Inspection Report

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: 10 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ashdown Care Limited
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'.

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 10 December 2013, observed how people were being cared for 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

On the day of our inspection there were 26 people living at the home and receiving care from the service. We spoke with seven people who lived at the home, the deputy manager, a registered nurse, five support staff and five ancillary workers. We also spoke to people visiting the home. One person told us "The staff are so good, we feel very lucky to have mum here".

We found that people's consent had been obtained for care and treatment provided to them by the service. People were being given choice about their daily activities and treated with kindness and respect.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There was a variety of healthy and nutritious food and drink available. Where people had special dietary requirements or needed support we saw staff met those needs and skilfully assisted people to enjoy their meals.

We saw that care workers had time to complete tasks. They were busy, well organised and were meeting people's needs. One person told us "they are always so busy, but nothing is too much trouble.

We looked at the quality assurance systems in place to monitor the quality of care delivered. We saw that the provider monitored the service and sought regular feedback.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We found that people's consent had been obtained for care and treatment provided to them by the service. We observed people being given choices, treated kindly and with respect. We saw from care records that consent had been obtained from people regarding their care records and the taking of people's photographs. One person told us, "I was asked what I wanted, when I came here and that is what I got".

Care workers supported people to make choices and decisions about their daily lives and had considered when and how they needed to obtain consent from people. During our visit we heard care workers asking people for their consent to undertake tasks. For example we heard care workers asking, "It is a bit warm in here do you want your window open"? "And where would you like to sit"?

We saw recorded in a care record, that a person who was not feeling well, had requested to stay in their room and have soup for lunch. This was confirmed by people visiting who told us that, "mum wasn't well yesterday, she asked for some soup, which she enjoyed".

We saw that the home had records of relatives who had the legal authority to act on behalf of people regarding their financial matters, health and welfare.

Nurses demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply this to their practice. Records showed that decisions made on behalf of people were made in accordance with the MCA. We saw a two stage mental capacity assessment which identified a person as not having capacity to make a significant decision regarding treatment. We saw records of a best interest decision made on the person's behalf which followed the MCA guidelines of involving relevant people in the decision making.

Where some people were not able to consent to care and treatment, we saw that care workers had obtained information about the person from their history and by talking with

relatives and friends. Care workers used this information to help them make their judgements about what was in the person's best interests and to ensure that any care and treatment they provided was given in a way that the person would have wanted. Staff we spoke with had a good knowledge of people's individual needs, likes and dislikes.

We saw that the nurses and care workers understood the principles of the Mental Capacity Act 2005 and implemented them in practice when providing care and or treatment to people using the service. Staff told us that some people did not have capacity to make a significant decision, but could make decisions about daily routines. Staff told us, people could choose what they would like to wear, where they want to spend the day and what they want to eat. One member off staff told us, "it is their home, it is up to them what they would like to do".

The provider may wish to note, that only six registered nurses and four care workers had completed MCA training. This was less than 50% of the care staff team. This does not ensure that all staff had a good understanding of their role in relation to the MCA.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for five 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 personal support plans which included personal hygiene needs, social evaluation, mobility, nutrition and continence.

People received care that had been well planned. People had been properly assessed so that physical risks to their well-being were minimised. This was confirmed by the risk assessment documents we saw which covered areas such as nutrition, skin condition, falls and the use of equipment. We saw that a daily pressure area checklist was in place for people identified as being at risk of possible skin damage associated with poor health.

Care records showed that people's GPs were called when needed. The documented calls we saw had been made in a timely manner. We saw that staff made referrals to healthcare professionals such as the district nurse and community mental health team. We saw records that showed the mental health team had supported the staff at the home to meet the needs of people whose behaviour challenged the service. Staff told us and from looking at care records, we saw there was effective communication between staff. Records showed that people saw other professionals such as the chiropodist and opticians.

Visitors we spoke with told us that they were very pleased with the home and had been kept involved and informed. One commented, "The staff are so good, we feel very lucky to have mum here".

