

MMCG (2) Limited

Knights Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Knights Court Nursing Home provides accommodation and nursing care for up to 80 older people, some of whom may also have dementia. There were 57 people living in the home when we visited.

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

There was a welcoming and relaxed atmosphere in the home. We observed positive interactions between people and staff. Staff engaged with people in a meaningful way. People and relatives praised the friendly atmosphere in the home and described staff as caring and respectful.

Our previous inspection found there were deficiencies in relation to falls management in the home. During this inspection, we observed that the service had taken action to address this and made significant improvement.

People told us they felt safe living in the home. People were protected from the risk of avoidable harm. The service had systems and processes in place for safeguarding people and managing incidents and accidents.

Medicines were managed safely.

The home was well maintained, clean and tidy. The service had taken measures to help prevent and control the spread of COVID -19 and other infections. There was a record of essential maintenance carried out.

There were enough staff to assist people. People's needs were assessed regularly to make sure the service was able to meet people's individual needs.

People were supported to have 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.

The home had good working relationships with local health and social care agencies to support the needs and well-being of the people who live there.

Our previous inspection found accessing and locating information in people's care records was sometimes difficult and time-consuming. Since the last inspection, the service reviewed all care records and amended these so that they were comprehensive and user-friendly.

The registered manager had good oversight of the home and an open culture was evident. Staff spoke positively about the registered manager and the support they received. They told us the registered manager was caring and approachable.

Monitoring and auditing systems were in place to check the quality and safety of people's care. These were robust and were consistently carried out. The registered manager sought feedback from people and relatives and made improvements where necessary.

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

Rating at last inspection

The last rating for this service was requires improvement (published 6 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that medicines care plans were reviewed to make them person centred. During this inspection we found the provider had acted on this recommendation and made improvements.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 service was well-led.

Details are in our well-Led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Knights Court Nursing 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 team consisted of two inspectors, a pharmacist inspector and an Expert by Experience who spoke with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Knights Court Nursing Home is a 'care home'. 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.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report. We also reviewed information received from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We conducted this inspection over two days. During the inspection, we visited the communal areas and some bedrooms. We spoke with seven people who used the service, three relatives and 12 members of staff including the registered manager, regional manager, nurses, care workers and domestic staff. We reviewed a range of care records and records related to the running of the service. These records included twenty people's care files, ten medicine administration records and eight staff recruitment records. We also looked at policies and procedures, checks and audits carried out.

We also received feedback about the service from two care professionals.

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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Learning lessons when things go wrong

- Our previous inspection found that the provider had failed to take appropriate action to reduce reoccurring falls and we found a breach of regulation. During this inspection we found that the service had made significant improvements in this area.
- Falls were recorded on a 'hub'. This was electronic and live so that the provider quality assurance team and senior management had oversight of the information. We looked at the data recorded since the last inspection and found that the number of falls had fallen significantly.
- Since our previous inspection the service had implemented systems to ensure that following a fall, steps were taken to reduce the likelihood of that person falling again. A post falls protocol was introduced. This protocol involved monitoring the person for a period of time following a fall, making appropriate referrals, updating the care plan and risk assessments as well as producing a root cause analysis. The aim of this was to identify what specifically could be done to prevent the fall occurring again. A lessons learnt meeting was held with staff as part of the protocol to discuss findings and share information with staff.
- We looked at a sample of completed fall root cause analysis and found that these were comprehensive, person centred and clearly detailed the outcome of post fall investigations.
- There were 17 staff who were falls champions in the home. The registered manager explained that having falls champions in the home helped to improve awareness of falls and enabled staff to share information and develop understanding amongst staff.
- Since our previous inspection, the provider had worked closely with external care professionals to make sustainable improvements. One care professional we spoke with told us that the home had made significant improvements and spoke positively about the registered manager and staff. They spoke about falls in the home and said that these had fallen due to improvements in training and education.
- There was a system in place to record accidents and incidents. These were recorded and audited to identify trends and implement strategies to prevent any further or similar occurrences.

Using medicines safely

- Medicines were administered by trained and competent staff and recorded on the electronic Medicines Administration Records (eMAR's).

- The eMAR's we reviewed showed that people were receiving their medicines as prescribed. Separate body maps were available to show where creams and other topical preparation needed to be applied.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.
- Protocols were available to guide staff on when it would be appropriate to administer medicines which were prescribed to be taken 'when required'.
- In our last inspection we found that medicines care plans were not always person centred. On this inspection we reviewed a sample of care plans and found information about people's medicines were included and regularly reviewed. We saw any changes to medicines or communication from other healthcare professionals were recorded in care plans. This meant that all staff had access to up to date information about people's medicines.
- Medicines audits were carried out routinely and we saw that identified actions were carried out by relevant staff before management reviewed.

