

Lifestyle Care Management Ltd

Knights Court Nursing Home

Inspection report

105-109 High Street
Edgware
Middlesex
HA8 7DB

Website: www.lifestylecare.co.uk

Date of inspection visit:
20 March 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 20 March 2017.

Knights Court Nursing Home provides accommodation and nursing care for up to 80 older people, some of whom may also have dementia. There were 62 people living at the home when we visited.

At our last inspection on 27 and 28 July and 1 August 2016 we rated the service as "Requires Improvement". We found breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to documentation and audits. We also made a recommendation in respect of activities available in the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided in the home. People told us they felt safe in the home and around staff. Relatives of people who used the service told us they were confident that people were safe in the home and raised no concerns in respect of this.

Our previous inspection found that a number of people had acquired pressure sores that were rated as grade three or four, which meant they were at high risk of developing life-threatening infections. During this inspection on 20 March 2017 we found that the number of people with pressure sores in the home had reduced significantly.

During our visit, we reviewed people's care and support records looking at how pressure area risks were identified and managed for people. Our last visit found that there was a lack of consistent documentation in respect of turning and repositioning of people. During this inspection on 20 March 2017, we found that the home had taken necessary action in respect of this and made significant improvements to the way in which they recorded turning and repositioning of people.

Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. People's care needs and potential risks to them were assessed. Staff prepared appropriate care plans to ensure that that people received safe and appropriate care. People had access to healthcare professionals.

There were systems and processes in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

On the day of the inspection, we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed. However, people who used the service and relatives we spoke with told us that staffing levels were inadequate. The majority of staff we spoke with told us that generally there were sufficient numbers of staff. We discussed this with the registered manager and she provided us with the staff dependency tool they used in order to decide the appropriate level of staffing required. The registered manager also explained that since the last inspection, they had an extra member of care staff on duty during the day on one unit.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal. Some people were prescribed medicines to be taken "when required". However, the protocols were not always up to date. We saw that the clinical lead had identified this as part of the medicines monthly audit and had already started to update people's care plans and "medicines when required" protocols.

Staff employed by the home underwent a robust procedure to check they were appropriate to work with people. Staff were provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from management.

People's health and social care needs had been appropriately assessed. Care plans were person-centred and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS and we saw evidence that authorisations had been granted and some were awaiting approval.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. There were mixed reviews about the food provided. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented.

On the day of the inspection, we observed some positive interaction between staff and people who used the service. The overall atmosphere in the home was calm and we saw people were treated with respect and dignity. However, during lunch we observed that there was a lack of interaction from staff. Staff were task focused and failed to sit and interact with people to ensure lunchtime was an enjoyable and sociable experience. We observed staff talking with one another rather than with people. We have made a recommendation in respect of this.

People and relatives spoke positively about the atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

During the previous inspection, we found that there was a lack of activities available for people to participate in at the home and made a recommendation in respect of this. During this inspection on 20 March 2017, we found the home had taken action and made significant improvements in respect of this.

Since the last inspection, they had employed two activities coordinators and implemented a monthly activities timetable. A variety of activities were available which included coffee mornings, arts and craft, armchair netball, film matinee and bingo.

Staff were informed of changes occurring within the home through handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The home had carried out a satisfaction survey in April 2016 and the registered manager confirmed the next survey was due to take place in April 2017. People and relatives spoke positively about the registered manager. They said that the registered manager was approachable and willing to listen. Complaints had been appropriately responded to in accordance with the home's policy.

There was a management structure in place with a team of nurses, care workers, kitchen and domestic staff, clinical lead, deputy manager and the registered manager. Since the previous inspection, the home had appointed a new deputy manager and clinical lead. The deputy manager had been in post for approximately six weeks and the clinical manager in post for approximately three months at the time of the inspection.

Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about the registered manager and the support received from her. They said that they did not hesitate about bringing any concerns to management.