We observed care workers using moving and handling equipment to transfer people. When staff transferred people with the stand aid, they appeared competent and clearly explained what they were going to do. They kept the person informed of what was happening and reassuring them through the process.

There were opportunities for people to be engaged in activities. We saw an activity board in the main reception area informing people of weekly external entertainers coming to the

home. We were told that a local vicar visited the home most weeks and spent time with people who wanted his support.

During our visit we saw the activity person in the lounge area interacting with people. We were told that they also go to people's bedrooms for one to one support, which included nail care.

We saw staff encouraged social interaction. They took people who were immobile to see friends and allowed them time to engage with each other. We heard Staff check frequently if people were alright and if they wanted anything. One person told us, "The staff are brilliant, always courteous, nothing is too much trouble".

The Laundry was well organised, and equipment we saw appeared in good order. The clothes were individually marked. One person told us, "I always have clean clothes to wear".

The home had plans in place in case of emergencies. For example there was an emergency situation plan in place. This indicated actions which needed to be taken in the event of an emergency. It included emergency contact details of staff, families, health professionals and utility providers

We saw personal emergency evacuation plans for people at the home. Staff had considered what help or assistance each person needed in the event of a fire. Staff were able to tell us the procedures in the event of a fire. The location of fire exits and confirmed the weekly check of the fire alarm.

First aid boxes were easily accessible and were well stocked.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The provider had suitable arrangements in place to reduce the risks of people receiving inadequate nutrition or becoming dehydrated. We observed clients being offered regular drinks throughout our visit, and jugs of water in each bedroom.

When people were identified as being at risk of weight loss or dehydration, the home had completed food and fluid diaries. This showed that the home monitored how much people had to eat and drink.

Staff had identified where people were at risk of poor nutrition. There was a list in the kitchen, which showed who required additional snacks or prescribed supplements. Staff told us, these were prepared by the kitchen staff and given out each morning and afternoon.

We saw a white board in the kitchen which showed which people required a special puree or soft diet, along with likes and dislikes. This showed that the people's individual preferences and needs were being met.

We saw that there was a choice of suitable and nutritious food and drink available in sufficient quantities. We saw that the breakfast trays were well presented and the lunchtime meal looked and smelt appetising. A person told us, "the meals are nice, always a variety".

Twelve people required either a soft or pureed diet. We saw that their meals were well presented and each main component had been kept separate to keep individual flavours.

The four week menu offered people the choice of two dishes, one person told us, "I get a card, I put down what I want" and another person said "I have the option to choose, if I don't want it they bring me something different". We saw that changes had been made to the menu at the request of a client.

During lunch time we observed there was a calm atmosphere, with staff appearing well organised. There were four people using the dining room, with others choosing to eat in the lounges or their bedrooms. People enjoyed their meal, one person told us following the meal, "I enjoyed that it was very nice".

We saw appropriate support and encouragement was provided to enable people to eat and drink sufficient amounts for their needs. We observed that care workers sat down next to people who needed support with their meals and with gentle and positive interaction discreetly assisted them, where necessary.

We looked at a survey regarding meals, carried out in March 2013. We also saw the action plan which followed. People reported back that food was well presented and tasty. People had requested more snacks and that the soft and puree meals also had a daily alternative choice. Staff told us that there were snacks available each morning and afternoon, with extra sandwiches made for people who wanted supper. The cook confirmed that there was now a choice of menu for everyone who lives at the home.

On 15th May 2013 the service was given a food hygiene rating of 4 by the foods standards agency. We saw that the fridge and freezer temperatures were recorded daily and a kitchen cleaning schedule was being used. This showed us that the service maintained a good level of hygiene.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection 26 people were using the service. There was a trained nurse and four care workers on duty. There were also ancillary staff which included a cook, kitchen assistant, activity person, cleaner, gardener and administrator.

People who used the service had varying dependency needs.13 people required nursing care and 13 people had residential care needs. People who used the service told us that care workers were busy but had time to meet their needs. Comments included "they come as fast as their legs can bring them, they work hard there is a lot of us to look after".

