

Ms Trina Smith

Knightwell House

Inspection report

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Date of inspection visit:
09 January 2024
10 January 2024
24 January 2024

Date of publication:
25 March 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Knightwell House is a residential care home providing personal care to 10 older people at the time of the inspection. The service can support up to 13 people with learning disabilities and autism.

The home is set out over 3 floors with communal spaces for people to use.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People had not always had all of the risks associated with their care assessed or mitigated. Care plans needed further information about how to reduce risks in people's care. Whilst systems in place supported people to receive their medicines safely, medicine competency checks for staff had not been recorded.

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.

Staff supported people to access health and social care support and people had their individual dietary needs met.

Right Care:

Improvements were needed in maintaining oversight of refresher training for staff to ensure they had current knowledge of the topic area.

The service had enough staff to meet people's needs and staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because they were supported by a consistent staff team who understood their needs.

Right Culture:

Systems to oversee the quality of the service were not always effective. We identified care records were not always up to date, oversight of when training needed to be completed was not in place and on-going checks

on the suitability of staff needed to improve.

The service enabled people to feedback their views about the care they received and acted on this feedback.

Staff placed people's wishes, needs, and rights at the heart of everything they did.

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

Rating at last inspection

We carried out a targeted infection control inspection which did not rate the service (published 09 April 2021). The last rating for this service was good (published 17 January 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well- led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Knightwell House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to how the provider monitors the quality of the service. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation around how the service is assessed and monitored for the risk of a closed culture.

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Knightwell House

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 carried out by 1 inspector.

Service and service type

Knightwell House 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. Knightwell House 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 09 January 2024 and ended on 24 January 2024. We visited the location on 09 and 10 January 2024.

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. 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 4 people about their experience of living at the service. We spoke with 2 relatives. We spoke with 5 staff members including the registered manager and provider. We reviewed 4 care records, 2 medicine records and 1 recruitment file. We reviewed a range of records including those that related to how the service was monitored, how staff were trained and provider policies.

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 has changed to requires improvement. 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.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments had not always been kept up to date with changing healthcare needs. For example, one person did not have a catheter care plan or risk assessment in place and for another person further detail of how to support with a diabetic diet was needed. Further guidance was needed for staff around people's healthcare needs to ensure clear measures to mitigate risk were recorded.
- There was no evidence that any person had been harmed due to the lack of guidance. Staff we spoke with understood the risks associated with people's care and could tell us how they supported people with these. The registered manager began to update these records following the inspection.
- People told us they felt safe living at the service and that staff understood their needs well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.

Staffing and recruitment

- The service had enough staff, for people to take part in activities and visits how and when they wanted.
- Staff working at the home had been employed for a number of years. Staff recruitment processes had taken place at the point of employment. However, the provider had failed to ensure DBS checks had been renewed or undertaken a risk assessment to determine and assess the risks of not renewing DBS checks. This meant the provider had not taken all steps to continue assessing the suitability of staff at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager began the process of renewing DBS checks following the inspection.

Using medicines safely

- People were supported by staff who had received training around medicine administration. The registered manager and staff told us about informal processes for checking staff's competency in giving medicine. However, there were no recorded medicine competency checks in line with good practice guidance. Recorded medicine checks enable providers to have a consistent approach in assessing and evidencing staff members competency in administering medication.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- People received support from staff to make their own decisions about medicines wherever possible.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect

them from abuse.

- Staff had training on how to recognise and report abuse and they knew how to apply it.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- There were checks in place to monitor infection control practice.

Visiting in care homes

- People were supported to have visitors in the home with no unwarranted restrictions in place. Relatives we spoke with confirmed this.

Learning lessons when things go wrong

- There were systems in place to record and take action in relation to incidents that occurred at the service. Incidents were reviewed and steps put in place to reduce the chance of reoccurrence.

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 good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The different training topics staff completed were not available in a format that enabled the registered manager to have clear oversight of when refresher training was due to be completed. We identified that some refresher training was out of date. Whilst the registered manager took action to plan for staff to complete this refresher training, this lack of oversight had meant there was a risk that staff would not have up to date knowledge around these training topics.
- Staff received support in the form of supervision, appraisal and recognition of good practice. Staff we spoke with felt supported in their roles. One staff member told us, "It's good we have the management keeping an eye on us and making sure we are happy."