During the previous inspection, we found there were some areas of care where the quality of the service people received was not effectively checked and the home failed to identify failings. We found a breach of regulation in respect of this. During the inspection on 20 March 2017, we observed that the home had made significant improvements in respect of this. We found deficiencies in respect of medicines and interaction between care staff and people and found that the home had already identified these areas for improvement through their own internal audits and were in the process of addressing these issues. It was therefore evident that the home had an effective system in place for assessing, monitoring and improving the quality of the care they provide.

The home undertook checks and audits of the quality of the service in order to improve the service as a result. We saw evidence that regular audits and checks had been carried out at regular intervals in areas such as health and safety, equipment, cleanliness of the home, medicines and staff training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The home was safe. There were arrangements place in relation to the management and administration of medicines.

People and relatives we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staff underwent a series of checks before starting work to help ensure they were appropriate for their roles.

Is the service effective?

Good ●

The home was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by the registered manager.

People's nutritional needs were met.

People were supported to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

Is the service caring?

Requires Improvement ●

The home was not always caring. We observed that staff failed to positively interact with people during lunch and made a recommendation in respect of this.

We saw people were treated with respect and dignity.

The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of

people's care and support needs.

Is the service responsive?

Good ●

The home was responsive. There were a range of activities available for people to participate in at the home.

Care plans were person-centred, detailed and specific to each person's individual needs.

The service carried out a formal satisfaction survey in order to obtain feedback from people who used the service and relatives.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The home was well-led. Checks and audits had been undertaken and we saw that these were effective as they highlighted areas where improvements were required.

People and relatives told us that the registered manager was approachable and they were able to raise concerns with her if they needed to.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

Knights Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 March 2017 and was unannounced. The inspection team consisted of two inspectors, a pharmacist inspector, a specialist advisor who was a tissue viability nurse, 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.

Before the inspection we reviewed information we had about the service in our records. This included information about safeguarding alerts, notifications of important events at the service and information from members of the public.

The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our visit we spoke with nine people who use the service and ten relatives. We observed care and support to people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eighteen members of staff which included eight care workers, four nurses, one activities coordinator, domestic staff and management. We also spoke with one care professional who had contact with the home.

We looked at 15 people's care and support records and seven staff personnel files. We looked at other records related to the management of the service such as records of audits and checks, complaints, meeting minutes, maintenance records and health and safety records.

Is the service safe?

Our findings

When asked whether people felt safe in the home and around staff, one person told us, "Yes, I know I am going to be well looked after." Another person said, "It is very secure here. I don't have to worry about anything. They ask me if anything is wrong and I can talk to them." Another person told us, "It is very safe. It has never been an issue."

Relatives we spoke with told us they were confident that people were safe in the home. One relative said, "I think this place is fantastic. The doors are locked so my [relative] can't just walk out." When asked whether they felt their relative was safe in the home, one relative told us, "Yes, I do, there is always someone around to look after him." Another person said, "I think so. We haven't had any problems and I have not seen anything that concerns me."

During our previous inspection in July and August 2016, we found that some practices within the home left people at risk of unsafe care and support. During that inspection, we found that there were seven people that had acquired pressure sores which were a grade three or four. This meant that they were at risk of developing life-threatening infections. During this inspection on 20 March 2017 we found that the number of people at the home with pressure sores had fallen to three.

The previous inspection found that the home was not consistently maintaining accurate and complete records in respect of people's care particularly in relation to the turning and repositioning of people. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection on 20 March 2017, we found that the home had made significant improvements in respect of this. Since the last inspection, they had changed the format of their care and support records so that they were user friendly for care staff. We found that people's turning and repositioning charts were up to date and complete.

During the previous inspection, we found that comfort round charts were not accurate and complete. These were charts which recorded hourly or two hourly checks of people which included their position, pain, nutrition and toileting. However, during this inspection the registered manager explained that the home no longer used these and instead had one file where all of this information was recorded. We found that these were up to date and completed fully.

