

Knowle Care Home Limited

# The Knowle Care Home

## Inspection report

5-7 Egerton Road  
Ashton-on-Ribble  
Preston  
Lancashire  
PR2 1AJ

Tel: 01772727485

Website: [www.theknowlecarehome.co.uk](http://www.theknowlecarehome.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Knowle Care Home provides personal care and accommodation, for up to 32 people, some of whom are living with dementia. At the time of inspection there were 28 people living in the home. Accommodation is provided in single rooms over two floors. There is a lift for access. There are a variety of communal areas and an enclosed courtyard and gardens outside.

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

People did not always receive person centred care which achieved good outcomes. The culture in the home needed to improve to ensure people felt their preferences were respected. We have identified a breach of regulations in relation to good governance. Comments from people living in the home included; "Some staff are very caring but some can be horrible to me." Another person said; "I have been here a year and I have never had hot water." We have identified a breach in relation to leadership.

People's medicine records did not include the time of administration for medicines that needed to be spaced evenly or before or after food. Not all staff had up to date medicines training or competency assessments in place. We have identified a breach of regulation in relation to safe care and treatment.

Opportunities to learn from incidents by following the providers procedures to analyse and understand lessons learned had been missed. We have made a recommendation about this in the safe domain.

People were supported by enough staff, based on the providers' assessment of people's needs. Relatives told us; "There seem to be more staff recently." People living in the home told us; "When I press my buzzer the staff come quickly." However, another person said; "When I ring my buzzer I have to wait a long time." People were supported by staff who had been recruited properly with all necessary checks completed before they started work.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection and update

The last rating for this service was requires improvement. (published 21 June 2022). We found breaches of regulation in relation to safe care and treatment and leadership. The provider completed an action plan after the last inspection to show what they would do, and by when to improve. At this inspection we found some improvement had been made but the provider remained in breach of regulations.

At our last inspection we recommended the provider follow good practice guidance in relation to contemporaneous record keeping. At this inspection we found more improvement could be made.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made to

inspect and look at those risks.

#### Enforcement and recommendations

We have identified breaches in relation to; safe care and treatment and good governance. We have made a recommendation in relation to understanding lessons learned. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe

Details are in our safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# The Knowle Care 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.

#### Inspection team

This inspection was completed by 1 inspector.

#### Service and service type

The Knowle 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. The Knowle is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however, there was a manager in place who had applied to be registered.

#### 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 5 people living in the home and the relatives of 4 people on the telephone. We spoke with 8 staff, including the registered manager, senior staff, care staff, kitchen and domestic staff. We also spoke with visiting area managers. We reviewed the care records of 4 people, the medicine records for 10 people. We looked at a range of records including those related to the safety of the premises and equipment and the manager's oversight and governance. We looked at the staff areas, people's communal facilities and visited 12 bedrooms.

# 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 requires improvement. At this inspection this has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. At our last inspection we found the times when time sensitive medicines were given had not been recorded. We saw morning medicines were still being administered at 11am on both days. This meant there was a risk some medicines, including pain relief, could be given too close together. Medicines prescribed to be given before, with or after food, had not had the time of administration recorded. The provider had agreed to implement this during the previous inspection. At this inspection we found this had not been implemented.
- The providers medicine management policies and procedures though robust had not always been followed. Not all staff had up to date medicines training and not all staff responsible for administering medicines had their competencies checked regularly. Though we saw some individual people's medicine records had been audited, there had not been a full audit of medicines, medicine stocks, and medicine administration records which may have identified some of the issues we found.

This was a breach of Regulation 12(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the risks related to falls had not been effectively managed. This was a breach of regulation. At this inspection we found enough improvement had been made and the service was no longer in breach of regulation 12 in relation to risks.

- Risk assessments and management plans had been completed in relation to; falls, moving and handling, nutrition, skin integrity and medicines. However, we found sometimes information to guide staff had not been recorded properly.
- Risk assessment and management plans had been reviewed regularly.
- The provider had procedures in place to analyse incidents and accidents to avoid recurrence. We found this had not always been followed.

We recommend the provider follows best practice guidance in relation to incident analysis and lessons learned.

### Preventing and controlling infection

- At our last inspection we found some areas of the home needed to be cleaned thoroughly, and some areas needed upgrading, this included work surfaces in the kitchen. At this inspection we found the necessary work had been completed.
- The cleanliness of the home had been maintained, though some carpets needed to be cleaned, there was

a plan in place to address this.

- Staff understood the importance of infection prevention and control and were seen using appropriate personal protective equipment.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse.
- Staff had received safeguarding training and understood how to recognise and report safeguarding matters.
- Not all incidents which should have been reported as a safeguarding had been submitted. We have discussed this further in the well-led domain of this report.

Staffing and recruitment

- We had received some concerns about safe staffing levels. We found staffing levels were at the level the provider had assessed as necessary. However, relatives we spoke with felt there were times when the home appeared to be short staffed. Another relative said they thought there were more staff recently and the atmosphere was good. A new post had been agreed for a laundry worker which would alleviate some tasks from the care staff.
- Staff had been recruited properly. All necessary pre-employment checks had been completed before staff started work.
- Staff had received training appropriate to their roles. However, we found some training to be overdue. Several staff needed more recent practical moving and handling training. This was completed during the time of this inspection. The manager had arranged for staff to complete any overdue training.
- Staff told us they felt they had enough training and support.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 requires improvement. At this inspection the rating remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not enough oversight and governance of risks. At our last inspection we found audits and analysis of falls risks had not been managed effectively. At this inspection we found though individual risk assessments and incident records were in care records there had been no overall review and analysis of falls to identify common themes.
- At our last inspection we found care had been recorded as having been provided when it had not. We made a recommendation that the provider follows best practice guidance in relation to contemporaneous record keeping. At this inspection we found further improvements were needed. We were assured this would be addressed.
- People living in the home had different experiences of care. Not everyone had person centred or empowering support. Examples included; simple requests were not always met. Not everyone who needed it had hot water in their bedrooms which prevented them from meeting their needs independently, or being supported to meet their basic personal care needs.
- We saw how some staff attitudes were barriers to people receiving person centred care. We raised this with the manager and area manager who said they were aware of some concerns and would be addressing them.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Some people living in the home and their relatives were happy with the care they received. We saw some staff supported people with kindness and respect.
- Audits related to other areas were not all available for us to review. A new area operations manager was working with the manager to complete a full audit of medicines, care records and care practice. We found safety certificates in relation to the premises were up to date and noted all identified actions had been completed or were planned within reasonable timescales.
- Staff we spoke with felt confident in the new manager who was described as being clear about their expectations. Relatives we spoke with told us they found the new manager nice and approachable.

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

- Not all incidents which were notifiable to CQC and local authority safeguarding had been submitted. We found evidence of an injury which CQC had not been notified of. We raised this with the provider who said they would submit this.
- The manager understood their obligations in relation to the duty of candour. Relatives we spoke with felt they were kept informed of events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Information about people's cultural needs and preferences had been recorded in care records.
- The provider had systems in place to engage with people living in the home. There had been some residents' meetings where people had been able to share their views. Requests for more activities and trips had been met.
- Staff were able to share their views at staff meetings, the minutes showed a broad range of topics had been raised and responded to. Staff were encouraged to raise topics by the manager,

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other agencies and organisations to ensure people received appropriate support, which had led to improved outcomes. A district nurse told us they felt the home were good at raising concerns in a timely manner and responded well to advice.
- The manager and provider were in the process of developing an improvement plan for the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective governance and oversight. The culture in the home needed to improve.