

HC-One Oval Limited

Knowles Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Knowles Court Care Home has five individual single storey houses. At the time of the inspection only four of the five houses were occupied, and 68 people were using the service. Headley House provides care and support to people living with dementia. Ryecroft House provides nursing care for older people, Fairfax House provides care and support to older people and Rosewood House provides support to people with learning disabilities.

The care service at Rosewood House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was not always delivered in line with these values, because people living at Rosewood House did not have an equally suitable environment to other citizens who used the service.

People's experience of using this service:

In three houses we found the accommodation at Knowles Court provided people with a pleasant and comfortable environment. On Rosewood House the environment was not appropriately maintained and decorated to an acceptable standard to support people to live in a dignified way. We discussed this with provider and they told us they would make immediate improvements to the environment. Improvements had begun to be implemented by the second day of our inspection.

People told us they felt safe at Knowles Court Care Home. Staff had a good understanding of how to safeguard adults from abuse.

Staff were aware of their responsibilities if they were concerned a person was at risk of harm. Care files contained detailed individual risk assessments to reduce risks to people's safety and welfare.

Feedback from people and staff about sufficient staff being on duty was mixed. Adequate staff were deployed to meet people's needs, however more staff on duty would enable people to lead more fulfilling lives.

We made a recommendation about this staffing.

Staff recruitment was safe. Staff had undertaken training relevant to their roles and there were clear lines of communication and accountability within the home.

A system was in place to ensure medicines were managed in a safe way. Staff were trained and supported to ensure they were competent to administer medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Mental capacity assessments and best interest decisions were usually completed when decisions needed to be made.

Most people told us they enjoyed their meals and we saw people received support with meals and drinks when required. Staff knew how to access relevant healthcare professionals if their input was required.

People and their relatives told us staff were caring and supported them in a way that considered their dignity, privacy and diverse needs.

Most people and their relatives told us they were in receipt of care that was responsive to their needs and preferences. Some people on Rosewood House were not always supported to lead fulfilling lives. We made a recommendation about this.

People told us they knew what to do if they had any concerns or complaints about the service and the management team were accessible. Complaints had been acted on when they arose.

We saw detailed information documented about people's end of life care and advanced care plans were in place if people wanted to record their future wishes.

Most people told us they thought the service was well led. Since our last inspection Improvements had been made, however, some areas of governance still needed to improve. The registered provider had failed to improve the quality and safety of the environment of Rosewood House. Feedback about lack of opportunities for community involvement and outings on Rosewood House had not been acted on and up to date activity records were not always kept.

People who used the service, staff and relatives were asked for their views about the service and these were usually acted on.

Rating at last inspection: Requires improvement (Report published 02 February 2018).

Why we inspected: This was a planned inspection based on the last ratings inspection.

Improvement action we have told the provider to take: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We have told the registered provider to send us an action plan. We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Knowles Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two inspectors and two experts by experience. Their area of expertise was with people living with dementia or disabilities. On the second day one adult social care inspector and a specialist advisor visited the service.

Service and service type: The service had a manager registered with the Care Quality Commission. 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.

What we did: Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During our visit we spent time observing the care provided. We looked at seven people's care plans, two records relating to staff recruitment, three staff supervision and training records, and various documents relating to the service's quality assurance systems. We spoke with eight residents and six of their relatives. We spoke with the registered manager, the clinical lead, one nurse, the regional director, the regional quality director, four house managers, six care assistants, two activity coordinators and the chef.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. One regulation was not being met.

Assessing risk, safety monitoring and management

- Concerns about the unsuitable environment and décor of Rosewood House were highlighted at our last inspection and the registered provider sent us details of their plans to rectify this. At this inspection we found no action had been taken. The deteriorated bathroom floor and stained corridor carpets on Rosewood House had been identified and flagged to the provider regularly in management audits, however no action had been taken to ensure Rosewood House was properly maintained and suitable for the purpose for which it was being used.
- This was a breach of regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider Rosewood House was not properly maintained.
- Three of the houses at the service were in a good state of repair and decoration and bathrooms and equipment was clean and suitable for its intended use.
- People and the relatives we spoke with told us the service was safe. Regular safety and building checks were completed to ensure the premises and equipment were safe. Some issues with building safety had not been identified by the registered providers safety checks, for example; an external gas pipe housing was not secured to prevent unwanted access and contained combustible materials. This was cleared and secured on the first day of our inspection.
- The home had plans in place in the event of an emergency, including a record of how each person should be supported if the building needed to be evacuated.
 - Risks to people's safety were assessed and plans put in place to mitigate these risks. One relative said, "There is nothing here to make [my relative] unsafe, [my relative] has access to the alarm when in bed and they move [my relative] in a safe and caring way." Risk assessments contained instructions on how to minimise risks, for example; when supporting a person with transfers. Appropriate equipment was in place, for example, motion sensors to alert staff if a person was at risk of falls.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported and acted on abuse when it was identified.