We also spoke with a care professional who visited the home on a regular basis. The person said that the home had made improvements in respect of their care documentation.

During this inspection on 20 March 2017, we looked at the efficiency of pressure relieving mattresses at the home. Pressure relieving mattresses are designed to reduce the chance of pressure sores for those people who have mobility problems and spend much of their time in bed. Our previous inspection found that pressure mattress settings were not always set at the correct level and were therefore not being monitored and managed effectively. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection on 20 March 2017, we found that the home

had taken action and had made significant improvements in respect of this. Pressure relieving mattresses were deployed according to risk and people's weight which was monitored monthly and clearly documented on the machines as to the recommended setting. We found pressure relieving mattresses were set at the correct level for people. We also saw documented evidence that the clinical lead nurse carried out checks to monitor and check that these were at the correct level and changed where necessary.

During our inspection on 20 March 2017, we observed that some of the mattresses were old and were in the process of being replaced. We spoke with the registered manager about this and she confirmed that the home had replaced approximately half of the mattresses and were in the process of replacing the remaining ones. She explained that those people who were at high or very high risk had already had their mattresses replaced and people who were at low and medium risk would have them replaced in due course. There was a plan in place to replace two to three mattresses per month and nurses carried out mattress checks and these were documented.

We spoke with the registered manager about the progress the home had made in respect of pressure sore care. She explained that since the previous inspection there had been a "heightened awareness" in the home about the importance of pressure sore care. We were provided with documented evidence to confirm that staff had received further training around tissue viability and pressure sore care following the inspection. Staff we spoke with had a good understanding of this area of care.

People's care needs had been assessed. Care plans included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. The home had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition.

Our previous inspection found that the front door to the home was open throughout the day. During our inspection on 20 March 2017, we found that the front door to the home remained locked.

We looked at the staff rota and discussed staffing levels with the registered manager and staff. On the day of the inspection staffing levels consisted of the registered manager, deputy manager, clinical lead nurse, domestic and kitchen staff, nurses and care staff. The majority of staff we spoke with told us there were sufficient numbers of staff for them to attend to their duties. One member of staff told us, "Staffing numbers vary according to the number of people in the home. There is flexibility. There are enough staff."

We spoke with people who used the service and relatives and received mixed reviews about staffing levels. When asked about staffing levels, one person told us, "They could do with some more." Another person said, "They are always busy." One relative told us, "I don't know what numbers they have but for the most part it seems ok." Another relative said, "They could do with a few more. I mean there is always someone around but some people here require a lot of support."

We discussed the feedback received from people and relatives about the staffing levels with the registered manager. We asked how the home determined how many staff they required on each unit and the registered manager provided us with the staff dependency tool they used in order to decide this. We noted that this tool detailed each person's care needs and gave each person a score in order to decide how many staff were required. The registered manager explained that this was reviewed monthly. The registered manager also explained that since the previous inspection, they had an extra member of care staff on duty during the day

on one unit. She explained that they continuously reviewed staffing numbers depending on people's needs and occupancy levels and at the time of the inspection there were sufficient staffing levels.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records and found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

Staff had received training in safeguarding adults procedures and knew what to do if they had concerns a person was being abused. Care staff knew about the different types of abuse, told us they would immediately report any concerns, and knew to contact the local safeguarding authority if necessary. Our records showed that the home had responded appropriately to allegations of abuse and cooperated with local authority investigations.

The home had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

When asked whether people received their medicines on time, people told us, "Yeah always on time. They explain it to me. I just need to ask." Another person said, "Yes, it has never been a problem." Another person told us, "Yes, all the time. I get given it by the nurse."