We observed that care workers had time to complete tasks. They were busy, well organised and were meeting people's needs. For example, we saw that while people sat in the lounge and dining room staff were courteous and were vigilant to their wishes. One person told us "they are always so busy, but nothing is too much trouble.

Staff we spoke with said they felt there wasn't enough staff allocated on duty, although they could meet people's needs there wasn't enough time to talk to people. Comments included, "Not enough care staff really, they don't get time to talk to the residents" and "more staff to make sure we can deliver care, we don't stop". One person told us, "they work very hard but are always kind. When we spoke with the deputy manager she confirmed that the provider was looking into staffing numbers.

Records showed, that there were sufficient skilled and experienced staff on at all times We looked at rotas for two consecutive weeks, which showed that skill mixes had been judged with each shift having at least one or more suitably qualified, experienced care workers on shift alongside a registered nurse. This meant that more junior staff were matched with more experienced staff to maintain good standards.

From our observations we saw that staff responded in a timely manner to call bells. People told us, "I can use my call bell, if I press the yellow button they can take a little while if I press the red one they come straight away.

We were told by the staff we spoke with, that the permanent staff generally stepped in to cover each other for sickness and holidays. Staff told us the home occasionally used

agency staff and was currently using regular agency staff for a person who required one to one night support. The deputy manager told us that when new agency staff were used they were given a long handover with information to assist them to meet people's needs. This meant that there was a system in place for safety and consistency for the people who received care.

People told us there had recently been a lot of staff changes, which had caused anxiety within the home. The deputy manager told us, "we have had several staff leave, we are actively recruiting to fill the vacancies". An interview was carried out during our visit.

We looked at the home's training folder, we saw that an external training provider was used. All care workers had completed mandatory training, for example health and safety and fire prevention and were working on further modules. Staff told us that they found the training useful and enabled them to perform their roles.

A new member of staff told us that they had completed mandatory training. They had worked alongside senior members of staff for several weeks on shadow shifts. Comments included, "I always have someone who works with me that has more experience".

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 who use the service and others.

Reasons for our judgement

The provider had established mechanisms to ensure that they sought views about the standard of care provided from people who used the service, their representatives and staff who worked there.

We looked at records of the last residents' meeting on 26th April 2013. People raised issues regarding, visitors not signing in and call bell sounders that were too loud at night. We saw that the home had taken action. There was a sign in the entrance asking visitors to sign in and an entry about the sounder in the maintenance log. People told us they liked the residents' meetings, and felt involved. One person said, "they should be more often". This showed that people who live at the home views were listened to and acted upon.

We saw minutes of a staff meeting held on 31st May 2013. Staff were informed of staffing changes, asked for feedback about the service being provided and made aware of issues arising. Staff told us, "I hope that the new manager will introduce monthly meetings as they are very helpful".

A new manager had taken up post in November 2013. Staff told us she was very approachable, and said, "if I have a problem I can go to her". We saw that a letter had been sent out to people involved with the home to make them aware of the appointment of the new manager. This showed that the home kept people informed of changes.

The home identified, assessed and managed risks relating to the health, welfare and safety of people who used the service and others who may be at risk. An example of this was a mattress audit which checked to see if they were clean and fit for purpose. This was carried out monthly with the last audit being carried out at the beginning of December 2013.

The provider had taken into account the complaints and comments made, and views expressed by people who used the service and their representatives. We looked at the compliments and complaints folder and saw that it followed the homes complaints policy. Information was documented and timely informative responses made back to the person

who raised the concern. For example, a concern had been raised regarding a piece of missing personal equipment, we saw the home had taken this seriously and resolved the concern.

Where necessary the provider had made changes to the treatment or care provided to people who used the service. This followed an analysis of incidents that had the potential to result in harm to a person who used the service. For example, we saw records of accidents and incidents held in individual folders. We saw that an incident had been assessed and an hourly monitoring chart had been implemented so people were regularly supervised to prevent further incidents.

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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