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Thomas Knight Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Thomas Knight is a care home that provides accommodation and nursing care for a maximum of 54 people, some of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Thomas Knight accommodated 53 people at the time of the inspection.

At our last inspection in September 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who were able to speak with us told us they felt safe living at Thomas Knight. A number of people were living with dementia and were less able to communicate but we observed they appeared relaxed and comfortable in their surroundings.

Checks on the safety of the premises and equipment were carried out although timescales set by the provider were not always met meaning some checks had been missed. Documentation did not always detail the location or exact item checked. We did not, however, see any unsafe equipment and we spoke with the deputy manager who sent us an updated checklist with realistic timescales and more detail regarding the location and type of equipment checked, following our inspection. Risks to people were assessed and plans put in place to mitigate these.

Staff had received training in the safeguarding of vulnerable adults and knew the procedures to follow in the event of concerns. We found the whistleblowing policy had been used when staff had concerns about aspects of care they felt should be investigated.

Safe recruitment procedures were followed which helped protect people from abuse. There were suitable numbers of staff on duty and a stable team, including nursing staff. There was no agency staff use.

Safe procedures remained in place for the management of medicines. There were some gaps in Medicine administration records [MARs] which we were told were usually picked up daily but some had been missed. We have made a recommendation about this.

Staff received regular training, appraisal and supervision, and told us they felt well supported in their roles. Checks on nurses registration status were carried out on a regular basis to ensure they remained registered to practise.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There was

variation in the quality and detail of records relating to capacity issues and we spoke with the deputy manager about this. They agreed they should be reviewed and improved where necessary. We have made a recommendation about this.

People were supported with eating and drinking, professional advice was sought where there were concerns regarding their nutrition. People had access to a variety of health professionals and were supported to attend routine hospital appointments for the management of long term health conditions.

Staff were very caring and courteous in their interactions with people. We observed numerous examples of kind and compassionate care. Staff knew people well and used this knowledge to support people very effectively during periods of distress.

Person centred care plans were in place which were detailed and contained information about people's individual needs, preferences and wishes. These were up to date and regularly reviewed.

A complaints procedure was in place and complaints had been responded to in line with the company policy.

A range of activities were available, and there was a dog living in the home who was very popular with people living there.

A new registered manager had been appointed since the last inspection. Staff told us they felt well supported by the manager and deputy who they said were approachable and listened to them.

Robust governance systems were in place which clearly outlined action to be taken, timescales for completion, and who was accountable to ensuring it was complete. This meant a clear audit trail was in place.

A number of improvements had been made since the last inspection and the managers were working closely with the management of their sister home. There was an increased focus on sharing best practice and learning from incidents across the two homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Thomas Knight Care 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 comprehensive inspection took place on 11 October 2018 and was unannounced.

It was carried out by an inspection manager and one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted the local authority contracts and safeguarding teams. We used the information they provided when planning the inspection.

During this inspection we carried out general observations. We also spoke with the local authority contracts and safeguarding teams. We used the information they provided when planning this inspection. We also spoke with a vocational training assessor and an independent quality auditor employed by the provider.

During our visit we spoke with nine people, four relatives, the deputy manager, two nurses, a senior care assistant, two care assistants, an activities coordinator and a kitchen assistant. The registered manager was not on duty during the inspection. We looked at care records for three people, three staff recruitment records, four medicines records, and a variety of records relating to the quality and management of the service.

Good

Is the service safe?

Our findings

People using the service appeared safe and well cared for. Staff told us they felt proud to provide safe care. One staff member told us, "We would not tolerate anything other than safe compassionate care."

Safe systems were in place for the recruitment and selection of staff including checks carried out by the Disclosure and Barring service [DBS]. The DBS carries out checks on the suitability of staff to work with vulnerable people. This helps employers make safer recruitment decisions.

There were suitable numbers of staff on duty. A stable team of permanent nurses was employed and there was no agency nurse use.