During this inspection, we checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All medicines were available for people and staff we spoke with were able to tell us how they obtained medicines in an emergency. The medication administration records (MAR) were clear and medicines were recorded accurately. We looked at 15 MAR charts and found no gaps in the recording of medicines administered with the exception of one, which provided a level of assurance that clients were receiving their medicines safely, consistently and as prescribed. For example, we saw that two medicines were to be administered at 8am to a person on the day of inspection, however there was a gap. We discussed this with a nurse who was administering the medicines who informed us that the person requested to have the medicines at the end of the medicines round, however this detail was not included in the MARs. The medicines were later given to the person as requested at 11am and the MAR was signed by the nurse who also informed the clinical lead nurse to query the change in time with the GP. We saw that each person had a photo to aid identification and information about their allergies how they liked to take their medicines and to support staff.

Some people were prescribed medicines to be taken "when required". However, the protocols were not always up to date. We saw evidence that the clinical lead nurse had identified this as part of the medicines monthly audit and had already started to update people's care plans and "medicines when required" protocols.

For pain killers we saw that pain scales were used to help staff decide when the medicine was needed when people could not communicate. We saw some people were unable to make decisions about their medicines and these people had their medicines administered covertly. This was done after a mental capacity assessment and best interests' decision had been made. We also saw that the home was in the process of gaining medicines information from the pharmacy and GP on how to give medicines covertly. We saw that the supplying pharmacy did a thorough bi-annual audit. This had last been carried out in February 2017 and we saw that a recommendation to continue competency assessments for all staff administering medicines

had been made.

We checked medicines training and competency assessments for nursing staff and found they had all received up to date training in the past 12 months, which was followed up by a competency assessment carried out by the clinical lead nurse or the service manager.

Medicines were stored safely and appropriately including controlled drugs which require additional security and medicines needing refrigeration. We saw that weekly checks were done on all controlled drugs and there were records to show nursing staff were calibrating the blood glucose monitor weekly. However, we did see on one unit that medicines for disposal were kept out on the workbench without any signage to inform other staff what these medicines were and therefore there was a potential for these medicines to be used inappropriately. The clinical lead nurse informed us that all other medicines were locked and medicines that people no longer needed were kept out to return to the pharmacy. The clinical lead also told us that they would put trays on the work bench with a clear label so that all nurses and care workers were aware that these medicines were no longer in use.

There was a record of essential maintenance carried out to ensure that people lived in a safe and pleasant environment. There was a daily health and safety checklist which included checks of the premises to ensure they were safe. Safety inspections had been carried out on the hoists and slings. The gas boiler had been inspected. There was a record of weekly checks of the hot water temperatures to ensure that people were not put at risk of scalding. The electrical installations inspection had been carried out and there was documented evidence of maintenance work carried out on the home's wiring.

There were suitable arrangements for ensuring fire safety in the home. Each person had a PEEP (personal emergency and evacuation plan). There was an evacuation plan for the home. There was an updated fire risk assessment and fire equipment contract. The fire alarm was tested weekly to ensure it was in working condition. Two fire drills had been carried out recently. The emergency lighting had been checked monthly.

We spoke with one care professional about the cleanliness of the home and they told us that the home had made improvements in respect of this. On the day of our inspection, we found the home was clean. Each person's room was cleaned daily and we noted there were no unpleasant odours on our arrival. However, we observed that there was a smell of urine in one person's bedroom and discussed this with the registered manager. She explained that she was fully aware of this and was trying to resolve this. She explained that the home were having difficulty managing this but were taking all necessary action to resolve the situation and provided us with further detail regarding this.

There was an infection control policy and measures were in place for infection prevention and control. We noted that staff had access to protective clothing including disposable gloves and aprons. We visited the laundry room and discussed the laundering of soiled linen with laundry staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature.

We checked people's bedrooms and found that call bells were within reach for those that were able to use them. Where people were not able to use the call bell, there was a poster on their wall detailing this. The registered manager confirmed that staff checked on them hourly and we saw this was consistently documented.

Is the service effective?

