

Coventry City Council

Knightlow Lodge

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	

Overall summary

We undertook an announced inspection of Knightlow Lodge on 11 March 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Knightlow Lodge provides housing with care. The unit consists of 30 flats, four of which are double occupancy. People live in their own home and have a tenancy

agreement with Whitefriars Housing. Staff provide personal care and support to people at pre-arranged times and in emergencies. At the time of our visit 28 people used the service.

The service had a registered manager. 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.

Summary of findings

People told us they felt safe at Knightlow Lodge and staff understood their responsibility to keep people safe and report any concerns. There were processes to protect people from the risk of harm; these included procedures to manage identified risks with people's care and for managing people's medicines.

Staff understood the Mental Capacity Act (MCA) and gained people's consent before they provided personal care. People were supported to maintain their independence and to live their lives as they chose. People were happy with the care they received and said staff were friendly and polite. Staff treated people with respect and maintained people's privacy and dignity when providing care.

Staff received regular training and there were enough suitably trained staff to meet people's individual support needs. People received consistent support from care

workers who knew them well. Staff had a good awareness of the needs of people they supported and people received a service that was based on their personal needs and wishes.

People were involved in making decisions about their care and were able to share their views and opinions about the service they received. There were processes to monitor quality and understand the experiences of people who used the service. This was through direct feedback from people, returned surveys, tenant and staff meetings and a programme of checks and audits.

Staff said they worked well as a team and received good support from the senior staff and the managers. Staff were confident they could raise any concerns or issues with the managers and this would be listened to and acted on. The managers and staff were proud of the service people received and were motivated to provide a quality service.

Summary of findings

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.

People were safe living at Knightlow Lodge. Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of harm. Risks associated with people's care were managed safely and people received their medicines as prescribed. Staff had the knowledge, skills and time to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff were trained and supervised to support people effectively. People's consent was requested before care was provided and staff respected decisions people had made about their daily lives. People who required support had enough to eat and drink during the day and were assisted to manage their healthcare needs.

Good



Is the service caring?

The service was caring.

People told us staff treated them with kindness and respect. People were pleased with the consistency of care staff, as they developed friendships with staff and staff understood their needs. People were supported to maintain their independence and lived their lives as they chose.

Good



Is the service responsive?

The service was responsive.

People said the service was based on their personal wishes and preferences. Staff had good knowledge of the people they supported, and care and support was available when people needed it. Staff received daily updates about people's care and the care people required was regularly reviewed. People were able to share their views about the service and had no complaints about the service they received.

Good



Is the service well-led?

The service was well-led.

Everyone we spoke with about Knightlow Lodge said there was a friendly atmosphere within the unit and the service was well managed. Staff said they were supported by the senior team and had no hesitation raising concerns with the managers. The managers and care staff understood their roles and responsibilities and were proud of the service they provided to people. The quality of service people received was regularly monitored through a series of audits and checks.

Good



Knightlow Lodge

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.

The inspection of Knightlow Lodge took place on 11 March 2015 and was announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them during the visit. One inspector and an expert by experience undertook the inspection. The expert by experience had experience of caring for someone who used a care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Knightlow Lodge. They had no

concerns about the service. We sent 42 surveys to people involved with the service and 8 surveys were returned. This included three from people who used the service, four from staff who worked at Knightlow Lodge and one community professional involved with the service.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, assistant manager, a senior support worker and a support worker. We spoke with eight people who used the service, one relative and an advocate from Age Concern. We looked at care records for three people to see how they were cared for and supported. We looked at other records related to people's care and how the service operated including, medication records, the service's quality assurance audits, records of complaints and incident and accidents records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe at Knightlow Lodge and knew who to speak with if they did not feel safe. People said, “Oh yes I feel very safe, and, “Safe, oh yes the security is very good, that was my top priority when I moved here.”

We asked staff how people at Knightlow Lodge remained safe and protected from abuse. All staff we spoke with had a good understanding of abuse, had completed training in safeguarding adults and knew how to keep people safe. Staff knew what action they would take if they had any concerns about people. For example one staff member told us, “I would try and find out a little about the situation, then make a record of it and report it. If it was bruising or marks I would complete a body map to show where it was.” The registered manager and senior staff knew how to make referrals in the event of any allegations being received.

Returned surveys showed that people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

There was a procedure to identify and manage risks associated with people's care. For example, people who needed assistance to move around or who were at risk of falling had plans in place to manage or reduce these risks. Staff were aware of associated risks and how these were to be managed.

There was a process to manage accidents and incidents. For example, one person who had fallen in their flat on two occasions at night, had been provided with a bed sensor and chair sensor to alert staff when the person was up and around in their flat. Staff could monitor this to make sure the person remained safe during the night.

People told us there were enough staff available when they needed them. One person told us, “Yes I think so, they usually have time to sit for a chat, although they are busy in the mornings.” Staff also said there were enough staff to meet people's individual needs although they said they were very busy in the mornings. The registered manager had identified certain times of the day were very busy and told us additional staff hours had been agreed to support staff at key times, for example in the morning and the evening.

