

Knightswood Residential Home for the Elderly Limited

Knightswood Care Home

Inspection report

Off Manchester Road
Blackrod
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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

This inspection took place 17 July 2017 and was unannounced.

Knightswood Care Home is registered to accommodate up to 27 older people who need help with personal care. On the day of our inspection 23 people were living at the home.

The home had a registered manager in post who was present for our inspection. 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.

At the last inspection in October 2014, the service was rated Good. At this inspection, we found the service remained Good.

People were safe because they were supported by staff who understood how to identify and report potential harm and abuse. Staff were aware of any risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home.

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.

People were supported by staff who had the skills to meet their needs. Staff had received training relevant to their roles and were supported in their roles by the manager and their colleagues. Checks had been completed on new staff to make sure they were suitable to work at the home.

People received food they enjoyed and were supported to eat and drink enough to keep them healthy. When they needed it, people continued to be supported to access other healthcare professionals to make sure their health needs were met. People's medicines were managed and stored in a safe way, and they had their medicines when they needed them.

People said staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence. People told us they received their care when they needed it and were not kept waiting by staff.

People lived in a home where they felt confident to express themselves and felt comfortable to speak with staff and managers about concerns and issues that affected them. The provider encouraged people and their relatives to give their opinions of the home through surveys and feedback forms.

The registered manager had developed an established and strong staff team. The registered manager and

staff had created an environment that was welcoming and friendly and the home's positive values and culture were seen during our inspection. Staff were clear on their roles and spoke about the people they supported with respect.

Systems were in place to monitor and check the quality of care and to make sure the environment was safe.

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

Knightswood 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 checked 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 17 July 2017 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we spoke with the local authority and Healthwatch to gather information they held about the home. We reviewed information we held about the home and looked at statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with seven people and two relatives. We spoke with four care staff, two kitchen staff and the registered manager. We also received information about the service from a healthcare professional.

We spent time observing how people spent their time and how staff interacted with people. We looked at two records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to the management of the home. These included two staff files, quality audits and surveys.

Is the service safe?

Our findings

People continued to be protected from avoidable abuse and discrimination. Staff we spoke with knew how to recognise if someone was at risk of abuse and discrimination. They were also able to tell us what they would do if they had any concerns about anyone living at the home. For example, one staff member said, "I would always report if a resident was acting in a different way, such as becoming withdrawn or frightened. It may not be abuse but it could be." A relative said, "[Person's name] is very content and settled because they feel safe and secure here. We trust the staff 100%."

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. Everyone we spoke with told us they felt safe living at Knightswood and trusted the staff to keep them safe. We saw that people were supported in a way that enabled them to live their lives safely, as they chose and to maintain their independence. We saw staff encouraging people to move in a kind and supportive manner. We also saw that staff used safe moving and handling procedures at all times.

People continued to live in a safe environment. This was because the registered manager had a programme of checks to ensure fire equipment was in good order, including Personal Emergency Evacuation Plans (PEEPs). They also ensured the staff team were trained to act correctly in the event of an emergency.

People continued to be supported safely and have their needs met by sufficient numbers of staff. People told us, and we saw, they did not have to wait for support from staff. All staff we spoke with felt there were enough staff working at the home. We spoke with one staff member about the checks the provider had completed before they started work. They confirmed, and we saw, that the provider had requested their previous employers to provide references for them. They said they had not been allowed to start work until checks on their background were completed to ensure they were suitable to work with people. These checks are called disclosure and barring service checks (DBS).

People's medicines continued to be managed safely. We saw people received their medicine safely and staff checked they were happy to take them. Staff told us they were not allowed to administer people's medicine until they had received the training they needed to do this safely, and their competency had been checked. We saw that anticipatory medicines were in place for people who were being supported as they neared the end of their lives. Anticipatory medicines are specific medicines which may be needed to support people, such as pain relief medicines. We also saw that areas of medicine provision were audited by the registered manager.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew what they were doing and that they understood how to support them. Staff told us, and we saw, that they received training and support that was specific to the people they supported and their individual needs. Staff told us they had plenty of opportunities to attend training and understood how developing their skills benefitted people living at the home. For example, one staff member told us they had been supported to undertake training in supporting people at the end of life. They said, "The training gave me a different way of looking at how to support people and their families. Sometimes it is just about being there for people."

Staff told us they had opportunities to reflect on their practice through regular one to one meetings with the registered manager. They told us that during these meetings they received feedback on their practice and discussed their training requirements. One staff member said, "[Registered manager's name] is fantastic. They listen to us and always bring out the best in us."

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager understood their responsibilities in monitoring people's ability to give informed consent in line with the MCA. They also ensured the staff team were aware of how to protect people's rights and ensure people received the care and support they wanted.

People told us and we saw that staff ensured they had people's permission before they supported them with anything. Staff understood the importance of obtaining people's consent. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that 10 DoLS applications had been requested. One of these had been authorised. We saw that these applications were appropriate for each person and correctly monitored.