Staffing and recruitment

- The service was adequately staffed, although some people told us there were occasionally insufficient staff to deliver person-centred care. One person said, "They say they have too many (staff) but at times they are run ragged, for example, in the mornings when they are getting people up and at night when they are putting people to bed." Some people told us there were enough staff. One person said, "I don't have to wait long, they will come and ask me if I want to go to bed and if I'm not ready, they will come back. They come and ask me."

- One relative said, "I think they need more staff to do activities, to have some physiotherapy and to do exercises. Staff are worked off their feet, people have to wait to go to the toilet." A second relative said, "Staffing levels have improved since I spoke to the manager, they are less stressed and dashing about, more relaxed now. However, they could do with more staff as they have no time to spend with people. There is a long wait to go to the toilet, there is never a spare person (staff member)." A third relative said, "Sometimes [person] has to wait because staff are busy but not often."
- Two staff members said there were usually enough staff on duty. Three staff members said there were not always enough staff on duty, which made it hard to meet people's needs.
- During lunch on Ryecroft unit two people who needed support to eat their meals waited for 35 and 40 minutes after being seated at the table, as staff were supporting other people with their meals. In other houses at the service people were supported to eat in a timely manner.
- We reviewed the staff duty rotas for the last four weeks and found on occasion the registered providers preferred staffing level was not met. The registered manager told us this was only in the event of last minute staff sickness and staff were normally deployed from other houses or bank and agency staff were used. The registered provider sent us their dependency tool which indicated staffing levels were above the minimum required to meet people's care or nursing needs and additional staff hours were included for social interaction.
- We recommend the registered provider review the staffing levels at the service to ensure timely person-centred support is always delivered to meet people's needs.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- At the last inspection the topical cream records were not always completed and 'as required' medicines protocols were not always in place. At this inspection improvements had been made. Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Overall the service was clean and odour free. On Rosewood house the bathrooms and the carpet in the corridor required refurbishment to support effective cleaning, infection and odour control. One relative we spoke with told us they were concerned about hygiene in their relative's bedroom. We found food debris in the persons bed in this instance and the registered manager acted on this to prevent recurrence.

Learning lessons when things go wrong

- The registered manager was keeping an overview of the safety of the service and demonstrated learning from incidents. Staff recorded and reported all incidents and took appropriate action to prevent them from happening again. A log of any accidents or incidents was recorded using the registered providers online system to look for patterns and promote learning.

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

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

- Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively.

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

- Most people told us they enjoyed their meals. Comments included, "It's fine. I pick what I like." "It's hot; it's good." "I'm on a special diet. They (kitchen staff) have a menu from the dietician." "The food is boring. The same things come up with boring regularity e.g. corned beef hash, mince."

- Relatives commented: "The food is good, very pleasant. My relative has eaten stuff they never ate at home." "The food is good, they have gorgeous cake. [My relative] eats very well. Fluids are good." "The food is much of the sameness but [my relative] eats well and has improved in this regard from when [they] were at home. [My relative] is constantly drinking."

- We saw people had a choice of meals and hot and cold drinks and staff supported people to eat and drink where required. People used appropriate cups, cutlery and plate guards at lunch to support independence.

- People's nutritional needs were assessed, and weight regularly monitored. Whilst staff we spoke with were aware of people's dietary needs two people living with diabetes had a care plan in place for the condition, however this was not recorded in their eating and drinking care plans. The registered manager ensured this was rectified.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a number of agencies, such as GPs and social workers to provide effective care and support.

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

- All four houses were on one level and were adapted to ensure they were accessible to wheelchairs. A pleasant accessible garden area was available, with seating, so people could spend time outside if they wished.

- We saw on Headley House adaptations had been made to the unit to make it suitable for people living with dementia. For example, contrasting colours were used on bedroom doors to make them more recognisable, clear signage was in place on toilet doors and memory boxes and points of stimulation were in place throughout the unit.