Recruitment procedures ensured staff were safe to work with people who used the service. The provider information return which was completed by the registered manager told us, “All new employees must complete and receive a Disclosure Barring Service (DBS) clearance before the post would be offered.” Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service.

Most people who lived at Knightlow Lodge needed support to manage their prescribed medicines. People said they always received their medicines when they should. One person told us, “They don't forget, they come and give it every time it's needed.”

There was a procedure for supporting people to take their medicines safely, and this had been clearly recorded in their care plan. This made sure staff had the correct information to support people consistently and safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Checks were made by senior staff to ensure staff had administered medicines correctly. Staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

Is the service effective?

Our findings

People told us they were supported by a team of consistent staff who were knowledgeable and competent when providing their care and support. Comments from people included, “Trained, yes I would say so. Staff know what they are doing.”

Staff said they had completed an induction when they started to work in the service. This included training and working alongside a more experienced worker before they worked on their own. Staff we spoke with and responses from surveys, confirmed staff had regular training, supervision and appraisals which they felt supported them to provide effective care to people. Staff we spoke with told us they felt confident and competent to support people who used the service. One staff member told us, “We are reminded when training is due; although it is our responsibility to make sure we complete the training. The training makes sure we have the knowledge to care for people safely.” Another said, “We have lots of training and updates. I’ve had all my mandatory training as well as other subjects. There are some people here who are diabetic and have insulin and don’t always eat a healthy diet. I had training in diabetes so I can identify if the person becomes unwell.” Records we viewed showed staff completed regular training to keep their skills up to date.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack

capacity to make certain decisions because of illness or disability. All staff spoken with had completed MCA training and understood how to uphold people’s rights to make certain decisions. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions.

Staff told us they gained consent from people before they provided care. One staff member said: “I usually tell people what I’ve come to do, like give them a wash, make them something to eat or give medication, and always ask, is that okay with you.” People confirmed staff asked for their consent before supporting them.

Some of the people we spoke with prepared all their own food and drinks, others made their own breakfast and supper and bought a lunchtime meal from the unit’s dining room. One person we spoke with relied on staff to prepare all their food and drink. We were told staff visited people when expected to make them something to eat and drink and always made sure they had access to a cold drink before they left. This made sure people who required assistance with food and drink had regular meals and remained well hydrated.

People told us their health care appointments were arranged by themselves, their relatives or staff. If requested staff liaised with health care professionals on people’s behalf, for example the GP, and also arranged routine healthcare appointments with a dentist, optician or chiropodist.

Is the service caring?

Our findings

People told us staff were kind and caring and treated them with respect. Comments included, “Yes they are all lovely, very caring and very friendly.” Another said, “Staff help me with my bath and shower. I am happy about that as I get a bit nervous. I never feel embarrassed they do everything in order.”

People lived in their own flats so we were unable to observe care directly, but responses from people indicated their privacy and dignity was maintained. During our visits to people there were occasions when we were talking to people in their flats when staff arrived. We observed staff interacted with people in a caring manner. All the completed surveys from people who used the service stated staff were kind and caring, and treated them with dignity and respect. Staff respected people’s privacy by knocking and waiting to be invited into the tenant’s flats. All the people we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. People told us, “They either ring the bell or knock. Nobody ever just walks in.”

People told us there was a small staff team that provided their care. People liked the consistency of care staff as they developed friendships with staff and staff understood their needs. Staff understood the importance of building positive relationships with people and spoke of how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, “We have information about people’s backgrounds as well as likes and preferences. It’s helpful to know this so you can understand the whole person. We have an allocation but we work with all the people so you get to know them and how they like things done.”

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. A community professional told us about a successful piece of work they had been involved with that had enabled a person with very poor short term memory to continue living an independent life. They stated the person had been well supported by staff to maintain a sense of control about their life.

People told us they had been involved in planning their care. We saw staff held regular review meetings with people. People said they could share their opinions and felt listened to. They said their views about their care had been taken into consideration and included in their care plans. People told us they were asked if they wanted relatives involved with reviews. One relative told us, “I can’t always be here when they have a review but [person] is quite able to make their views known.”

Some people had support from relatives or advocates to help them with certain aspects of their lives. One person had an advocate from Age UK who supported them with their finances as there was no relative to do this.

Staff understood the importance of maintaining people’s confidentiality. One staff member said, “You have to make sure information about people remains confidential. People have a right for us not to share their information with others. Several people sit in the reception area, so you need to be mindful to close the office door.” Another staff member said, “Tenants often socialise together and when you pass by they say – Can I have a word and then start to tell you personal things. I usually say, do you mind if we go to your flat to discuss this.” This made sure people’s confidentiality was upheld.

Is the service responsive?

Our findings

People told us the service they received met their needs, choices and preferences. People said their support needs had been discussed and agreed with them when they moved into their flat at Knightlow Lodge. People said they had an assessment and a care plan completed that detailed the care they required. This made sure the service was able to meet the needs of people who lived there and provide an individualised service.