Our findings

People told us they were satisfied with the care provided by staff at the home. One person said, "Staff are very good." Another person told us, "Never been any problems with the staff. They are always nice to me." Relatives told us they were confident that staff had the necessary skills to effectively look after people. One relative told us, "Everyone I have spoken to is wonderful and really seems to know what they are doing." Another relative said, "I have no complaints about any of the staff they are all very good." Another relative told us, "I don't know what training they have but I have no complaints about any of them."

At our inspection of Knights Court Nursing home we found the home was not consistently maintaining accurate and complete records in respect of people's care. For example, fluid and food charts were not always completed accurately. We found this was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection on 20 March 2017, we found the home had taken action in respect of this and had made significant improvements. Care records had been reviewed and the home had adopted a new format of care support plans. We found that these showed that nutritional needs of people were monitored. Where people had a low weight and a low body mass index, the home referred them to the dietician or GP for advice and we saw evidence they were monitoring people's progress. Fluid and food charts were in place to record people's food and fluid intake and we found that these were accurate and up to date.

Staff had the knowledge and skills to enable them to support people effectively. We saw evidence that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Some care staff were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff spoke positively about the registered manager and told us that they felt supported by her. They commented on the good team spirit amongst staff, good knowledge and skills possessed by staff in the home. One member of staff said, "The support is really good. The manager is very hands on. She is 100% supportive." Another member of staff told us, "The manager is very good. She is helpful."

Feedback we received about the food provided in the home was generally positive and no concerns were raised with us. When speaking about food in the home, one person told us, "It is alright. We get plenty of it."

Another person said, "We get some choice in what we want. It is not always the same things." Another person told us, "I really like the food. It is nice."

Relatives we spoke with did not raise concerns about the food provided in the home. One relative said, "It doesn't seem too bad and [my relative] has never complained about it." Another relative told us, "I think they are well fed. We give them a list of meals every four weeks of the things they can make." Another relative said, "As I am here a lot I get to talk to chef and get them to change anything I would like. Yes they always listen and try and help out."

The home had a weekly menu and it included a variety of different types of foods. There were alternatives for people to choose from if they did not want to eat what was on the menu. We looked at the food provided during lunch on the day of the inspection and noted that people appeared to enjoy it. However, we observed that the lunch that was provided for one person who was on a pureed diet was not presented attractively. This person did not appear to enjoy their meal. We spoke with the registered manager about this and she confirmed that she would look into this. She explained that the home was trying to introduce as much fresh produce in people's diet which included fruits and vegetables. However, she acknowledged that there had been a delay in respect of the home putting this into action. She explained that she would speak with the head chef and management about this.

On the day of the inspection, we found the kitchen was clean and there were sufficient quantities of food available. There was documented information in the kitchen which showed each person's specific dietary needs and preferences. The head chef told us this was updated weekly or as people's needs changed.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that care records contained mental capacity assessments including information about people's mental state and cognition. Staff had knowledge of the MCA and training records confirmed that the majority of staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and some authorisations were in place and some were awaiting approval which the registered manager was fully aware of.

People had their healthcare needs closely monitored. Care records of people contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by GP and other professionals were documented in people's records.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place. DNACPR forms we viewed were signed by the GP, relatives and nursing staff and were up to date. There were also care plans in place which clearly stated the

end of life wishes for people.

Is the service caring?

Our findings

People told us that they were well cared for in the home and that they were treated with respect. One person told us, "They are caring they all are very nice." Another person told us, "They are lovely people I like them and get on with me." Relatives spoke positively about the care provided in the home. One relative said, "They are very caring and very helpful. They try their best." Another relative said, "They are very caring. You have to be for a job like this."

