

Knights Care Limited Drovers Call

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service caring?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced focused inspection of this service on 11 May 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the last inspection on 11 May 2015 we found that people were not treated with dignity and respect and care records were not consistent in ensuring people's care was planned and delivered to meet their individual needs. We also found that the provider did not have effective systems to assess and monitor the quality of service provided to people. We undertook a further focused inspection on 1 December 2015 to check that they had followed their plan and to confirm that they now

met legal requirements. At our inspection on 1 December 2015 we found the provider had made improvements in some of the areas we had identified and now met legal requirements.

This report only covers our findings in relation to those requirements. You can see what action we have told the provider to take at the back of the full version of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drovers Call on our website at www.cqc.org.uk.

Drovers Call provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 60

Summary of findings

people who require personal and nursing care. Accommodation is provided in two units, an upstairs and downstairs unit. At the time of our inspection there were 31 people living in the home.

At the time of our inspection there was not a registered manager in post. The home has had four registered managers in the past year. The current manager had been in post for seven days and was in the process of applying to be the 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.

People were treated with dignity and respect and staff responded in an appropriate manner to people. There

were sufficient staff to meet people's needs and staff were kind to people when they were providing support. Staff in the upstairs unit told us there were occasions when they thought there were insufficient staff.

Systems were in place to assess and monitor the quality of the service to people and were effective. The provider told us what actions they would take to make improvements and we found at this inspection that the improvements had been sufficient to meet legal requirements. The provider had started to carry out audits out on a regular basis and action plans were in place to address any concerns and issues identified.

Care records had been reviewed and apart from two records we looked at they reflected people's care needs consistently.

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 not consistently safe.

There were usually sufficient staff to keep people safe however staff in the upstairs unit considered there were some occasions when staff were still not sufficient.

Requires improvement



Is the service caring?

The service was not consistently caring.

People were not always asked if they required support with their care .Care was given in an appropriate and sensitive manner.

Where people had difficulty communicating staff used alternative methods of communication.

People were treated with dignity and respect.

Requires improvement



Is the service well-led?

The service was not consistently well led.

A process for quality review was in place and actions had been carried out to improve the service.

Care records had been reviewed and updated however they were not always consistent.

Requires improvement



Drovers Call

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.

We undertook an unannounced focused inspection of Drovers Call on 1 December 2015. This was completed to check that improvements to meet legal requirements

planned by the provider after our focussed inspection on 12 May 2015 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, is the service caring, is the service well led. This is because the service was not meeting some legal requirements in relation to those sections.

The inspection team consisted of two inspectors.

During our inspection we observed care and spoke with the manager, the operations manager, the provider, a nurse, four members of care staff and the chef. We also spoke with four people who used the service and five relatives. We looked at four care plans and records of audits.

Is the service safe?

Our findings

At our inspection in May 2015 we found there were insufficient staff to safeguard the health, safety and welfare of people. There was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, [previously Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010]. The provider sent us an action plan detailing what action they were going to take to address the breach.

At this inspection people and their relatives told us there was usually enough staff. We found that the provider was meeting legal requirements. One relative felt there were not always enough staff available to provide the care required. They said, "I wonder if they have enough time." They went on to say they had tried to find a carer on a recent visit but couldn't find one. They went into the lounge but there wasn't a carer with people in the lounge at that time. The manager told us this had been addressed this week and we observed that staff were available in the lounge areas.

Staff in the upstairs area also told us that there were still times when they felt there were insufficient staff to provide appropriate care to people, for example on some occasions at lunchtime. However they told us that this varied from day to day according to people's needs and therefore

difficult to address. Staff also expressed concerns about staffing numbers if the number of people living at the home increased. We spoke with the manager about this who said they would review the issue.

People using the service said staff responded in a timely way when they asked for assistance. Staff told us that they had more time to talk with people and meet their needs. People we spoke with said they felt safe at the home. One person said, "Oh yes I feel safe. I can lock my door."

A relative said, "[My relative] prefers not to go into the lounge and gets a lot of staff popping in and out." Another relative said, "Staff are always in here". A member of staff said, "Nursing has improved and we now don't use agency staff."

When we carried out observations within the units we observed that there were always staff available in the communal areas and we observed staff checked regularly on people who chose to remain in their rooms.

