

Caring Homes Healthcare Group Limited

Knowle Park Nursing Home

Inspection report

Knowle Lane
Cranleigh
Surrey
GU6 8JL

Tel: 01483275432
Website: www.caringhomes.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Knowle Park Nursing Home is a residential care home providing personal and nursing care to up to 46 people. The service provides support to people aged 65 and over. This includes people living with dementia. At the time of our inspection, there were 27 people using the service. The home is one adapted building with two separate floors and the ground floor has two wings.

People's experience of using this service and what we found

People were supported by kind and caring staff that treated them with dignity and respect. Staff respected people's privacy and encouraged independence.

People were supported by staff that were well-trained and had been recruited safely. People received support with their medicines and people's risks were managed and reviewed well. People were kept safe from the risk of infection, and staff were aware of their responsibilities to report safeguarding concerns.

People were supported to maintain a healthy diet. Care plans detailed clear assessments that offered advice and guidance for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to activities they enjoyed. Care plans were person-centred, and people were involved with decisions in relation to their care.

Staff and people felt supported by the management team. There were relative and staff meetings that addressed any concerns in a timely way. People felt confident to raise concerns and complaints and felt involved in the running of the home.

Rating at last inspection and update

The last rating for this service was good (published 18 December 2019).

Why we inspected

We inspected as part of our inspection scheduling and time passed since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Knowle Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Knowle Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Knowle Park Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 10 members of staff including the registered manager, regional manager, deputy manager, senior care workers, care workers, chef, activities co-ordinator, maintenance staff and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "I feel very safe. The building is secure, and the staff are very good." A relative told us, "They keep [person] safe here. [person] kept having falls at home and once she broke her hip, that's why she moved here. They installed this sensor mat and always help her around her room and the building when she wants to."
- Staff were knowledgeable in identifying, reporting and recording safeguarding concerns. We saw evidence where safeguarding concerns had been raised and addressed in line with guidance.
- The provider had a safeguarding policy in place for all staff to follow and all staff completed regular safeguarding training. This also included a whistleblowing policy.

Assessing risk, safety monitoring and management

- People's risks were assessed and monitored to note any changes. An example of this was seen in the falls risk assessments we saw in people's care plans. These contained individual needs and guidance for staff to follow.
- Where people were at risk of choking there was clear guidance from the Speech And Language Therapist (SALT) team, detailing different texture modified diets. We observed people at risk of choking being supported with meals in line with their care plans.
- Where people were at risk of anxiety care plans detailed how this may affect people differently. We saw guidance for staff on how to support people's individual needs and observed staff support people following this advice.
- Risk assessments were regularly reviewed. Where new risks had been identified, assessments were completed to offer guidance and advice for staff to follow to support people safely.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "Staff are always around and never rush me."
- Staff told us there were enough staff. One staff member said, "There are more than enough staff. We have good teamwork here."
- The registered manager followed safe recruitment processes. This included investigating gaps in employment, reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and relatives told us how staff supported them with their medicines. One relative said, "Staff always help Mum with her medicines."
- We observed medicine rounds where staff could show the safe recording, management and administration of medicines. This included the correct storage for controlled drugs and the safe disposal of medicines when they were no longer required.
- Records we reviewed were clear and accurate. All medicine administration were recorded clearly on Medicine Administration Record (MAR) charts. These were also subject to regular audits so any discrepancies were addressed quickly and safely.
- Staff were subject to competency checks that were completed by the clinical lead. This ensured there was no additional training required and staff were administering medicines safely.
- There were protocol for 'as and when' medicine. This advised staff on what symptoms to look out for before administering medicines and maximum dosage.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. One relative commented, "They (staff) have been brilliant. Throughout the various restrictions they have bent over backwards. If it meant window visits or visits with full PPE and testing, they have done everything possible to make sure we see [person] as much as possible."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to ensure action was taken to prevent reoccurrence. Trends and patterns were identified to ensure people were kept safe. We saw how falls had been analysed and as a result people had been referred to health professionals and had walking aids provided to them.
- Accidents and incidents were also raised on the clinical governance report. This was reviewed by the management team and the regional manager to ensure that all possible action had been taken before a case was closed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team completed full assessments prior to people moving into the home. This ensured that the staff could effectively support a person and meet all of their needs.
- People at risk of malnutrition and/or dehydration were subject to a full assessment. This was completed on a Malnutrition Universal Screening Tool (MUST) to establish a score in line with national guidance. This ensured people were supported effectively in line with their care needs.
- People and relatives, where appropriate, were involved with assessments. This ensured as much detail as possible was obtained to include people's choices as to how they wanted their care delivered to them.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were well-trained and knowledgeable. One person said, "I would say they (staff) are very well-trained." One relative said, "Yes, staff are well-trained, they always know what they're doing."
- Staff told us how they felt supported and received the correct training for them to fulfil their roles. Staff also told us how they had "shadowed" experienced members of staff as part of their induction. One staff member said, "The induction and training was good. It was more detailed and hands on than I thought it would be. There was more equipment. I shadowed multiple times with staff. We did moving and handling training, first aid etc."
- The registered manager ensured there was an up to date training matrix. This showed what staff had completed what training and when refresher training in certain areas were due. Training was in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The management team completed regular competency checks for staff. This included clinical observations to ensure there was no additional training required to support staff to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food prepared for them by staff. One person said, "The food is good, we get a menu every morning and get to make our choice of what we want to eat that day. It works very well."
- We observed a meal time and the dining experience was pleasant and people enjoyed their food. We saw a range of different options for people offered and if people changed their mind staff would offer an alternative.
- Where people preferred to eat in the privacy of their rooms, staff supported them to do so. Throughout the

