

Matthew Lunn

Knowle Court

Inspection report

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West Yorkshire
HD7 4AN

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Knowle Court is a residential care home providing personal care to up to 22 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 22 people using the service.

People's experience of the service and what we found:

People were safe because systems were in place to make sure risks to people were assessed and actions taken to mitigate the risk. Medicines were managed safely.

There were enough staff to keep people safe. Staff received good support from the management team and followed a training programme that supported them in carrying out their roles.

People were protected from the spread of infection because good systems and processes were in place. People lived in a pleasant environment. They enjoyed the food at the home and spoke positively about the staff who cared for them.

People were involved in their care and we saw staff to be caring and attentive. People benefitted from staff working effectively with health and social care professionals.

People enjoyed the food and had plenty of choice. People's nutritional needs were met.

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.

Auditing had been used effectively to identify and address issues.

Complaints about the service were managed well.

People, their relatives and staff felt involved in the service and there were systems in place to promote this involvement.

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

Rating at last inspection

The last rating for this service was Good. Published 19 December 2017.

Why we inspected

The inspection was prompted by the date of the last inspection.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Knowle Court on our website at 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Knowle Court

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

The inspection team consisted of an inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Knowle Court 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. 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 a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

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 reviewed information we had received about the service since the last

inspection. We sought feedback from the local safeguarding team, local authority commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included care and medication records for 6 people. We looked at a variety of records relating to staff training and recruitment, and the management of the service. We spoke with 8 members of staff including the registered manager who is also the nominated individual and co-provider, second co-provider, the home manager, 3 members of the care team and the cook. We spoke with 7 people who used the service and 1 relative.

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. At this inspection the rating remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk. Referrals to the local authority safeguarding team had been made when needed. All the people and relatives we spoke with said they, or their relative, felt safe. One person said, "Oh yes, I feel safe, I know all the staff. I go outside with staff." A relative told us, "This is fabulous, I am super happy. (Person) is 100% safe because of the care they give. I come at different times, on different days, you can see how they treat, not just (relative) but all of them."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risk assessments were person centred and reflected people's needs, choices, and preferences. They included sufficient detail to make sure staff knew how to mitigate risks to people. Risk assessments were reviewed regularly to make sure they were up to date. Recognised risk assessment tools for such as skin integrity, falls and nutrition were used as needed. Systems were in place to make sure the environment was safe.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. Staff told us there were enough staff on duty, at all times to make sure people's needs were met safely. People we spoke with confirmed this but said staff were very busy. One said, "Seems to be enough staff, they are quite good. They come if I press quite quick" and another said, "They come when I press it (call bell), it depends on how busy they are".

The provider operated safe recruitment processes. References and Disclosure and Barring Service (DBS) checks were completed before staff started working with people. 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 were supported to receive their medicines safely. Medicines were stored and administered safely. Good systems were in place to make sure time critical medicines were given appropriately and where people had medicines prescribed on a 'as needed' (PRN) basis, protocols were in place to support this. Body maps were in place to make sure topical medicines such as creams were applied correctly.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

The service was clean and tidy throughout.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. A visitor told us they were welcomed to visit at when they wished.

Learning lessons when things go wrong

The registered manager used robust auditing systems to identify any issues within the service. Where any issues were identified, they were discussed at senior staff and all staff meetings. Handovers were used to inform staff of any issues where immediate action was needed to address them.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

At our last inspection we recommended the registered provider consulted best practice in relation to best interest decisions to ensure decision specific mental capacity assessments and best interest processes are always recorded when decisions need to be made on behalf of people who lack capacity.

On this inspection we found the provider had completed and recorded decision specific mental capacity assessments and made record of best interest decision process and of who had been involved. The registered manager maintained an overview of DoLS to make sure they were managed effectively.

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

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

The registered manager and home manager completed an assessment of people's needs prior to them being offered a place at the home. This was so they could be confident that staff at the home had the skills needed to provide care for the person safely. Assessments of need were reviewed to make sure they reflected people's current and changing needs.

Staff support: induction, training, skills and experience

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff new to care undertook the care certificate and all new staff followed a programme of induction and training to support them in their role. Staff said they could request training if the need arose.

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

People were supported to eat and drink enough to maintain a balanced diet.

People's diet and fluid intake was monitored and recorded. Intake records were monitored and where a potential problem, such as insufficient fluid intake or weight loss was identified, immediate action was taken to address this. The cook knew about people's individual dietary needs and provided meals to meet them. People told us the food was good and they had plenty of choice. We saw people's independence and choice was promoted as some food was placed on the table for people to serve themselves.

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

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

Staff made referrals to health and social care professionals to support people's health and welfare. Records showed GP's, district nurses, dieticians and other professionals were involved in people's care as needed. People commented about how quickly staff arranged for such as doctors visits when they were unwell. In early September the management team had put a protocol in place for dealing with winter illnesses. This was developed from learning throughout the Covid pandemic and how best to deal with an outbreak.

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

People's individual needs were met by the adaption, design and decoration of the premises. People enjoyed a comfortable, relaxed and homely environment at the service. Bedrooms were personalised and staff made sure people's personal belongings were looked after. One person said, "It's the atmosphere, it's lovely."

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. At this inspection the rating 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

There was a positive and open culture at the service and The provider had systems to provide person-centred care that achieved good outcomes for people.

People's individuality was respected and people were encouraged and supported to follow their lifestyle choices wherever possible. People told us about how they followed their preferred routines and were supported to do this by staff. People felt involved and were able to give their views about the service through satisfaction questionnaires and regular meetings. Outcomes of these were collated and the registered manager produced feedback for people in the form of 'You said, we did' information and regular newsletters. Staff felt involved in the service. They told us the management team listened to them and kept them informed about what was happening at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. and understood their responsibilities under the duty of candour

The management team had been established for many years. They had established and maintained robust systems for monitoring quality and safety within the service and were fully aware of their regulatory responsibilities. Members of the management team and other senior staff had their own areas of responsibility such as auditing and medicines management. A very robust system of auditing identified any potential issues within the service and action plans were developed to make sure they were addressed. The provider had received one minor complaint which had been addressed immediately.

Working in partnership with others

The provider worked in partnership with others.

The registered manager and staff team adopted a multi-disciplinary approach in care delivery by working closely with partner agencies. This included the local care home association and various health and social care professionals. They understood how this supported effective care planning and positive outcomes for people.