Individual risks to people were assessed. Risks assessed included those relating to mobility, moving and handling, falls and pressure ulcers. Care plans were in place to mitigate risks and a record of all accidents and incidents was kept. The registered manager analysed these and monitored for patterns or trends in order to try to prevent reoccurrence.

Regular checks were carried out on the safety of the premises and equipment. The frequency of these checks had been set by the provider and we found some checks were carried out more frequently than required. The burden of this meant other checks were sometimes missed. Records did not always clearly identify specific pieces of equipment or their location making it difficult to check that no equipment had been missed. We did not, however, see any unsafe equipment.

We spoke with the deputy manager about this who agreed with our findings and forwarded new documentation with additional detail and clarity, with realistic and safe timescales for completion.

No fire safety concerns were identified. An external contractor had carried out a fire safety assessment and had not made any recommendations.

Safe systems for the management of medicines continued to be in place. There were minor gaps in medicine administration records [MARs] and the nurse and deputy manager told us they would monitor and address these.

There were no protocols in place which described the precise circumstances under which as required medicines should be given, such as pain killers of medicines for anxiety and distress. These are best practice and important when people are unable to verbally communicate their needs.

We recommend as required medicine protocols are put in place.

We found the standard of cleanliness to be satisfactory in the home. Staff received infection control training and we observed they followed infection control procedures when carrying out their work including the use of gloves and aprons where necessary.

Good

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found the service was operating within the principles of the MCA but that documentation relating to capacity varied in quality and detail, and were not always easy to locate. We discussed with the deputy manager who agreed to review these.

People were supported by staff who were suitably trained and supported. Staff received regular training and told us they could access additional training about specific conditions if they needed to. Avocational training assessor told us, "Learners are well supported by management."

We reviewed the training matrix and found staff had received training in subjects considered mandatory by the provider, including moving and handling, safeguarding and infection control.

The registered manager had introduced a new competency framework and nurses and senior care staff had been given extra responsibilities to enable them to develop in their role. For example, nurses were taking responsibility for certain audits previously carried out by managers. The registered manager carried out regular checks of the Nursing and Midwifery Council [NMC] nursing register to ensure all nurses registration status was up to date.

People were supported with eating and drinking and told us they enjoyed the food. A number of people in the home were living with dementia and we saw they were supported sensitively and discreetly with their meals. Specialist dietary advice was sought when nutritional assessments showed people were at risk of malnutrition.

People were supported to transition between services and between home and hospital. Pre admission assessments were carried out so the service could be sure they could meet people's needs before they moved into the service.

The health needs of people were met. Records showed people had access to a range of health professionals including GP, community nurses, audiology and dentists.

The environment was generally well maintained and clean and tidy. A number of improvements had been made to the environment including the creation of a garden room. This gave the illusion of outdoor space indoors and was used by people to relax.

There was some attention to dementia friendly design including the use of contrasting colours in bathrooms and pictures which helped orientate people to the purpose of the room, such as images of food in dining areas. This was an area the provider planned to develop further.

We recommend the provider considers dementia friendly environmental design best practice during future planned redecoration and refurbishment.

Good

Is the service caring?

Our findings

We observed numerous examples of kind and compassionate care. People and relatives told us they felt well cared for. Comments included, "The staff I interact with are the most delightful human beings" and "Everyone is always open and friendly when we come in." A relative told us, "I can't speak highly enough of them. They are very good and extremely caring. It has taken a lot of worry from my shoulders."

The atmosphere in the home was calm and staff were warm, friendly and approachable. We observed staff chatting to people and taking time to address them with a kind word or reassurance throughout the day.

Staff knew people well and used this knowledge to support people when they became upset or anxious. Some people living with dementia tended to become preoccupied and tearful and staff were very quick to intervene and through their in-depth knowledge of the individual, were able to say just the right thing to help them to relax.

Some people became upset during the inspection and staff supported them in a kind and sensitive manner. One person was upset as they didn't know anyone and felt lost and lonely. A staff member quickly noticed this and said, "Well the other day you sat with (name of person) and had a good chat. Would you like to do that again?" The person said they would.

