

Knightswood Residential Home for the Elderly Limited

Knightswood Care Home

Inspection report

Off Manchester Road
Blackrod
Bolton
Lancashire
BL6 5LS

Tel: 01204692689

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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

About The service

Knightswood Care Home is registered to accommodate up to 27 older people who need help with personal care. On the day of our inspection 24 people were living at the home.

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

People were protected from the risk of abuse and harm by staff who understood how to recognise and respond to any concerns or abuse. Staff continued to be recruited safely. People told us sufficient staff were available to support them. One person said, "Always respond promptly when I need them." Medicines were managed safely by trained staff. Infection control systems continued to ensure a clean environment.

The registered manager ensured staff received training that met their needs. People received support with their healthcare needs promptly. People were supported 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. People told us meal provision provided by the cooks was good. Comments we received confirmed this. One person said, "Food very good especially the cakes that they bake."

People told us how staff were kind, caring and treated them well. A relative said, "The staff are so caring." Information about local advocacy services was available, to ensure people could access support to express their views if required.

People's communication needs had been assessed so staff were aware how to understand and talk with them. Activities were provided daily. A new 'activity co-ordinator' post had been created and the service were in the process of employing someone.

The management team were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met.

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

Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning

information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Knightswood Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Knightswood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this to plan our inspection.

During the inspection

We spoke with five people who lived at the home and two relatives. We also spoke with five members of staff, the cook, registered manager and deputy manager. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected. Staff told us training provided gave them confidence to identify signs of abuse and act on it.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager managed risk. The management team documented assessments information for staff about people's risks and how best to support them. They kept these under review and updated monthly.
- The service managed people's safety incidents well. The registered manager shared lessons learned with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- The registered manager continued to make sure appropriate staffing arrangements were in place and staff were deployed to maintain people's safety. One person said, "They always respond promptly when I need them."
- Staff continued to be recruited safely. Staff we spoke with confirmed all checks had been completed prior to their employment.

Using medicines safely

- Medicines were managed safely. Records we looked at were completed correctly. One person said, "I always get my medicine when I should do."

Preventing and controlling infection

- The registered manager continued to maintain safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available, and we saw these were used during the day of the inspection visit.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the home. Assessments from health and social care professionals were also used to plan effective care.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs
- The registered manager regularly reviewed care and support and updated care plans monthly. Staff were able to discuss people's individual needs and preferences very well. A staff member said, "We have been here a long time most of us and get to know people really well."

Staff support: induction, training, skills and experience

- Staff were trained and, knowledgeable to carry out their roles effectively. Training was regularly updated to ensure staff maintained their knowledge base. A staff member said, "To much training at times, no one can ever say we don't have training available no matter what it is."
- Staff received supervision and annual appraisals. Records we looked at confirmed this. Staff told us they felt supported by the registered manager.

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

- People received a balanced diet. Care records identified people's nutritional needs and staff sought professional guidance where people were at risk of or had difficulties with swallowing for example.
- People were provided with meals and drinks throughout the day and comments were positive. They included, "Food is very good especially the cakes that they bake." Also, "Always plenty of choice."

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

- The registered manager continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. They worked closely with healthcare services including GPs and district nurses. We saw documented outcomes and support required in care plans of people.
- People were supported by staff to attend to attend healthcare appointments when required. One relative said, ""They are excellent in keeping us informed of health appointments and supporting [relative]."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. One relative said, "It is clean and very homely, a bit of redecoration would help but they do keep on top of the building."

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. Peoples rooms we saw confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were authorised DoLS in place.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, and kindness. We observed staff being supportive and treating people with respect. A relative said, "They treat people with respect and are so sensitive and kind."
- The registered manager and staff supported people to maintain their independence. The staff team were knowledgeable about accessing services so people could have equipment and adaptations to keep them safe whilst encouraging their independence.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- People and relatives continued to be consulted about their care and make decisions about the support they required.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.
- Staff ensured people's privacy and dignity was upheld. For example one staff member ensured the bathroom door was shut whilst supporting a person with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was aimed around their choices and preferences. Staff were aware of their likes and preferences including activities and hobbies. One person said, "I do enjoy the singers that has always been a joy to me."
- People's care records included health and social care needs and described what support was required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication preferences recorded, and staff understood how to communicate with people using techniques that were individual to the person. For example, large print or photographs and objects.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in events at the home and develop relationships. People told us they were helped to pursue activities and interests of their choice. One person said, "We have a lot of people coming in to perform which is good. I really look forward to that."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously, and a system was in place to. People knew how to make complaints and felt confident these would be acted upon. No complaints had been received since the last inspection.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. One person was receiving end of life care and staff had received training and procedures were in place to support them. The service worked with local healthcare services to ensure people were able to remain comfortable and pain free at the end of their lives. A relative commented, "End of life care for [relative] has been and continues to be excellent. They are so kind and caring not just to [relative] but to us."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service planned and delivered effective, safe and person-centred care. People's wishes were respected, and care was arranged around people's preferences and requirements.
- The registered manager continued to maintain an open and transparent culture which contributed to staff morale being high and enabled them to deliver good care for people.

One staff member said, "This is a very good home with an excellent manager, that is why most of staff have been here for years."

- People told us this was a good home and they were well cared for by kind and competent staff. One person said, "It is a very good, the best we looked around and managed very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager encouraged candour through openness. People told us good communication and relationships had been developed between all stakeholders involved with Knightswood Care Home.
- The registered manager regularly assessed and monitored the service through formal and informal methods such as audits, and meetings with people. We saw evidence they had acted upon any findings from the audits.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and had good staff who were knowledgeable about the needs of the people they supported. A relative said, "I am confident the manager and all staff are competent and know what they are doing."
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The registered manager created an open culture and encouraged people to provide their views about how the service was run. Surveys were completed annually. The latest results were positive, for example one relative wrote, 'We are delighted at the kind and loving way staff care for [relative].'
- Relatives were involved in consultation about the provision of the service and its quality. They told us the management team engaged with them to ensure the care continued to be of a high standard.

Working in partnership with others

- The registered manager continued to work in partnership with other organisations to ensure sure they followed current practice. Communication was described by these partnerships as good and the service was responsive and communicated well with them.