- The décor of Rosewood house was dated and in need of refurbishment. A sensory room was not in use at Rosewood House, despite plans submitted to CQC in August 2018 to refurbish the area so people with complex needs could benefit from a sensory environment.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had good access to external health professionals when required to meet their care and treatment needs. One person said, "They all come to me, the optician and podiatry." Some physical activities did take place, however two relatives suggested more physical activity would benefit their relation and help to improve their wellbeing.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS authorisations had been applied for appropriately and conditions were translated into care plans.
- The staff members we spoke with had a good understanding of the Mental Capacity Act and we saw staff sought consent before delivering care. We found people usually had their capacity assessed where required in order to determine their ability to provide lawful consent in areas such as coming to live at the home, use of covert medicines, medical interventions and finances. Some mental capacity assessments and best interest decisions had not been recorded, where required, for example, for one person in relation to use of bed rails and a wheelchair lap belt. We asked the registered manager to send this following our inspection.

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

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

- Most people told us the staff were caring. Comments included, "I can talk to [name of staff] about anything. [They] will support me." "It's just fine. They [staff] are all very good." "They are not a bad bunch of girls, I get on better with some more than others." "Staff are kind, especially [name of staff]." One person told us staff brought their newspapers for them on the way in to work. One person told us a staff member had upset them and the unit leader and registered manager assured us they would support the person and look into this.
- Relatives comments included, "The care is absolutely exceptional, five star." "The carers are alright with [my relative], they are used to [name of person] and [person's] sense of humour." "Staff are outstanding, as is the level of care. Nothing arises before they are on it. Even the cleaners chat to them." "All the staff are lovely, they are always respectful and do very well with difficult behaviour."
- Staff told us they enjoyed working with people who used the service. One staff member said, "I love it. It's my life. If they [people] are happy, then I am happy." It was clear from our discussion with staff they knew all about the people they supported.
- We observed many positive interactions between people and staff, who were polite, humorous and anticipated people needs, for example, bringing a person their glasses when reading the lunch menu. One staff member showed us they had made a replica of a person's wedding cake as a surprise for their wedding anniversary. Staff members on Rosewood House made arts and craft items with people to improve the décor and had raised money to pay for items to improve the garden area. Staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

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

- People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. People told us they chose when to get up and go to bed and when to have a bath or shower. Staff were aware of how to access advocacy services for people if the need arose.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people with dignity and respect. One staff member said regarding personal care, "You have to explain things to people before you do it. Do it slowly, make sure the door is closed." Staff knocked on the door before entering people's bedrooms and used blankets to cover people prior to using the hoist to transfer.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. Since our last inspection care plans had improved and were reflective of people's current needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were supported to make decisions about their daily life. Relatives comments included, "Staff make sure the residents are well cared for, speak to them all and check what they want."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information
- People and their representatives were involved in regular reviews. Objectives were set with people and these were reviewed and updated regularly, or when needs changed.
- The service met the Accessible Information Standard. People's care plans contained information about their communication needs and we saw staff used a variety of methods to communicate with people according to their needs.
- Feedback from people was mixed about sufficient activities being provided for people to lead fulfilling lives. One person said, "[Name of activity coordinator] is amazing, she puts her heart and soul into it. I admire her for it. But there is nothing to do at the weekend, it's a long drag –boring." One person said, "We go to the other units to see entertainment and singers; there is an Elvis impersonator." We asked one person if they went out. They said, "Only if my family take me." One person said, "I keep myself to myself. I have my TV and my papers. I'm happy with myself. I like horse racing, staff get me the papers."
- Relatives commented: "Not sure it is person-centred care as they need more input for social interaction." "My relative plays skittles and goes to Fairfax on a Friday for quizzes. There are no outings. There has only been two in the three years they have been here." And, "There are activities now and then." "My relative was sporty, plays skittles and dice. There should be more activities, but staff do not have the time." "There are activities every day, things to do like exercises and one to one with those who react to things. The activity coordinator tries to get around everyone."
- A record of who had participated in activities was not always completed in all houses to evidence people's social and leisure needs were met. For example, in Rosewood House no activity records had been completed since January 2019. We saw activities were completed at Rosewood House, however there was limited evidence of activities outside the service to meet peoples' outcomes. An activity coordinator was employed in each house and a program of activities was in place. One staff member said, "Our activity coordinator is brilliant." A second staff member said, "Care staff don't get time [to complete activities]. We try our best though, if we get chance."
- During our inspection we saw people took part in activities within the homes such as quizzes, dominoes, pamper sessions, watching entertainers, baking and art and craft work. Move and groove exercise sessions took place once a month. We saw activity coordinators interacted individually with people, for example; reading a poem or a newspaper to a person, talking about current affairs. In response to a person's request to do something different people had made lip balms, bath salts, hand lotions and 'book art'.