lunch time period we saw many members of staff supporting people in their rooms in a timely way.

- The chef was knowledgeable in people's likes, dislikes, allergies and modified diets. We noted that this was in line with what was detailed in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us they received support from health professionals in a timely way. One person said, "Whenever I ask they (staff) add me to the list for the doctor to come and see me."
- A local GP attended the home on a weekly basis. The management team and clinical lead had a priority list of people they requested to be reviewed. We saw evidence that this worked well, and people saw a GP whenever they required a review.
- Staff supported people to have referrals to health professionals when they needed them. We saw examples of people being referred to physiotherapists, occupational therapists and Speech And Language Therapist (SALT) teams.
- Where people had been discharged from hospital following an illness, we saw care plans detailed advice and guidance for staff to follow. We saw people receive care in line with this guidance.

Adapting service, design, decoration to meet people's needs

- We spoke with some people and their relatives in their rooms. Rooms were personalised with pictures and personal effects to create a homely atmosphere.
- The layout of the home was easy to navigate with good signage. The corridors were wide enough to accommodate people's walking aids and wheelchairs, this enabled people with all mobility needs to access all areas of the home.
- The gardens were well landscaped and thoughtfully designed to support people to enjoy the outdoors. Various seating areas were designed to encourage people to spend time outside.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity full assessments had been completed. These included specific decisions such as bed rails and sensor mats. Best interest decisions were completed as well as DoLS applications in line with guidance.
- All staff completed MCA training and were all up to date. Staff were knowledgeable about asking people for their consent. This was also documented in people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "It's nice here. The staff are kind and they are very good. I'm getting to know them, and they know me."
- Staff told us how it was important to treat people with kindness. One staff member said, "I always make sure I treat everyone how I would like my Nan or Grandad to be treated."
- We observed kind and caring interactions between staff, people and relatives. For example, as relatives arrived to visit people, staff were welcoming and informative with updates and were knowledgeable on each person on an individual basis.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved with making decisions. One person said, "They (staff) always give me choices."
- We observed staff give people choices about how they wanted to spend their day. Staff were seen to ask whether they wanted to stay in their rooms or attend the activities. One person who had decided to stay in their room said, "They (staff) will always come and check on me, and when I'm ready they will help me go to the dining room or the lounge."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. One person said, "I am respectful of them and they respectful of me."
- We saw staff respect people's privacy. Staff were observed to knock on people's doors and wait for a response before entering.
- Staff encouraged people to be independent. One person was able to mobilise in their room and staff were seen to ensure a walking aid was close by. However, when they wanted to access other areas of the home they were supported to mobilise to their wheelchair.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's individual needs and choices. Preferences were detailed such as what food people preferred and how people liked to spend their time.
- Staff appeared knowledgeable in how people liked to receive their care by their individual approaches to different people. Staff were observed to adapt their support depending on who they were supporting.
- People were observed to enjoy their time in the home and told us how they felt in control. One person said, "This is the closest I would be able to get to being in my own home. The staff know exactly what I like and how I like things done."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans. This included advice and guidance for staff on how each person may need additional support with communicating their needs.