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

- People had care and support plans that were personalised and people and staff reviewed plans regularly together.
- Most people had lived at the home together for many years. The registered manager was clear that any new admissions to the home would need careful consideration including that of the impact to those currently living at the home.

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

- People received support to eat and drink enough to maintain a balanced diet. One person told us, "The food is very good and lovely." Another person told us, "The food is lovely."
- People were involved in choosing their food and planning their meals. We observed a weekly menu planning meeting where all the people living at the home were consulted on what they would like to eat for the forthcoming week. Individual choices were noted, and the menu adapted accordingly.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. Some people chose to eat at different times than others and we saw that this was accommodated.

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

- People were supported to attend annual health checks, screening and primary care services. We saw that people had been supported to attend appointments with varying healthcare professionals based on their individual needs.
- People were referred to health care professionals, where their needs changed, to support their wellbeing and help them to live healthy lives.
- We were informed of positive outcomes people had in relation to their healthcare needs. For example,

with the support and encouragement from staff one person had given up smoking.

- People benefitted from a staff team who consistently worked with them and therefore could recognise changes in health care needs more easily and escalate.

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

- People's care and support was provided in a safe, clean, well-furnished and well-maintained environment. We noted that there were areas of the home that required re-decoration. The registered manager informed us there were on-going works scheduled to ensure this was completed.
- People had personalised their bedrooms, based on their interests and things that were important to them.

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.

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.

- Staff empowered people to make their own decisions about their care and support.
- People were involved in choices in all aspects of their care.

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 changed to requires improvement. 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; Continuous learning and improving care

- Systems had not always been effective in identifying where records lacked information about the risks associated with people's care and care plans had not always been kept up to date.
- Systems to oversee when staff were due refresher training within set timescales were not effective. Some refresher training had lapsed.
- Systems and processes to ensure the on-going suitability of staff had not been effective. Staff DBS checks had not been renewed since their employment.
- Systems to assess staff competencies in medicine administration had not been formalised and there were no recorded medication competency checks.
- There were no records available of provider checks carried out at the service. The provider informed us of informal methods of maintaining oversight of the service, but these had not been recorded.

Systems were not robust enough to demonstrate effective monitoring of the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us of action taken to begin to address these concerns. This included applying for DBS renewals, updating care records and supporting staff to undertake their refresher training.
- The registered manager informed us of future plans to introduce an electronic care planning system. This would support the service in maintaining accurate records and monitoring people's care more easily.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy living at the home. One person told us, "It's a lovely house to live in. The people are very nice to you." Another person told us, "I love it here. I am well fed and well looked after. I want to live here my whole life."
- Relatives were happy with the support their loved one received. One relative told us, "The staff know [name of person] well and understand their needs. There is not one of the staff I wouldn't trust." Another relative told us about the service, "It's brilliant. You can tell [name of person] likes it." This relative further told us, "The staff are very good. They know what each person needs are."
- Staff enjoyed supporting people at the home. One staff member told us, "I love it here. I love interacting

with the [people] and doing activities with them." Another staff member told us, "There is a relaxed atmosphere. It is like a proper home and everyone gets on well."

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Management and staff put people's needs and wishes at the heart of everything they did. We saw people approaching staff with ease stating what they wished to do or raising support requests. Staff facilitated people's requests for routine activities which provided people with security and comfort.
- Whilst we found no concerns relating to a closed culture at the service, there were risk factors within the service that needed to be considered. For example, some people living at the service were choosing to become more socially isolated with age and some people had no living relatives to consult with.

We recommend the provider reviews best practice guidance and puts measures in place to assess and monitor the risks associated with a closed culture within the service.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood their responsibility under duty of candour. They were open throughout the inspection process and wished to make improvements in the service as a result of the inspection.

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

- The registered manager sought regular feedback from people and used the feedback to develop the service.
- We saw people were fully involved in all aspects of their care and in providing feedback about their care.
- People worked with managers and staff to develop and improve the service.
- Staff felt well supported by the management team. They felt able to make suggestions for improvements in the service and felt able to raise concerns with managers without fear of what might happen as a result.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped people to maintain and improve their wellbeing.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems were robust enough to enable effective monitoring of the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c).</p>