The manager told us that they had recently recruited to additional staff including an activities coordinator and senior carers. They told us that this meant that there was a senior carer available on both floors and activity coordinators available for both floors. They said that the staff numbers currently were appropriate but that if they increased the number of people living at the home they would review the situation on an ongoing basis.

Is the service caring?

Our findings

At our previous inspection in May 2015 we found that people did not receive care that was appropriate to their needs. People were not treated with dignity and respect all the time. There was a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found staff usually respected people who lived at the service as individuals we observed two occasions when staff provided people with support without first asking them. For example a staff member put a plate guard on a person's plate whilst they were having lunch without checking if this was acceptable to them. We raised this with the manager who said they would speak with staff about ensuring the ask people if they require assistance. We also observed staff offering choices to people, for example, a staff member asked a person what cup they wanted to use and showed them the options. We observed that when staff supported people they explained how they were going to support them and thanked people for assisting them.

At this inspection we found that staff interacted in a positive manner and understood people's communication needs. For example, one person was deaf and staff knew that they needed to have things written down for them. Staff told us that another person needed to read people's lips in order to understand what was being said.

A person using the service said, "Staff are very good. If you want something, you only have to ask and they bring it for you."

People told us staff knocked on their door before entering and took steps to protect their privacy and dignity during personal care. One person told us how they needed help with having a bath or shower and staff dealt with this sensitively. They said they were able to choose when they got up and went to bed, whether they wanted a bath or shower and when they had it.

We observed staff chatting with people and offering them choices about their care. For example when serving tea and coffee in the morning staff checked that people had finished and asked if people had enjoyed it. During lunch people were asked if they wanted more juice. We observed one person said they would prefer tea and staff provided this to them. A relative told us, "Staff are very nice."

Records included information about people's history and staff supported people's lifestyle choices for example, one person told us that they preferred to remain in their bedroom during the day. They told us that staff supported them with this choice and ensured that they still had access to activities such as having their nails painted.

The registered manager told us that they were keen to arrange training for staff so that activities and leisure pursuits were relevant to people's experiences and abilities. They said that they had spoken to the training manager about sourcing this training. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Is the service well-led?

Our findings

At our inspection on 12 May 2015 we found systems to assess and monitor the quality of the service to people were not effective. They did not identify or resolve the issues that were identified by people. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found there was a breach of Regulation 17 (1) (2) (c) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of receiving inappropriate care because accurate records were not maintained.

The provider sent us an action plan in which they told us that they would address the issues raised in the inspection carried out in May 2015. When we carried out this inspection we found that the majority of the issues had been resolved and legal requirements had been met. The provider had acted on feedback provided by us following our inspection to ensure that improvements had been made. A relative said, “They are trying” and “There have been some changes and improvements.”

Care records had been reviewed and rewritten to reflect people’s care needs. One of the care records we reviewed was for a person who had recently come to live at the service and we saw that care plans had been completed. The manager told us that they had plans to further review the care records so that they were clearer for staff to ensure that people received appropriate care.

One person had recently been limited with their mobility due to a fracture. We saw in the care plans that this was reflected. For example when their mobility had increased following the removal of the plaster cast the records detailed the change in care required. Another person had

had difficulty swallowing and had required additional support with their nutrition. The care records reflected this and were consistent across the records. We observed two people used specialist equipment at mealtimes however when we looked in their care records they did not reflect this. They were at risk of not receiving appropriate support.

The operational manager told us that they had introduced a programme of audits, particularly focussing on the areas of concern. We saw that audits had been carried out on areas such as health and safety and infection control and action plans were in place. Records indicated what action had been taken and when. We saw where issues had been identified, for example a member of staff was behind with their training, action to address this had been taken

Records included information about accidents and incidents and we saw that where necessary actions had been taken to reduce the risk of the incident reoccurring. For example guidance about supporting people to mobilise had been updated.

The home had had four registered managers over the past year, the current manager had commenced in post in November 2015 and had been in post for a period of seven days. The manager told us they wanted to lead by example and spend time with people and staff to ensure they were aware of what was happening within the home. They told us that they had an ‘open door’ policy so that people, their relatives and staff could discuss issues with them and resolve concerns. People we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the staff and the registered manager. The operational manager said they had discussed the recent inspection report with relatives and they were aware of what actions were being taken. Two relatives told us that they were aware of the report.