person told us "The staff are very good" People told us that staff supported and helped them when they needed assistance. However people also told us staff were "always busy" and were "always rushing". During our visit we heard staff speaking with people in a respectful and caring way.

We saw people were supported well and that the home was working with other agencies. This ensured the support people received was as far as possible consistent across all agencies.

We looked at all the bedrooms throughout the home, the toilets and bathrooms and communal areas. All areas were clean. All equipment we saw was clean. However two bedrooms were malodorous.

Staffing levels were insufficient to adequately meet the needs of the people who lived at the home in a timely way. People told us that staff were very good but were "rushed". They said they had to wait "ages" for call bells to be answered.

Staff told us that they had recently received updated training and supervision.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 03 April 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People who use the service understood the care and treatment choices available to them.

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### Reasons for our judgement

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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 and with seven members of staff about the ways in which people were involved in the services they received. One person said "they are kind and help me when I need them".

Throughout our visit we heard staff offering people choices. For example, people were asked where they wanted to sit and what they wanted to eat or drink. People confirmed they could go to bed and get up when they chose.

We saw that staff interacted well with people who lived at the home. We saw that staff treated people with respect. For example, staff knocked on doors before entering rooms. We heard staff speak to people in a respectful manner, using their preferred names. Staff responded to people's requests and listened to what they had to say. We observed people in one of the communal areas of the home, and their interactions with staff. We heard staff talking with people in a kind and sensitive way whilst supporting them to eat.

We saw some 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. However the provider may wish to note that these were not fully completed.

We saw that people's care files told staff about people's individual preferences in relation to how they received their care and how they liked to be addressed. The files were clear about the level of support people needed and what they could manage on their own.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We saw that some people moved freely around the home. They looked relaxed and comfortable.

We looked at the care files of three people who lived 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. There was evidence that some people who lived at the home had been involved in drawing up their plans. However the provider may wish to note that this was not the case with all the care plans.

We saw evidence that care plans were regularly reviewed and updated as people's needs changed. We saw that when people's short term needs changed this was recorded so that staff knew what they needed to do to meet these needs. For example one person was temporarily restricted in their mobility due to a fracture, there was clear guidance for staff to follow and complications to look out for.

The records we saw showed that people's needs and risks had been identified and planned for. A range of risk assessments had been completed including those for pressure areas, nutrition and moving and handling. We saw that good directions were given to staff on how people's needs should be met. We saw records which were kept in people's rooms which showed when and how much the person had drunk and when they had last been repositioned. This was to ensure people were kept well hydrated and comfortable. This information was relayed to the registered nurse at the "handover" at the end of each shift so that actions could be taken if problems arose.

Information about visits from and to health care professionals had been recorded in individual care plans, showing clear evidence that people were supported to maintain access to specialist medical services.

We saw evidence that a range of activities and entertainments were provided. Some people told us they enjoyed a game or a quiz, while others said they preferred to stay in their rooms and read or watch the TV.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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The home had systems in place to ensure that people who lived at the home, staff and visitors are protected from the risk of infection.

The home was clean and had processes in place to maintain a clean environment. For example we saw the laundry which was well ordered and clean, and cleaning rotas detailed which areas were to be cleaned and when. However, the provider may wish to note that two bedrooms were malodorous.

We saw gloves and aprons in many places around the home. We saw liquid hand gel for visitors to the home.

We were told that all staff employed to provide care had been involved in the process of preventing and controlling infection. For example we saw evidence of this in the training programme for all staff. Staff we spoke with told us about the training they had received, and described good infection prevention and control procedures.

The home had an infection control policy which included information such as good hand washing guidance and information regarding different types of infection and control measures. Staff said they were aware of this and confirmed that they understood it.

The manager of the home was the Infection Prevention Control lead for the home.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet 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.

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## **Reasons for our judgement**

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At the time of our inspection 28 people were living at the service. There was 1 qualified nurse and 5 care staff on duty, along with a maintenance person, domestic and catering staff. The manager was also based at the home during the inspection and was helping with caring duties as the staff were very busy.

People who used the service had overall had high or complex dependency needs. For example, we were told 18 people required two care workers to support them when mobilising. People we spoke with told us that the staff followed the guidelines set for moving them. One person told us "They always use the hoist".

There was a system to ensure that staff absences could be covered. For example agency staff which live in a flat on the premises could be available at short notice. On the day of this inspection we saw agency staff used to cover sickness.

People who used the service told us that the staff were helpful and kind and supported them well. We saw staff interacted well with people. At all times we saw them being patient, respectful and caring. However, people also told us that staff were always "too busy". They told us the response to call bells was very long. People told us they "always had to wait". During the morning call bells were sounding almost constantly. One person told us that their breakfast was cold because staff had left it whilst attending to someone else. Another person told us they wanted to get up at 8am but staff never attended to them until 11am. They said "they check on me, I am all right but I want to get up and clean my teeth". One member of staff told us that they usually finished getting people washed by 1pm.

The Registered Nurse on duty was still administering the 8am medication at 11.15am because she repeatedly had to help other staff during her rounds.

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

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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We were told that the service users a computer training system which staff are encouraged to undertake in their own time. This training method involved staff using workbooks. They then completed knowledge papers to prove their understanding of the topics when the training had 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 had recently undertaken infection control training, they said it had been "really useful". Another staff member said they had recently had moving and handling training which had been "really good".

The manager maintained a training matrix and individual training records. These showed that most staff had received updated training in moving and handling, fire awareness and infection control. We were told that the few remaining staff that had not been trained had been booked onto a course in the near future. Records confirmed this.

We were told that further training in subjects such as diabetes and epilepsy were also planned for care staff in the near future.

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	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Staffing</b>
	<b>How the regulation was not being met:</b>  We found that there were not sufficient numbers of suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people living at the service.

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 03 April 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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