Whilst the feedback received from people and relatives was positive, we observed there was a lack of positive interaction between care staff and people who used the service. During the inspection, we spent time observing lunch being served and found that the atmosphere was dull as there was a lack of interaction from staff. We saw that staff were more task focused and did not sit and interact with people to ensure lunchtime was an enjoyable and sociable experience. Instead, staff talked to one another rather than with people. We also observed that staff failed to offer people choices when providing their food. We discussed this with the registered manager and she explained that she was aware of this issue and explained that the majority of staff had attended training in "customer service & dignity in care" since the last inspection. However, she did not feel that this training had provided staff with practical training in respect of interacting with people. We noted that the home had already identified this issue and had carried out a meal time observation check in February 2017. This audit identified there was a lack of interaction from staff and made numerous recommendations in respect of this which they were working through.

We observed interaction between staff and people throughout the day of the inspection and whilst we noted that there were instances where staff did engage with people positively, there were occasions when some staff failed to engage in conversations with them.

We recommend that the home take action to ensure that staff interact positively with people.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs.

We saw information in people's care plans about their life history and their interests. However we noted that this was not consistent in each file we looked at. We spoke with the registered manager about this and she explained that some people did not wish to complete this information and some people did not have family that were able to help staff do this. The manager explained that where this was the case, a note would be made in the care records so that it was clear.

At the previous inspection we noted that the home was in the process of transferring information from old format care plans into new format care plans. During this inspection on 20 March 2017 we found that the home had completed this and they were using the new format care plans for all people. Care staff and

management were able to provide us with information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

People were supported to maintain relationships with family and friends. Relatives told us that they were well treated whenever they visited the home and they were kept informed about their family member's progress.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included a cultural, spiritual and social values section. The registered manager explained to us that all people in the home are valued as individuals and treated with dignity and respect. She explained that the home supported people to continue practising their beliefs for example by helping them to access church ministers, local leaders or any other representation of their chosen culture or religion. The home had visits from local religious ministers weekly and this was confirmed by relatives.

The home had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity. They informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

Kitchen staff were fully aware of people's cultural meal requests and we saw that this information had been documented. Halal, Kosher and vegetarian meals were provided for some people who used the service.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounges and some people chose to spend time in their bedroom.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved. This provided staff with current guidance on meeting the needs of people.

Is the service responsive?

Our findings

People and relatives told us the home was responsive to their needs and they felt able to complain if they needed to. One relative told us, "They contact us all the time to making sure we are kept in the loop." When asked whether they felt able to complain, one relative said, "I would talk to the manager. She is fantastic and I am sure she would help. We haven't made a complaint so far." Another relative said, "I would talk to the manager. She is very good and helpful."

The registered manager explained to us that she ensured that people felt able to raise their concerns and issues and had an opportunity to voice their opinion. People and relatives told us that they had confidence in the registered manager.

There was a complaints policy which was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. The home had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. We saw that one complaint was outstanding and raised this with the registered manager. She explained that the home were still investigating the complaint and would respond accordingly in due course but confirmed that an initial letter had been sent to the complainant.

At our previous inspection of Knights Court Nursing home we found that there were a lack of activities available to people in the home and we made a recommendation in respect of this. During this inspection on 20 March 2017, we found the home had taken necessary action and made significant improvements in respect of this. Since the last inspection, we noted that the home had employed two full time activities coordinators. During the inspection, we spoke with one of the activities coordinators. She explained that they had implemented a monthly activities timetable and ensured they planned activities in advance. We looked at the activities timetable for March 2017 and saw that there were a variety of activities available which included coffee mornings, arts and craft, armchair netball, film matinee and bingo. On the day of the inspection we saw there was rabbit therapy available. The activities coordinator took a rabbit around the home for people to pet and spend time with. We saw that this was very popular amongst people in the home. We also noted on the day of the inspection, people were celebrating one person's birthday so the home provided a birthday cake for the celebrations.

We spoke with the activities coordinator about the activities available for people with dementia and those that were bedbound. She explained that they did sensory activities with these people and also did one to one room visits twice a week as well as pet therapy. We saw this was documented on the activities timetable.

We also saw evidence that the home arranged a monthly entertainer and celebrated calendar events such as Easter, Christmas, St George's Day and St Patrick's Day.

