

# Care UK Community Partnerships Ltd

# Knebworth Care Home

## Inspection report

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Knebworth  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Knebworth Care Home is a residential care home providing personal and nursing care to 64 people. At the time of the inspection. The service can support up to 71 people in a purpose-built building.

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

People and their relatives told us they were happy with the care provided and living at the service. They told us they felt safe. Infection control was promoted, and medicines were managed well.

People told us they felt listened to and staff were kind. There were enough staff to meet people's needs and their approach was person-centred.

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 and their relatives told us they could speak up. There were meetings and contact with people, relatives and staff to get their views. Feedback was collated and shared. Lessons were learned from events, accidents and feedback.

The manager had recently changed but the service had been well supported by the provider's management team while waiting for the new manager to start. The new manager started at the home just before the inspection commenced but feedback about their approach was positive.

There were quality assurance systems in place and these were used effectively to help maintain and further develop the standards in the home.

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 last inspection

The last inspection for this service was a focused inspection and therefore was not rated (published 30 March 2021). The last rated inspection for this service found the rating to be good (published 28 June 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about leadership, falls and incidents and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knebworth Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Knebworth 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 Care Act 2014.

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

This inspection was carried out by 1 inspector.

#### Service and service type

Knebworth Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 manager who had applied to be registered 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives and friends about their experience of the care provided. We spoke with, and received feedback from, 8 members of staff including the manager, regional director, quality development manager, nurses and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 2 people's care records and multiple medication records. A variety of records relating to the management of the service 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were reported appropriately. There was an overview of any safeguarding concerns so themes could be identified.
- Information about how to report concerns was available.
- People told us they felt safe, and they could speak up if worried about something.
- Staff had received training and knew what to do if they had concerns about abuse.

Assessing risk, safety monitoring and management

- There was an overview of accidents and incidents in the home. This was analysed to help ensure themes and trends were identified. This also included ensuring any actions needed to prevent a reoccurrence were taken.
- Staff had received training in key safety areas such as fire risks and health and safety.
- People told us they felt safe when staff supported them. We observed staff support people safely, including providing guidance on how to use their walking aids safely.
- There were a low number of pressure ulcers in the home. Mattresses checked were set correctly, and repositioning was being carried out.

Staffing and recruitment

- We saw that people's needs were met in a timely way and call bells were answered quickly. Interactions were kind, patient and unrushed. However, we did note that on the unit where people were living with dementia, there were periods of time where no staff were present. While there had been no increase in these types of events, this may increase risk of people falling or having negative interactions with each other, so consideration was needed to ensure staff were in the area to provide the correct support. The management team told us they would immediately ensure staff deployment was reviewed to ensure staff were present.
- People told us their needs were mostly met in a timely manner. They told us staff were willing and helpful. A person said sometimes staff were supporting other people when they needed support, and this may cause a delay at times. The manager told us they were carrying out checks on this area at least 4 times a day to ensure people were supported when needed.
- Staff told us they felt there were enough of them to meet people's needs in a person-centred way. They said at times if staff were off sick it was busy, but they had a good team.
- The management team told us they were sufficiently recruited and did not need to use agency staff.

Using medicines safely

- People received their medicines in accordance with the prescriber's instructions.
- We checked a random sample of medicines and records and found these were all correct.

- Staff had received training and regular audits were completed.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Visitors in care homes

- People's friends and families were able to visit without restrictions.

#### Learning lessons when things go wrong

- The management team shared events, incidents and complaints with the staff team, including any action needed, to help prevent any recurrence.
- Events and incidents were also shared with people and their relatives.



# 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 the last inspection this key question was rated as good. At this inspection this key question remains the same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a change in manager and some of the senior staff team since our last inspection. While some people, staff and relatives expressed it had been an unsettling time, most felt this had not impacted on people living at Knebworth Care Home and care had been to a good standard. A person said, "I have been very impressed." A relative told us, "We are very satisfied with all aspects of the care and service provided by Knebworth Care Home. We certainly feel that the care is first class and very inclusive with all elements and interactions."
- However, 1 relative told us there had been a period of time in August and September where their relative's care and support needs were not always met. We discussed this with the management team. The manager told us as they were only a month in post they focused on spending time on the units, making sure care was delivered and people knew them so they could speak up. They had not found any care concerns on their frequent daily checks.
- The culture in the home was person centred. We saw people being supported well and spoken with respectfully.
- The manager was on their second day in the home when we inspected. However, they had been carrying out visits at the service and had started becoming familiar with people, staff and the environment. Staff said first impressions were positive. There had also been support from the provider's leadership team. Staff were positive about this.
- Our observations showed that people were familiar with the management team and the management team knew people. Staff were positive about their leadership.
- The management team was clear about what was required of them. They had systems in place to monitor the service and address any shortfalls.
- Audits and quality checks were completed. These identified any shortfalls and addressed them swiftly.

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

- The management team communicated about events and incidents in the service with people, relatives and professionals.
- The management team reported relevant events to external agencies as required.

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

### characteristics

- People and their relatives were positive about how the service engaged with them and they felt their views were listened to. A person said, "They have meetings and ask for our views." The person went on to tell us about a suggestion they made to improve the service and the suggestion was listened to and put into place.
- Care plans included clear and personalised information which demonstrated the staff team had engaged with people when writing them.
- People's feedback was sought through regular meetings and surveys.
- Staff had regular meetings so they could share their views. A staff member said, "Regular meetings are held most days for few minutes for concerns and views."

### Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team. A staff member said, "Staff are kept informed of new policies and legislation, messages are being sent to us as required. Lessons learned are being given and staff were being asked to read about it." Learning from across the provider's locations was shared to help prevent a recurrence in other homes.
- The management team were working on ways to further develop the service. There was a staff appreciation system, rewarding good work and achievements. This had helped retained staff which meant no agency staff were used in the home. This meant people received support consistent staff who knew them well.

### Working in partnership with others

- The management team were working on creating an effective working between the team at Knebworth Care Home and health and social care professionals. This approach was being promoted to help to ensure better outcomes for people.
- The management team worked with other agencies which included a local care provider's association, a hospice and an activities organisation to help ensure people had a positive experience.