Staff we spoke with had a good understanding of the needs of people they supported. They were aware of people's likes and preferences, as well as people's health and support needs. We were told staff provided support in the way people liked. One person told us, "I prefer a shower to a bath, staff know this, they do offer me a bath occasionally to see if I would like one." A staff member told us one person liked to eat crumpets when they watched the television in the evening. They said "It's recorded on their 'At a glance' form in their files so all the staff know this."

We looked at the care files of three people who used the service. These contained information that enabled staff to meet people's needs in a way they preferred. Files included an 'At a glance' document for each person. This document was easily accessible to staff and provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. We saw plans were reviewed and updated regularly and that people and their relatives were involved in reviews of their care.

People said they received their care at the times expected. People told us the service was flexible and care staff responded to their requests to change their care times. For example, one person told us, "We have set times for staff to help you, they are very good and will come back if you are not ready for them." Staff told us they had allocation sheets which identified the people they would support during their shift and the time and duration of the calls. Daily records of calls confirmed people received care as detailed in their care plans.

Staff had a handover meeting at the start of their shift which updated them with people's care needs and any changes since they were last on shift. Staff also had an daily allocation sheet that identified the times of calls to people and the care they required. We were told the allocation sheets were printed off daily so any changes could be incorporated quickly to make sure staff had up to date information. For example, when people had been prescribed antibiotics or were unwell. Staff told us this supported them to provide appropriate care for people. A record was kept of the meeting to remind staff of updated information.

People at Knightlow Lodge had access to a call system, and some people had neck pendant alarms that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. We asked people if staff responded to call bells. Comments included, "Not very long, it depends if they are in another room," and, "They usually come quickly."

People told us they had been given information about the service and how it worked. This included a tenant's guide that told them about the service provided at Knightlow Lodge. People said they could share their views and opinions about the support they received, they were sent an annual satisfaction questionnaire and had regular tenant's meeting they could attend if they wished. People spoke positively about the tenant meetings and said they were provided with minutes of the meetings that were displayed on the notice board.

People we spoke with, or who had returned surveys, told us they had never had cause to complain but knew who to complain to if needed. Comments included, "I would see the manager I feel confident results would happen." "Tenants meetings, that gets things done." "I have no complaints at all." Staff said they would refer any concerns people raised to the managers or senior staff. We looked at records of complaints and saw that there had been one formal complaint received in the past 12 months, this had been thoroughly investigated and a response of the findings sent to the person.

Is the service well-led?

Our findings

We asked people if they thought the service was well managed. All the people we asked said it was. Comments from people included, “I think it’s good I can’t complain.”

Staff we spoke with said the service was well led and the managers and senior staff were accessible and approachable. One staff member told us, “The managers are great, they make themselves available if you need them and are knowledgeable if I ask them anything.” The survey from a community professional told us they thought the service was well managed.

The service had a clearly defined management structure in place. There was a registered manager in post who had responsibility for managing two housing with care units and there was an assistant manager who deputised when the registered manager was at the other unit. Staff understood their roles and responsibilities and what was expected of them. Staff knew the management structure and who their line manager was.

Staff we spoke with said they enjoyed their work. Comments from staff included, “We have a great staff team we work well together and support each other. We are consulted about things and kept up to date about any changes. They involve you in things, that make you feel as if you matter to them.”

The managers and staff we spoke with were proud of the service they provided to people. All were motivated towards providing a quality service to people. Comments from staff included, “I am proud to be part of this staff team we work hard and everyone is very supportive,” and “I like the way people are looked after, tenants always come first.”

The provider information return (PIR) told us how the registered manager ensured the service was well led. The PIR told us “The registered manager supports an open culture with people who use the service and staff. This is promoted through tenants meetings and staff meetings.

There are regular senior team meetings and senior members of staff complete direct visual observations of care staff to ensure staff competencies.” The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

Everyone we spoke with said they had access to the managers. We asked staff about the support within Knightlow Lodge and if they felt able to raise any concerns they had. Staff were confident to raise concerns and said any concerns would be listened to and acted on. Staff knew about whistleblowing and said they would have no hesitation reporting poor practice to the manager or senior staff. They said they felt confident concerns would be thoroughly investigated. Staff confirmed they had regular work supervision with a senior or one of the managers, regular team meetings and handovers on each shift where they could raise any issues. Staff told us the senior staff observed how they worked and gave feedback if they noticed areas that needed improvement.

There were systems in place so managers could monitor any accidents and incidents. This helped ensure themes or trends could be identified and investigated further. For example people who had fallen three times were referred to the GP for an assessment.

Quality assurance systems were in place to monitor the service people received, these included regular care reviews and tenants and staff satisfaction questionnaires. Records were regularly audited to make sure people received the care outlined in their care plans. There was regular health and safety checks carried out by the organisation and visits from Coventry contracts department to monitor the care and support provided. We saw plans had been put into place to meet any recommendations from these checks.