The home had a weekly newsletter called "Weekly Sparkle". This provided information about world events that had occurred on the same date but in different years as well as a section called, "The way we were"

which provided information that people could relate to. There was also a quiz for people to complete if they wished to do so. The aim of this newsletter was to enable people to reminisce and encourage people to talk with one another.

Quarterly meetings were held for people living at the home and relatives where they could give their views on the day to day running of the home. People confirmed these occurred and we saw evidence they were documented.

The home carried out satisfaction surveys prior to resident and relative meetings. This enabled management to review the feedback before meetings and then provide feedback to people at the meeting. We noted that the last survey had been carried out in April 2016. The registered manager confirmed that the next satisfaction survey would be carried out in April 2017 and the resident's and relative meeting was scheduled for 28 April 2017.

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been assessed prior to them moving into the home. These assessments included information about a range of needs including health, social, care, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised.

Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

Is the service well-led?

Our findings

People spoke positively about the registered manager and said that they had confidence in her and the management at the home. When speaking about management, one person told us, "They are brilliant. They go out of their way to help you." Another person said, "The manageress is brilliant."

Relatives expressed confidence in the registered manager and management in the home. When speaking about the registered manager, one relative said, "She is wonderful, easy to talk to and has an open-door policy." Another relative told us, "I can't say enough good things about her." Another relative said, "I really do think she is doing a fantastic job." Another relative, "I've not had to deal with her that much but she will always pop in and make sure everything is alright and if we need anything."

One care professional we spoke with told us that management liaised closely with them and had a good working relationship with them.

On the day of the inspection, we observed interaction between the registered manager and people who used the service. We observed that she showed an interest in people and we saw respectful and caring interactions between her and people. She was attentive and talked in a gentle and pleasant manner to people. People appeared comfortable and at ease in the presence of the registered manager.

There was a management structure in place with a team of nurses, care workers, kitchen and domestic staff, the clinical lead, the deputy manager and the registered manager. Since the previous inspection the home had appointed a new deputy manager and clinical lead. The deputy manager had been in post for approximately six weeks and the clinical manager in post for approximately three months. Feedback from staff was generally positive about the management team.

During the previous inspection, we found the registered manager was very much responsible for the day to day running of the home and that certain tasks had not been delegated to the clinical lead or deputy manager who were in post at the time. During the inspection on 20 March 2017, we spoke with the registered manager about developments with management since the previous inspection. She explained that she had a good working relationship with the clinical lead and deputy manager and said that the appointment of the clinical lead had "made a real difference" and things had very much improved. She explained that she was now able to delegate work and responsibility to the management team that supported her.

The previous inspection found there were some areas of care where the quality of the service people received was not effectively checked and the home had not identified failings. For example; at the last inspection the home had failed to identify the inconsistencies in the care documentation and pressure mattress settings. We previously found the home was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection on 20 March 2017, we observed that the home had taken action and made significant improvements in respect of this. There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The home undertook checks and audits of the quality of the service in

order to improve the service as a result. We saw evidence that regular audits and checks had been carried out at regular intervals in areas such as health and safety, equipment, cleanliness of the home, medicines and staff training.

During this inspection on 20 March 2017, we found that the home had already identified areas for improvement through their own internal audits and were in the process of addressing these issues. It was therefore evident that the home had an effective system in place for assessing, monitoring and improving the quality of the care they provide.

Accidents and incidents were recorded and signed by staff. However, we saw two incidents involving falls to people did not contain guidance to prevent a re-occurrence of accidents. This is needed to provide guidance for staff and people. We spoke with the registered manager about this and she explained that this had been an oversight and they would ensure that information was included.

Staff we spoke with told us that communication amongst staff in the home was good. The home held daily meetings where they could discuss the care of people and any specific issues on a daily basis. We also saw evidence that there were quarterly staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, complaints and health and safety. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.