

## Knowesouth Care Centre Care Home Service

Knowesouth  
Jedburgh  
TD8 6ST

Telephone: 01835 863161

Type of inspection: Unannounced  
Inspection completed on: 17 November 2017

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Care service number:**  
CS2003010295

## About the service

This service has been registered since April 2002.

Knowesouth Care Centre (referred to in the report as "the service") is owned and managed by St. Philips Care Ltd (referred to in the report as the "provider"). The service is set in a rural setting close to Jedburgh. It is registered to provide a 24 hour care service to a maximum of 50 older people, including one named adult under 65 years. At the time of our inspection there were 41 residents in the service.

The service has two buildings joined by a covered walkway. The original house, Elm View, is an adapted country house and provides accommodation for 15 residents in single accommodation, although some rooms are large enough to accommodate a couple. There is a communal dining room and lounge on the ground floor and an additional communal sitting area on the first floor.

The newer building, Oak Vale, has three floors with communal lounges and dining areas where up to 35 residents can be accommodated in apartments. Each apartment has two bedrooms with a shower room and kitchen area.

The provider's mission statement is:

It is our aim to provide a high quality service provision in all our care facilities through ongoing audit, assessment, action planning, implementation and evaluation.

To our organisation 'quality care' means customer satisfaction and therefore our care provision is person centred and monitored through satisfaction surveys.

We ensure that our staff are empowered to achieve the required standards by our commitment to training, appraisal and development.

Our residents are encouraged to maintain their preferred lifestyle in their new home environment.

We support resident's choice, freedom, dignity, independence and participation in planning their individual care needs.

Our aim is to meet the needs of the whole person, physically, psychologically, socially, sexually and spiritually by promoting independence of our residents whilst maintaining a safe environment for all.

## What people told us

We received nine completed relatives' /carers' care standard questionnaires prior to the inspection visit. Three strongly agreed with the statement "Overall, I am happy with the quality of care my relative/friend receives at this home", the rest agreed with this statement.

We received positive comments on the provision of activities and the kindness of the staff. Five relatives/carers were unsure who their relatives' /friends' key worker was, and five relatives/carers did not know about their relatives' /friends' personal plan. The management team agreed to promote this information through relatives' meetings and the service's newsletter.

Two relatives/carers did not think that the home was consistently clean and tidy. We have asked the service to make improvements in this area **(see recommendation 1 under Quality of environment)**.

No residents' care standards questionnaires were returned.

During our inspection we spoke with six relatives/carers. All were very satisfied with the standard of service currently provided. They thought the staff worked hard and felt confident to raise any concerns they may have with the manager and/or other senior staff, whom they named.

We spent time in each unit and on each floor and spoke with 15 residents. All were complimentary about the service including the quality of care provided. They told us about the variety of activities they had enjoyed in the service including the recent visit from Therapet ponies. One resident told us:

"It's a lovely place here, I am happy and never get bored."

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw that residents responded positively to support from staff and enjoyed chatting with them.

We also used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for three residents in the later part of the morning. Again we saw many positive interaction between the staff and these residents.

## Self assessment

We are not requesting self assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan were considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

## Findings from the inspection

Knowesouth Care Centre was performing to a good level in the areas covered by this quality theme. There were good standards of healthcare being provided for the residents in this service.

Residents, relatives, carers and staff were routinely involved in developing the service using a variety of methods to facilitate their involvement.

Both residents and relatives/carers told us that they were satisfied with the standard of care and support the service provided.

Although people generally commented positively regarding the provision of activities, there was limited information about forthcoming activities, especially in Elm View. The management team agreed to look at ways in which this information could be shared.

Care and support was provided in an organised way. Staff were aware of their responsibilities and there was a good team approach to meeting the support needs of the residents and their relatives/carers.

Through discussion and observation of practice we confirmed that staff knew the residents well. The service had a low turnover of staff which helped to support good continuity of care.

We observed breakfast and lunch being served and saw that residents were given appropriate support to eat and drink. Reviewing the organisation of lunch on the first floor in Oak Vale should reduce the time residents have to wait for their meal once they are seated in the dining area.

Menus were regularly reviewed to reflect residents' preference and to provide choice. The new menu was to be nutritional assessed to confirm that it fully met residents' dietary needs.

Some improvements were to be made to the recording of care records. **(See recommendation 1 and 2.)** The provider intended to introduce the use of digital care records in February 2018. This should help support staff with the accurate completion of care records.

Recording the effectiveness of prescribed creams as part of monthly evaluations of care would help assess if the current frequency of application was appropriate.