Staffing and recruitment

- There were sufficient numbers of staff deployed to safely meet people's needs. The majority of feedback indicated that there were sufficient numbers of staff to safely meet people's needs. One person told us, "There are always people around." Another person said, "If you want help you call them and they come and help you."
- On both days of the inspection, we noted there were sufficient numbers of staff and staff did not appear to be rushed. The majority of staff we spoke with told us there were enough staff on duty.
- Staffing levels were assessed according to people's individual needs and occupancy levels. The provider used a dependency tool which monitored the needs of people in the home and calculated the appropriate numbers of staff to safely meet people's needs. Management reviewed staffing numbers and people's dependency monthly to ensure there were sufficient staff.
- Staff had been recruited safely. Systems were in place for the safe recruitment of staff. Sufficient checks were carried out prior to recruiting staff to make sure staff were suitable to work with vulnerable people.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful positive relationships.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to help protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people.
- People told us they felt safe in the home and in the presence of care workers. One person told us they felt safe because "there was a nice atmosphere and the staff are very caring." Relatives told us their family members were safe and well cared for in the home. One relative said, "[My relative] is safe. Staff are kind and caring."
- On arrival at the home during the inspection we noted that the front entrance was secure. We were asked who we were before being allowed into the premises. This helped ensure that people in the home were safe.

Assessing risk, safety monitoring and management

- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate safely. However, we noted that some of these lacked information on how medical conditions and communication impacted the evacuation in the event of an emergency. We raised this with the registered manager who acknowledged this and took immediate action to ensure these were reviewed and updated.
- People's care records included risk assessments for example on falls, moving and handling, skin integrity, eating and drinking and catheter care. Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. Risk assessments included information for staff about actions to be taken to keep people safe. Care plans

and risk assessments were kept under review and updated when necessary.

- People who had pressure wounds or who were at risk of developing them had appropriate risk assessments in place. Staff recorded the actions taken to show they were following the risk assessments. We saw documented evidence that wounds were reassessed and dressed regularly. There was photographic evidence showing pictures and measurements of ulcers. There were also records of repositioning charts. Wound assessment body maps were in place and we saw that the tissue viability nurse had been involved with people's care.
- Health and safety checks including fire safety and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - The provider was following current government visiting and infection prevention and control guidance.
- People received visitors. There were visitors during the inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Our last inspection found some deficiencies in falls management and care plans. During this inspection, we noted that the service had made significant improvements in these areas.
- The provider had an effective falls management system in place to identify themes and trends. The system was person centred and enabled the provider to take personalised steps to reduce the risk of falls reoccurring.
- Our previous inspection found there were instances where accessing and locating information within people's care records was difficult and time-consuming. There were instances where there was more than one version of the same document. During this inspection, the registered manager explained that they had reviewed all people's care plans since the last inspection, and these had been amended and the format of care plans had changed to ensure they were user friendly.
- We looked at people's care records and found that these were well-organised and we were able to locate information promptly. The registered manager explained that they had not yet moved to electronic care records but that this was something planned for the future.
- Audits were conducted by the registered manager and senior management. These covered various aspects of the service including infection control, medicines, care plans, complaints, staffing arrangements, maintenance, health and safety and business continuity. Action plans were in place where areas of improvement were identified. Management carried out a monthly clinical analysis which included various aspects of the running of the home including accidents, skin integrity, deaths and infections. The purpose of this was to provide management with an overview so that they were able to monitor trends and patterns.
- Management carried out weekly clinical governance meetings which provided staff with an opportunity to discuss people's progress and share important information and updates. These covered areas such as accidents, incidents, nutrition, weight loss, medicines administration, infections and wound management.
- A training matrix was in place which clearly detailed what training staff had received and when they were due refresher training. This was monitored by management to ensure staff kept up to date with their training.
- Staff understood their responsibilities and what was expected of them. They understood the provider's vision and values and knew how to apply them in their roles.

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

- People and relatives praised the home and how it was run. One relative told us, "[The registered manager]

has her door open. She always greets me and makes time to talk. She is very approachable." Another relative said, "I do have contact with [the registered manager]. Her door is always open and I am always welcomed to speak to her. The home is well managed."

- People's relatives told us they were kept well informed about people's progress and of any issues to do with their care.
- Staff felt respected, supported and valued by the registered manager who promoted a positive and improvement-driven culture. They spoke positively about the registered manager and how the home was managed.
- The registered manager promoted an open-door policy and invited people, relatives and staff to speak with them whenever they wanted to.
- Daily handovers and regular staff meetings were held so that staff could express their views and receive updates regarding the care of people. This ensured that staff had all the information they needed to ensure people's needs were met.

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

- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.
- Staff spoke positively about the registered manager and said they felt able to raise any issues without hesitation.

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

- People were able to discuss the running of the home and provide feedback during resident's meetings. We noted that various areas were discussed during these meetings which included upcoming activities, the food menu as well as important policies.
- Staff were encouraged to speak to the registered manager about their feedback, ideas and concerns. There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive.
- Staff we spoke with knew the importance of understanding and respecting people's differences. Care staff spoke about how they ensured people's cultural and religious needs were met.
- The provider last carried out a formal satisfaction survey in October 2021 in order to obtain feedback from people and relatives. The feedback obtained was generally positive. The provider was in the process of carrying out a survey for 2022 and questionnaires had been sent out to people and relatives. Once responses had been received, the service would analyse these and take action where appropriate.

Working in partnership with others

- The service worked in partnership with organisations including local authorities that commissioned the service and other health and social care professionals.