- We recommend the registered provider consult best practice guidance with regard to community participation for people with learning disabilities.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. One person said, "I'm fine here, I've never complained." One person told us they had complained, and this had been acted on. We saw, where complaints had been made, the management team had taken appropriate action to resolve them.

End of life care and support

- People's wishes about their end of life support were documented in detail within care records. The service had achieved the National Gold Standard Framework for advanced care planning. This external organisation supports providers to develop evidence-based approaches to optimise care for people. The service received positive feedback from relatives about end of life care. People on Rosewood House had been supported to paint stones and create a garden of remembrance for one of their friends.

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

Service management and leadership was consistent; however, the registered provider did not always support the delivery of high-quality, person-centred care. Some regulations had not been met. At our last inspection the service was not meeting the regulations related to good governance and the service was rated requires improvement. At this inspection Improvements had been made to oversight of care plans and medicines, however, some issues with governance still remained.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider had failed to improve the quality and safety of the environment of Rosewood House.
 - At the last inspection it was recommended the registered provider review staffing levels to ensure people were supported to live fulfilling lives, however the reviews of three people living at Rosewood House stated they were unable to meet their outcomes, such as going to the local shop, because insufficient staff were deployed. No activity records had been completed at Rosewood House since January 2019 and those that had been completed prior to this had frequent gaps of four or five days.
- The above issues were a continued breach of regulation 17 (a) (d) and (e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.
- Most people told us they thought the service was generally well led. One person told us they saw the registered manager sometimes and was not sure if the home was well led.
 - Most relatives told us the service was well led. Comments included, "The place is always clean, the care is good, food lovely, if they ask for a drink they get one." "I think the home is well led because of the general contentment among the staff. I have no concerns at all." "My relative is well looked after." However, two relatives told us they would not recommend the service.
 - Most staff told us they felt supported by the management team, who acted on their concerns. One staff member said, "I can go to [name of manager] at any time and the Clinical Services Manager is very approachable and open to suggestions." A second staff member said, "I love it on here." And a third staff member said, "If I have problems I ask. They have been really supportive with me." One staff member said they did not feel the home was well led.
 - The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC. One safeguarding incident was not notified to CQC. The registered manager said they would ensure this was completed in the future

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

- There was a registered manager in post who provided leadership and support. Clear lines of responsibility were in place.
- Quality assurance systems were in place to monitor the service. When issues had been identified, some

action had been taken to make improvements; for example, updating care plans to reflect people's current needs.

- The management team were visible in the home and had an in-depth knowledge of the needs and preferences of the people they supported.
- The senior staff team completed audits in relation to care plans, health and safety, fire safety, medicines and cleaning. The regional director visited the home regularly to provide support and to ensure compliance with the provider's policies and procedures.

Continuous learning and improving care

- The registered provider quality team completed regular visits to the service and an action plan identified area for improvement. Most areas of the action plan had been acted on, with the exception of the refurbishment of Rosewood house. The registered provider also held regular managers' meetings and training to share up to date good practice.

Working in partnership with others

- The management team worked in partnership with community health professionals and organisations to meet people's needs and drive up the quality of the service.

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

- Residents and relative's meetings were occasionally held to gain feedback from people about the service provided. The registered provider also completed regular surveys with people and relatives and the responses were mostly positive. The registered provider circulated a 'You said, we did' report to show how issues raised had been followed up.
- Regular staff meetings were held, including a daily catch up with the senior team and any action required was recorded and followed up.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsuitable premises because of inadequate maintenance.</p> <p>Regulation 15 (1) (c) (e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to improve the quality and safety of the premises of Rosewood House</p> <p>Feedback about lack of opportunities for community involvement and outings on Rosewood House had not been acted on.</p> <p>Accurate records were not always kept.</p> <p>Regulation 17 (a) (d) and (e) and (f)</p>