People had access to sufficient food and drink. People told us they could choose what they wanted to eat each day even though there was a menu planned. One person told us, "The food is excellent, I really enjoy it." We saw people had access to snacks and drinks which were available in all areas of the home. A relative said, "[Person's name] is gaining weight because they enjoy their food here so much."

People were supported by staff to maintain good health. They had access to healthcare services when they needed them. Staff supported people to visit their doctors, consultants and other professionals and their on-going medical conditions, such as diabetes, were monitored appropriately.

Is the service caring?

Our findings

People continued to be supported by staff that they had positive and mutually respectful relationships with. We saw that people were treated with kindness and the staff knew each person, their personal histories and interests well. People were comfortable around staff and we heard friendly and courteous interactions between them when they spent time together. One person said, "This is the best care home. There should be more places like this. I am very happy." Another person commented, "The staff are lovely, they care so much." A relative told us, "They (staff) always treat [person's name] with kindness and reassurance." A second relative said, "The staff are lovely, kind and considerate in every way." A staff member told us that they loved to work at the home. They said, "I love helping people, it is amazing. We support people to do the best they can. It is a very rewarding job."

People expressed their wishes and opinions about the care and support they wanted and needed. They told us that staff listened to them and they felt involved in their own care. We observed that staff were knowledgeable about the importance of supporting people's individuality. For example, a member of staff told us; "I encourage people. Some people just need assistance, not things doing for them. I'll show people things and encourage them to decide things for themselves".

We also saw people were involved in planning what care and support they would like at the end of their lives. Staff worked with people and their close family to ensure that advance care plans were in place. An advance care plan is a plan which states the wishes of the person at the end of life. We saw that people's rights to dignified and respectful support were upheld.

The staff team respected people's wishes and encouraged people in a discreet and courteous way. For example, one person had spilled their drink on their clothing. A staff member immediately came and assisted the person to go and change their clothes. We saw that the staff member ensured that this was done with discretion so that others in the room were not aware of the spillage.

Is the service responsive?

Our findings

People continued to receive care and support that was individual to them. All the people we spoke with told us they enjoyed living at Knightswood because they were supported the way they wanted to be. People said staff asked them about how they wished to be supported to meet their personal and social care needs and they felt staff knew them and their wishes. One person said, "The staff help me to do what I want at all times." We saw that the registered manager had utilised a recognised care planning tool called, 'A Personal History Profile,' which supported people living with dementia. The profile contained information about each person's past life, present wishes and future plans. These records were reviewed and updated as required. We saw that people, staff and healthcare professionals were involved in these reviews.

People were encouraged to maintain their interests and links with their local community. Family and friends were actively encouraged to visit and take their relatives out whenever they wanted. Throughout our visit we saw staff involved people in making choices about what they would like to drink or how to spend their time. The registered manager and staff also spent time with people to get to know what kind of pastimes they enjoyed within the home.

People were encouraged to give their opinions on the care and support they received and told us they were always listened to. There was a complaints procedure in place, which people had access to although they preferred to speak directly with the manager. One person said, "I can go to any staff, but [registered manager] is always here to talk to. They would not let anything happen to us." A relative told us, "The staff are always willing to sort out any niggles we may have." Another relative said, "I have no concerns about how [person's name] is cared for, but I would not hesitate to talk to [registered manager]."

Is the service well-led?

Our findings

We found the home had a very positive culture which was echoed by all people, visitors and staff we spoke with. We saw that the rights of people to be and do as they wished were paramount. One staff member said, "This home is very friendly, welcoming. It's a warm, family like atmosphere".

People told us they knew who the registered manager was. During our visit, we saw that the registered manager was actively involved with supporting people. One person commented, "[Manager's name] always talks to us. They know about everything in the home, as they should." Another person said, "The manager is so kind and motivated to help us. They [registered manager] are great." A relative told us, "[Registered manager's name] is the best. I would not hesitate to talk to them about anything."

The staff team were unanimous in their support of the manager. They told us that as they found the manager to be approachable and supportive. They said they could speak with them openly about any concerns or issues they had. One staff member said, "The manager is fantastic. I am here because of the manager. They make the home peaceful and cheerful." Another staff member said, "It is a great place to work. I love being with the residents and the manager believes in us. That means a lot."

Staff understood how to take any concerns to external authorities, such as the local authority, police and CQC. This is called Whistleblowing, and supports staff if they report suspected wrongdoing at work

Systems remained in place for the manager to monitor the quality of care provided and address areas for improvement. People's care needs and records were reviewed regularly and updated. We saw that the relationship between the team at Knightswood and other healthcare agencies was very positive. One healthcare professional told us, "I have no issues or concerns with any aspect of the service delivery to residents at Knightswood during the times I have been visiting to complete reviews there."