The recording on monitoring charts and in medication administration records had improved since the previous inspection. In Elm View not all "as required" medication had a written protocol, this would help staff to decide when to use these medications **(see recommendation 3).**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service should ensure that key aspects of risk are promptly recorded when a new resident is admitted.

**This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.**

2. The service should ensure that care plans are promptly updated when there are changes in care needs.

**This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.**

3. The service should ensure that written protocols are made available to help staff decide when to use prescribed "as required" medicine. These should include:

- a description of signs and symptoms that may indicate the need for the prescribed "as required" medicine
- the range of interventions to be considered or used before the use of the medicine
- guidance on how and where to record the effect of the medication
- how often the medication and its effects should be reviewed.

**This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing Standard 15: Keeping well – medication.**

**Also see: Care Inspectorate's Guidance about medication personal plans, review, monitoring and record keeping in residential care services.**

**Grade:** 4 – good

## Quality of environment

### Findings from the inspection

The service was now performing to a good level in the areas covered by this quality theme.

First impressions of the service were good. Clear signage from the road directed visitors to the service where there was plenty of parking available and a welcoming entrance area.

The size of the bedrooms varied, with some in Elm View very spacious. There was a variety of communal areas in both units which offered a choice of sitting areas for residents. There were accessible garden areas.

Feedback from residents and relatives/carers indicated that they were satisfied with the accommodation provided.

Housekeeping staff were seen working very hard to try to maintain cleanliness and tidiness in the service. A previous recommendation to review how cleaning and tidying tasks were completed to ensure that the service consistently remained clean, tidy and any unpleasant odours minimised, was not fully met and remains **(see recommendation 1)**. Ensuring that cover was provided for planned holidays and other absences of housekeeping staff should address this.

Staff were supported to maintain safe working practices and helped to maintain the safety of residents through

training and monitoring of practice. Disposable gloves and aprons were available, along with liquid soap, paper towels and waste bins.

Maintenance checks were carried out thereby ensuring that the environment was safe and residents and staff were protected.

A "Pass" food hygiene certificate confirmed that the kitchen had been inspected in August 2017 and met the required legal standards for food hygiene. The service had taken action in response to their last fire audit completed in April 2017.

Refurbishment of the service had continued which helped to make it a pleasant and comfortable place to be. The service's development plan included replacing furniture, ongoing redecorating, repairing the drive way, improving signage and further development of the garden areas.

We recommended that the service should review their current sluice facilities and take action to meet with current infection control best practice (**see recommendation 2**).

Improving the drainage of the showers in Oak Vale was an area the service was currently working on. We will follow-up progress of this at the next inspection visit.

There was clear recording by staff when dealing with residents' finances.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service should review how cleaning and tidying tasks are completed to ensure that the home consistently remains clean, tidy and any unpleasant odours minimised.

**This takes account of National Care Standards, Care homes for older people - Standard 4: Your environment and Standard 5: Management and staffing arrangements.**

2. It is recommended that the service carries out a review of the sluice facilities within the home and takes any action necessary to meet with current infection control best practice guidance.

**This also takes account of National Care Standards, Care homes for older people - Standard 4: Your environment.**

**See also: Care Inspectorate "Building better care homes for adults - Design, planning and construction considerations for new or converted care homes for adults".**

**Grade:** 4 - good

## Quality of staffing

## Findings from the inspection

The service was performing to a good level in the areas covered by this quality theme.

New staff had been recruited and inducted in a safe and robust manner to protect residents and staff. We recommended that copies of the initial orientation/induction, completed soon after starting, are kept in staff files to evidence completion of these **(see recommendation 1)**.

Residents' and relatives' /carers' feedback about the quality of staff was positive. They told us:

"The staff really do work hard".

"They do their very best".

We saw many positive interactions between staff and residents. The service was aware of how these could further be improved.

Staff had developed their skills in managing situations where a resident became distressed therefore providing increased reassurances for these residents.

Regular checks were made with the Scottish Social Services Council and Nursing Midwifery Council to ensure that staff were appropriately registered.

Staff were kept up-to-date with current best practice, with training planned and recorded in an organised way. This helped to identify and prioritise future training requirements.

Staff were confident and skilled in using moving and handling equipment, however, further training was identified on how to assist residents to transfer when equipment was not required **(see recommendation 2)**.

The service had identified the need for further care plan training in its development plan. As we noted two inaccuracies in the calculation of the nutritional assessment tools used, we suggested training on this was also included.

The service effectively used a dependency monitoring tool, along with observing practice and listening to feedback to plan staffing. This helped to ensure that there was sufficient staff so that residents' needs were promptly attended to.