People were supported to make choices throughout the day. Staff respected people's choices, and where they refused anything to eat for example, staff offered choices later in case people had changed their mind. When support was offered, staff checked people were happy with the level of support provided, in order to maintain independence. A staff member asked on person, "Would you like me to cut up your baked potato?"

Staff told us they were dedicated and committed and treated people as they would like their own family members to be treated. One staff member told us, "I think of myself as the person's family, especially if they have no family members to visit them. I think if this was my relative, what would I want for them? All staff think the same way."

We observed staff taking pride in their work. One staff member was delighted they had managed to encourage someone to eat a yogurt as they had been refusing to eat due to a sore mouth. They thoughtfully tried them with a cold yogurt hoping this would be soothing, and the person ate it all.

The privacy and dignity of people was maintained. Staff knocked on bedroom doors before entering and were discreet when offering personal care. Written records were stored securely to maintain confidentiality. Aprons were used to keep people's clothing clean during meals and were supported to change throughout the day if necessary. Staff told us some people had a tendency to take their clothes off in public areas through a lack of awareness of others due to their dementia related condition. They therefore kept a blanket nearby to quickly and discreetly cover the person should this happen.

There was no one using an advocacy service at the time of the inspection but staff knew how to access this for people if required. An advocate provides impartial support to help people make and communicate decisions.

Good

Is the service responsive?

Our findings

A variety of activities were available to people. There were two activities coordinators who planned activities and care staff supported them to deliver these. A weekly timetable was available which included, crafts, games, a gardener's club and regular visits to the church opposite the home for coffee mornings and other events.

The activities coordinators had also arranged 'inter home quizzes' where staff and people were invited to other local care homes for a quiz which had proven popular. We observed people taking part in activities during our inspection and enjoying listening to music. One person sat tapping their feet and shrugging their shoulders in time to the music which they were clearly enjoying.

Care plans in place were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care.

An "All about me" record we read gave a clear picture of the individual and described their individual needs and preferences well. Information was recorded to help staff to understand how they might recognise if the person was upset or in a positive mood. For example, it said, "If I am happy I will smile and enjoy your company and call you darling. I might be affectionate and cuddle you" and, "If I am unhappy I might call you pet and tell you to get out."

We read that the person took great pride in their appearance so we made a point of complimenting their smart clothing when we spoke to them. They were very pleased about this and smiled broadly which demonstrated information available to staff was important and useful in their daily interactions with people.

End of life care was provided in the home although no one was receiving end of life care during our inspection. Staff received training in how to support people at this important time and information about their wishes and preferences had been gathered and recorded where people were happy to share this information.

A complaints procedure was in place. Information about complaints was held by the provider and complaints received were responded to in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

A registered manager was in post who had become registered in November 2017. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager was not available at the time of the inspection and we were supported by the deputy manager. They told us they had been preparing for, and had been looking forward to our visit. Relatives spoke positively about the running of the service and told us the registered manager and deputy were approachable and helpful.

This was evident in meeting minutes and through conversations with staff who viewed the inspection as a positive experience from which to learn and grow as a service. Minor suggestions we made for improvement during the inspection were taken on board and viewed positively.

A vocational training assessor told us the registered manager and deputy worked well together. They told us, "Staff are well supported by the managers to meet their training and development needs" and a staff member told us, "They work well together. Any changes they make are for the benefit of the home. They listen to what we have to say if we don't think something is working." All staff spoke with told us the managers were approachable and supportive.

Regular robust quality assurance audits were carried out. Responsibility for these had been shared between different grades of staff including nurses and seniors to help with their development. Records were detailed and contained a description of any action to be taken, by whom, and then recorded once complete.

The provider commissioned an independent management company to carry out regular visits to the home as part of their ongoing quality assurance. They visited twice a month to look at various aspects of the service. They had no line management responsibility within the service but told us they were, "Always available" to the managers for support and advice.

The service had close links with the community. People were supported to maintain contact with family and friends and there were links with local churches and schools.