Inspection Report

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

The Knowles

6 Duggins Lane, Tile Hill, Coventry, CV4 9GN

Tel: 02476460148

Date of Inspection: 18 June 2013

Date of Publication: July 2013

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Knowles Care Home Limited
Registered Manager	Mrs. Hannah Jones
Overview of the service	The Knowles is registered to provide personal care and accommodation for up to 38 people. The service provides care for older people with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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 18 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with six people and one visitor. Many of the people who lived at The Knowles had dementia so we also observed what their experiences were like across the three lounge/dining areas in the home. People we spoke with told us they were satisfied with the care they were receiving. Comments included: "They look after me ok here". "It's alright, I like it here".

People told us they liked the meals and enjoyed the entertainment provided. Social events planned were displayed on the notice board in the home.

During our last inspection we found improvements were needed to ensure compliance with the standard relating to records. During this inspection we found sufficient improvements had been made. Care plans for people provided staff with sufficient information to deliver care safely. Where there were risks associated with peoples care such as falls, risk assessments had been completed to assess and manage these risks.

The service had systems in place to ensure medication was administered safely.

We saw that staff had access to regular training to ensure they had the skills to deliver care safely and appropriately to people. Newly recruited staff had completed full induction training.

The service had processes in place to gather the views of the people and visitors to make sure the quality of service provided was in accordance with their expectations.

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

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our inspection we spoke with six people who lived in the home and a visitor. Many of the people who lived at The Knowles had dementia so were limited in what they could tell us about their care and support. We therefore observed people in the three lounge/dining areas to see what their experiences of living in the home were like.

People we spoke with told us they were satisfied with the care they were receiving. Comments included: "They look after me ok here". "It's alright, I like it here".

We saw that people were assisted to the dining tables situated in each of the three lounges for breakfast. People were seen to have cereals and toast. The manager told us cooked breakfasts were available three times a week. After breakfast people were assisted, where appropriate, to sit in comfortable chairs. We saw there were televisions in each of the lounges but these were not on all the time. Care staff asked people if they wanted to listen to music in one lounge and we saw people tapped and sang along to the music.

We saw people looked well cared for. The hairdresser was in the home on the day of our visit so people were back and forth to the hairdressing room where they had their hair done. Staff complimented people as they came back telling them how nice their hair looked.

We looked at how care was being provided for three people. We found their care needs were being met sufficiently. Two of these people were identified to be at risk of falling. We saw there were risk assessments in place showing the level of risk of them falling. Care plans for mobility had been devised with instructions to care staff on how they needed to support these people. We saw that hourly checks had been introduced throughout the day and night to make sure these people were safe. We saw that pressure mats were in use in people's rooms at night to alert staff when people got out of bed so they could provide any necessary assistance.

One of these people was at high risk of pressure sores due to their ill health and reduced mobility. We saw that pressure relieving equipment was in place and was being used. This included a specialist cushion and mattress. The person had lost weight and was at risk of poor nutrition. We saw a dietician had been contacted to give advice to care staff on the person's nutritional needs. Staff were monitoring the person's fluid and food intake on a daily basis. The manager told us they had introduced the use of 'snack boxes' during the day to help increase calorie and nutritional intake of those people at risk of poor nutrition. We saw these in use during the day. They contained crisps, sausage rolls and chocolate. We also saw that cream was added to porridge and puddings to help increase people's calorie intake.

We observed staff to be friendly and supportive in their approach towards people. Staff we spoke with had a good knowledge of the people they were supporting. At lunch time staff were on hand to prompt and encourage people to eat. We saw there was a relaxed atmosphere in the dining areas and people were able to eat at their own pace and were not rushed. Staff provided assistance where this was needed. We asked people about the food provided in the home. They told us: "Excellent." "It's alright, I manage." "Wonderful and the girls are very helpful if you don't like anything, they don't give it to you."

The provider may find it useful to note that we saw two people eating their meals off small tables put close to their chairs in one of the lounge areas. These were not suitable to support these people appropriately in the same way that an over chair table would. They were seen to drop their food in attempts to get the folk from the table to their mouth.