- There were easy read options available for people who had additional visual needs. Staff were also available to take their time to explain various different aspects of care to people. Staff were observed to explain clearly to a person what time dinner was to be served. The staff member ensured that the person completely understood before continuing with their tasks.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spoke fondly of friendships they had made with other people living in the home. One person said, "I sit with my friends at lunch and we share some of the same interests so activities can be a fun time."
- There was an activities co-ordinator that designed a range of activities for the weekly planner. This ensured people had a choice of activities that met all people's preferences.
- Relatives told us how they were encouraged to attend the home as much as possible. One relative said, "They (staff) are so welcoming, when we visit it never seems like a bother so it's nice because I can see [person] as much as I want to. This way I know she's not lonely."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable to raise any concerns. One relative said, "I would not hesitate, and I know they (staff) would deal with it immediately."
- There was a complaints policy in place. This detailed clear investigative processes for staff to follow. We saw evidence that all concerns that had been raised had been addressed in a timely way.

End of life care and support

- All care plans included end of life care plans. These included personalised details as to how they wanted to receive support if they entered this period of their life.
- People who were receiving end of life care were treated with respect. Favourite music was played or TV programmes meeting their preference was chosen to be on televisions in their rooms. People receiving end of life care were comfortable. One relative said, "Staff have been brilliant at meeting all of [person's] needs."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved in the running of the home. There were regular resident meetings where people could express their views and changes were made. An example was seen where changes had been made to the menu choice as a result of a meeting action.
- Staff told us how the culture of the home was inclusive. One staff member said, "There is a lovely atmosphere here. I love chatting to the residents."
- Regular staff meetings were organised, and action taken as a result of items discussed in the agenda.
- People and relatives felt comfortable to voice opinions and concerns. One relative said, "If we mention anything, it is resolved straight away. If we make a suggestion, it is immediately introduced."
- People received person-centred care. Staff felt strongly about delivering person-centred care and this detail was clear in people's care plans.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Where lessons were learned from accidents and incidents or feedback received, this was shared with people through resident meetings or updates provided to the relatives.
- People and relatives told us the management team were open and honest if things went wrong. One relative said, "If anything happens, they (staff) inform us straight away. It puts our mind at ease."
- Where appropriate, the registered manager notified other professionals of significant incidents. For example, the registered manager had completed statutory notifications to CQC and sent additional assurances if requested.
- There were clear, open working partnerships with health and social care professionals. The registered manager said, "We all need to work together, and then nothing gets missed. Joint up working with all professionals is the only way we can achieve good care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was relatively new to the role, however, was knowledgeable about their responsibilities.
- There was a management team in place which included a clinical lead. This team kept an open channel of communication, so care was effective and people felt comfortable that they were in good hands. One

person said, "[Staff member] is brilliant, I can go to them with anything and they will sort it straight away."

- Regular quality audits were completed. This ensured that action was taken quickly to ensure a good level of care was maintained. The registered manager and regional manager had good oversight of the running of the home and any improvements that were required.

Continuous learning and improving care

- The registered manager and management team told us how they wanted to continue to improve the level of the care in the home. The clinical lead said, "We are striving to deliver outstanding care."

- There was an ongoing action plan to build on the good care the staff were already providing. This had actions to be completed by various departments throughout the home to drive constant improvement.