Staff meetings helped to make sure staff were aware of changes in the service and had the relevant information about expected practice.

A system of formal staff supervision was in place. This is important in supporting staff with development, training and opportunities to discuss work practice.

The management team provided good day-to-day observation of staff practice and supported staff.

## Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. We recommended that the service keeps a copy of the initial orientation/induction, completed soon after starting, in staff files to evidence completion of these.

**This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements.**

2. We recommended that staff receive additional training on how to assist residents to transfer when moving and handling equipment was not required. This will ensure more comfortable transfers and promote independence.

**This takes account of National Care Standards, Care homes for older people – Standard 5: Management and staffing arrangements.**

**Grade:** 4 – good

## Quality of management and leadership

### Findings from the inspection

The service was performing to a good level in the areas covered by this quality theme.

The residents and relatives/carers we spoke with told us that they felt that they could speak to one of the senior staff, the deputy manager or the manager, whom they named, if they had any concerns. They told us that they felt confident that any issues raised would be addressed. One resident told us:

"X (names the manager), he knows his stuff and he is easy to talk to".

There were regular checks by management and senior staff to ensure that the provider's expected practices were complied with and that residents, relatives and carers remained satisfied with the service being provided. This included areas we identified when checking care records and medication records. Ongoing checks should continue to ensure that improvements are sustained and any inconsistencies addressed.

To ensure sufficient management cover the manager or the person acting in their absence should be 100% supernumerary **(see requirement 1)**.

Improvements were to be made to the shift handover sheet to ensure all essential information was effectively communicated.

Duty rotas were to be promptly updated to reflect the current staffing situation.

We suggested ensuring that previous minutes and actions were followed up at subsequent meetings and that action points identified who was responsible for taking them forward.



Accident and incident records were maintained in the home. These included any actions taken as a result of the accident or incident.

Staff who take charge of the home were to be reminded of the Care Inspectorate's document 'Guidance on notification reporting' to ensure all required notifications were reported within the required timescale and contained detailed information on how the accident or incident had been dealt with **(see recommendation 1)**.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to identified areas of improvement, including feedback that we gave at the end of each of our visits. This included ordering additional toilet roll holders, sourcing covers for the commodes and ordering additional thermometers.

Actioning the requirement, recommendations and areas for improvement made in this report and in the service's updated development plan, will support the service to meet this statement and ensure improved outcomes for people using this service.

## Requirements

**Number of requirements: 1**

1. To ensure sufficient management cover the manager or the person acting in their absence should be 100% supernumerary .

**This is in order to comply with the service's staffing notice and with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users and 15 - Staffing.**

**This also takes into account National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.**

**Timescale - Immediately on receipt of this report.**

## Recommendations

**Number of recommendations: 1**

1. Staff who take charge of the home should be reminded of the Care Inspectorate's document 'Guidance on notification reporting' to ensure all required notifications are reported within the required timescale and contain detailed information on how the incident has been dealt with.

**This also takes into account National Care Standards, Care homes for older people: Standard 5: Management and staffing arrangements.**

**Grade: 4 - good**

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

There are no outstanding requirements.

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

The service should review how cleaning and tidying tasks are completed to ensure that the home consistently remains clean, tidy and any unpleasant odours minimised.

**This takes account of National Care Standards, Care homes for older people - Standard 4: Your environment and Standard 5: Management and staffing arrangements.**

**This recommendation was made on 19 July 2016.**

#### Action taken on previous recommendation

This recommendation was not fully met and remains.

Housekeeping staff were seen working very hard to try to maintain cleanliness and tidiness in the home. The medication storage room and the staff office in Oak Vale were cleaner than at the last inspection and the kitchenettes in the flats were tidier.

Housekeeping staff ensured priority areas continued to be regularly checked and cleaned in the event of unplanned domestic staff shortages. However, duty rotas indicated that cover was not always provided for planned holidays and other absences. In trying to address this the management team had identified in their development plan that they would create a bank network for housekeeping staff.

From our inspection findings and from the feedback we received in the care standards questionnaires the current provision of housekeeping hours was not sufficient to ensure that the home consistently remained clean, tidy and free from unpleasant odours. Ensuring that cover was provided for planned holidays and other absences should address this.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
18 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
27 May 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Dec 2015	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
16 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Apr 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
16 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
14 Nov 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
5 Sep 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
31 May 2013	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
25 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
21 Jun 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
6 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	Not assessed
31 Oct 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed

Date	Type	Gradings	
13 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Jul 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Jan 2010	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
6 Aug 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Feb 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Aug 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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