During the afternoon one of the lounges came alive with entertainment from 'Wild Bill' who sang played music and danced. We saw the lounge was well attended by people living in the home and they were either singing, dancing to the music with staff or tapping their feet or clapping their hands to the music. People seemed to be really enjoying themselves.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked to see how medicines were managed for people living in the home. We saw medicines were appropriately stored in a locked room within locked medicine trolleys. Controlled drugs were appropriately stored in a locked cabinet. We saw records to show the temperature of the medicine room and medicine fridge were being checked on a daily basis. This was to make sure medicines were stored at their correct temperature to maintain their effectiveness. Records indicated that on at least two occasions the fridge was running at a higher temperature than recommended. We were told action would be taken to defrost the fridge and continue to monitor this to see if further actions were required.

We saw staff administering medicines during our inspection. We did not identify any concerns with the administration process. We audited the medicines for three people. We checked the amount of medicines received, given and remaining. We found the amount of medicines available was correct. People had received their medicines as required; the one exception to this was a person who had not received their food supplements for a week. The provider may find it useful to note that we did not see these recorded on the Medication Administration Record (MAR). We were told these were out of stock. The manager advised that the pharmacy did not record medicines on the MAR that were out of stock. This meant there was a risk that medicines could be missed if this was not noticed by staff. Staff told us they always checked what they needed by looking at the previous MAR. We saw that a new prescription had been obtained for the out of stock food supplement and were told they would be made available to the person on the day of our inspection. The area operations director told us they would look at how this could be managed differently to prevent any medicines/food supplements being delayed.

We looked at the controlled drug register and saw this had been completed appropriately. This included two care staff signatures to confirm a medicine had been administered. We found the correct amount of controlled drugs were available in accordance with the records.

We saw that some people had been prescribed medicines to manage anxiety where they could exhibit certain behaviours. These medicines had been prescribed PRN (as

required). The provider may find it useful to note we did not see there was a clear protocol in place in regards to how these medicines should be managed. This is important as these medicines can have a sedative effect on the person. Having clear guidelines in place helps to reduce the risk of the medicines being misused. The area operations director advised that new PRN protocols had been recently trialled in another service and were due to be introduced to The Knowles. We looked at the records for two people who had been prescribed this type of medicine. We did not see inappropriate use of these by staff.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

People we spoke with at The Knowles were positive about the staff providing their care. We saw that staff were friendly in their approach to people and in supporting them. People told us: "Wonderful all of them, always ready to help." "They are good." "Most of the staff are alright, they are busy, they cannot be with you all of the time." "Excellent."

Staff we spoke with told us they had regular access to training. We saw a training schedule showing that staff were attending training on an on-going basis. This included safeguarding people, medication, infection control, dementia, moving and handling people, emergency first aid and food safety. We also saw that staff whose training was overdue had been highlighted on the list. The manager told us these people had been booked to attend the next scheduled training.

The manager confirmed the induction training provided met with the 'Skills for Care' standards. This training requires staff to complete set modules of training where their competence must be demonstrated. Staff we spoke with told us they felt the induction training provided was sufficient to enable them to carry out their role effectively.

We saw computerised records of supervisions undertaken with staff as well as annual appraisals. Records showed staff had been attending regular formal supervision and annual appraisals where they could discuss their on-going development and training needs. The manager was monitoring when they were due to make sure all staff kept up-to-date with these.

The training schedule we viewed showed that some of the staff had achieved a National Vocational Qualification in Care to help them provide more effective care to people.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

All people spoken with told us they were satisfied with the care and support they were receiving at The Knowles. We saw five complaints had been received in 2013. These had been promptly investigated and responded to. The manager told us that she held a relative support surgery on the first Sunday of each month to support relatives with any concerns or issues they wished to discuss. We saw this advertised on the notice board. One relative we spoke with told us they visited the home regularly and were kept informed of what was happening with their relative. They told us there was good communication between them and the home.

