

# Review of compliance

Knowles Care Home Limited The Knowles	
<b>Region:</b>	West Midlands
<b>Location address:</b>	6 Duggins Lane Tile Hill Coventry West Midlands CV4 9GN
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	This location is registered to accommodate a maximum of 38 people who require personal care. The service provides care for older people with dementia.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Knowles was not meeting one or more essential standards.  
Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

We made an unannounced visit to this care home on Friday 8 June 2012.

We spoke with ten of the 34 people using the service at the time of our inspection. Some people using the service at The Knowles had dementia care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We looked at three people's care records. We spoke with the registered manager, the area operations director, administrator and two care staff. We looked at some records relating to the running of the home, such as the staff duty rota and training records.

We observed staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs. We observed some staff spending time talking and giving sensitive responses at a pace and level appropriate for the person.

We observed that people experienced care and treatment that met their needs, but care records were not always completed fully, or updated if people's needs changed.

People spoken with told us they were generally satisfied with the care they received. Their comments included,

"I feel safe and happy here."

"It's very good. Everyone is very kind."

We observed that people felt confident in approaching the staff and asking for support. We saw that people were treated respectfully. People told us they felt safe living here. The staff we spoke with knew what constituted abuse or neglect and knew what action they should take if they suspected it.

We found there were enough qualified, skilled and experienced staff to meet people's needs.

## **What we found about the standards we reviewed and how well The Knowles was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's privacy, dignity and independence were respected.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was not meeting this standard. Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.

We judged that this had a minor impact on people using the service and action was needed for this essential standard.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has

been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

Some people using the service at The Knowles had dementia care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed staff addressing people by their preferred names. Personal care was carried out in private and staff were discreet when asking about care needs.

We saw some sensitive staff interactions with people using the service. For example, we observed that some staff bent down to people sitting in chairs to speak with them face to face at their level. We observed some staff spending time talking with people at a pace and level appropriate for the person.

We looked at the personal appearance of people using the service and saw that most people were well presented and groomed and wore well laundered clothing.

#### Other evidence

Staff were knowledgeable about people's preferences and lifestyle choices. Staff were able to tell us about the needs of people and what they could do for themselves and

what they needed support with.

Training records showed that out of 36 staff, 27 had received training in dementia care, 5 staff were trained in managing challenging behaviours and 21 staff completed equality and diversity training.

**Our judgement**

The provider was meeting this standard. People's privacy, dignity and independence were respected.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with ten people during our visit. Some people using the service at The Knowles had dementia care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We saw that most people were supported to maintain their personal appearance. Most people's skin looked clean and their hair was clean and brushed. One lady told us she enjoys the regular visits from the hairdresser. People had been supported to choose coordinating clothing. Clothes and shoes looked clean.

We saw that staff were knowledgeable people's needs and their likes and dislikes and were kind, caring and attentive towards them.

We observed a care worker talking with a person who was confused. The care worker sensitively interpreted what the person was trying to say. We saw from the person's response that they felt relieved and reassured.

People spoken with told us they were generally satisfied with the care they received. Their comments included,

"I feel safe and happy here."

"It's very good. Everyone is very kind."

**Other evidence**

We looked at the care records of three people using the service.

Each person had a care plan, daily records and monitoring records. The care file of one person with advanced dementia contained a detailed 'life story' including information about their significant relationships, employment history and family history.

Care plans were available for most of the identified needs of each person and supplied staff with the information required to make sure the person's needs were met appropriately. For example, a care plan had been developed to support a person's personal hygiene needs. It recorded that the person required one care staff to assist them and details of the level of assistance required.

We saw evidence of the use of risk assessment tools for falls, nutrition, mobility and pressure sores. The provider might find it useful to note that staff were not consistently monitoring identified risks. For example, risk assessment tools for a person recently admitted to the home had not been completed.

Records in people's care files demonstrate they are supported to access other health care professionals such as GP, optician, dietician, speech and language therapy and chiropodist. There was evidence that staff were observant of changes in people's health and make appropriate referrals to other health professionals. For example, one person's care records document that staff made a referral to the district nurse for advice about pressure relief after noticing redness to the person's skin.

**Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Some people using the service at The Knowles had complex care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed that people felt confident in approaching the staff and asking for support. We saw that people were treated respectfully.

When we asked, "Do you feel safe here?" people using the service responded positively. No one expressed concerns about their safety.

##### Other evidence

The service had a policy and procedure for responding to safeguarding concerns and any allegations of abuse.

Records given to us by the provider showed that most staff had received training in safeguarding vulnerable adults. Some staff had received training in Deprivation of Liberty Safeguards and Mental Capacity.

We spoke with two care staff who were able to describe signs and symptoms of abuse. Staff said they would report any observations of potential abuse to the manager and felt confident their concerns would be acted upon. Staff had an awareness of whistleblowing and the agencies they could report concerns to.

The manager was aware of her role and responsibilities in responding to suspicion and allegation of abuse. She has made appropriate referrals and worked co-operatively with the local authority and other agencies during investigations. For example, we saw evidence of out of hours 'spot checks' by the manager following allegations of neglect during the night.

The manager has notified us of any safeguarding concerns in the home.

**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.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Some people using the service at The Knowles had dementia care needs, which meant they might have difficulty engaging in complex conversations with us. We spent time in the lounges closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed staff supporting people to make choices about their daily life and promoting their independence by encouraging them to retain their skills.

We observed that people sitting in the communal areas were not left unattended for periods of time.

##### Other evidence

On the day of our visit there were 34 people using the service at The Knowles.

The manager told us the staff complement was:

Six or seven care staff on duty between 7am and 2pm

Five or six care staff on duty between 2pm and 9pm

Three care staff on duty between 9pm and 7am

The manager was supernumerary and there were sufficient laundry, catering, cleaning,

maintenance and administrative staff to ensure that care staff did not spend undue lengths of time undertaking non-caring tasks.

We looked at three weeks of the staff duty rota between 20 May and 9 June 2012, which confirmed the staff complement described above is usually achieved.

Staff training records showed that staff complete an induction programme and receive mandatory training including fire safety, abuse awareness, infection control and manual handling.

**Our judgement**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

During our visit we saw notice boards containing information of interest for people living in the home.

##### Other evidence

We found that arrangements were in place for the secure storage of records. Care records were locked in a cupboard. Other sensitive personal information was secure in the manager's office. This means people using the service can be confident their personal information is maintained securely.

Two of the three care records we looked at were incomplete or inaccurate. This means people could be at risk of getting inappropriate care or treatment.

In the care records of a person admitted to the service in April 2012, the person's pre admission assessment was incomplete. It was not named, dated or signed. The provider has a policy of using risk assessment tools for pressure sores, falls and malnutrition. The risk assessment forms were available in the care file, but had not been completed.

A visit by the dietician was recorded in another person's care record following a

significant weight loss. The person's care plan was not updated to reflect the person's changing need or include the dietician's advice.

**Our judgement**

The provider was not meeting this standard. Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.

We judged that this had a minor impact on people using the service and action was needed for this essential standard.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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