Staff spoken with had a good understanding of people's needs and were able to tell us what people could do independently for themselves and where they needed support. Staff told us they had access to regular training to ensure they could deliver care safely and appropriately. They told us that they felt well supported by management staff and enjoyed working at the home.

We saw the home had sought the views of people living in the home and from visitors about the care and services provided. People had been asked to complete a survey on the catering service in January 2013. Questions asked included people's views on meal choices, portion sizes and choices of where to eat. Most responses showed people were happy with these. Where any negative comments had been made, there was an action detailed to address these comments at the residents meeting. A visitor's survey had been completed in November 2012. Questions included: Do you find home clean and tidy? Are you satisfied with care of person you are visiting? Do staff treat residents with dignity and respect? Ten out of eleven responses stated yes demonstrating a high level of satisfaction of the service.

We saw that a 'resident meeting' took place in March 2013. Notes of the meeting showed a discussion had taken place with people about the meals and social outings and entertainment provided. We saw that all those who attended stated they were happy with the meal choices provided. We saw that people had made a suggestion to visit a garden centre. Records showed a visit to a garden centre had been organised and attended by

people in the home. We saw that people had commented they liked 'Wild Bill', a singing and dancing entertainer. Wild Bill was providing entertainment in the home on the day of our inspection. This demonstrated that people's views were being listened to and acted upon.

We saw thank you letters from people whose relatives had lived at the home. One relative had commented, "The Knowles staff quite simply were an extension of her family and gave her a quality of life for the past three years that she never expected to experience."

We saw that where there were risks associated with people's care such as risks of falls due to poor mobility, risk assessments had been completed and actions taken to keep people safe. The provider may find it useful to note that we saw numerous bedroom doors propped open during our visit. This meant if the fire alarm went off these doors would not close, this could place people at risk of harm. Doors can be kept open if appropriate door retaining devices are fitted as these release when the fire alarm sounds.

We saw that a range of audits were being carried out across the home to ensure the service was running safely and effectively. These included audits of care plans, the environment, infection control and equipment. Any actions were documented and a completion date was being recorded when actioned.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

During our last visit we found improvements were needed to records management. During this visit we looked at the care plan records for three people. We also looked at the medicine records three people. We found that overall sufficient improvements had been made and the service was meeting this standard.

We looked at the care file for a person who had recently decided to live at the home. We saw completed care plans detailing the person's needs and how these were to be met by staff. We also saw risks associated with the person's care had been assessed.

We saw those people at risk of falling had risk assessments in place identifying the level of risk. Mobility care plans stated the care staff actions required to manage these risks.

We saw records of professional visits such as those from doctors and district nurses. These demonstrated that professional advice and support was being sought when required.

We saw records showing a dietician had been contacted regarding a person who had a problem with swallowing. There were records on the person's file showing that a thickening agent was to be used in all drinks to help the person swallow. We saw there was also information about what foods the person could eat without being at risk of choking.

We saw that people who were at risk of poor nutrition had care plans in place to manage this. Staff were completing daily food and fluid intake records for these people to make sure they were eating and drinking enough to maintain their health. We identified that one of the records was not accurate. The manager looked into this and found it had been a genuine error by the care staff member. She advised this incident would be followed up accordingly to reduce the risk of this happening again.

We found that some of the records were not kept within the care files. This was established when talking with staff who told us that there were some files kept separately. The provider may find it useful to note that the care files did not provide staff with a cross reference as to where these separate files were kept. This meant there was a risk staff may not know about them or their responsibility to complete them to demonstrate the on-

going monitoring of people's care.

We saw that 'My Life Story' booklets had been introduced onto files to help staff get to know more about people and provide more person centred care. We found that the booklets we looked at contained very limited information within them. We were told these had only recently been implemented but action would be taken to approach families so they could obtain more information.

We looked at medicine records and found these had been signed or coded to show if people had taken their medicines or not.

We saw that people's personal care files were being stored in a lockable location so they were secure.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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