

# Knights Care Limited

# Drovers Call

## Inspection report

186 Lea Road  
Gainsborough  
Lincolnshire  
DN21 1AN

Tel: 01427678300  
Website: [www.knightscare.co.uk](http://www.knightscare.co.uk)

Date of inspection visit:  
30 March 2021

Date of publication:  
17 May 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Drovers Call is a 'care home'. It provides accommodation for older people including people living with dementia. The home can accommodate up to 60 people. At the time of our inspection there were 50 people living in the home. Accommodation is provided on three floors divided into five units.

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

Staff did not consistently follow infection control best practice. The service was clean and there were effective cleaning schedules in place being followed by the housekeeping staff. Staff had access to personal protective equipment.

Quality monitoring systems were in place but failed to reflect the current position or identify some of the issues we found on inspection.

Arrangements were not consistently in place to manage and administer people's medicines safely.

People were usually 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 risks to people's care were assessed and measures were in place to mitigate these risks. Environmental factors had also been risk assessed.

People were supported with adequate numbers of staff. Staff had received training for their roles. New staff were recruited safely.

Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required, notifications had been completed to inform us of events and incidents.

Staff were supported and were kept informed of changes to practice.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 12 August 2019).

### Why we inspected

We received concerns in relation to skin care and nursing support. As a result, we undertook a focussed inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

The overall rating has changed from good to requires improvement. This is based on the findings at this inspection.

### Follow Up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

**Requires Improvement** ●

# Drovers Call

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Drovers Call is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 spoke with a nurse, the registered manager and the quality manager. We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service including policies and procedures.

#### After the inspection

Following our visit we spoke by telephone with the relatives of four people who used the service, about their experience of the care provided. We also spoke with a nurse and four members of care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality audits and policies.



# 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 has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Staff had received training with reference to preventing infections and working within the pandemic. However, on the day of inspection staff did not consistently follow infection control best practice. We observed three occasions when staff had not followed infection control guidance this is considered in the well led section. For example, we observed two kitchen staff not wearing masks. We spoke with the registered manager about this who addressed the issue with them.
- We observed in some areas of the home refurbishment was required in order to prevent the risk of cross infection, for example, some skirting boards required replacement. The provider confirmed following inspection these issues have been addressed.
- The home was clean. Regular checks had been carried out to ensure cleaning regimes were effective.
- Care plans were in place for people in the event of a Covid 19 outbreak. This is good practice to ensure the home is prepared for an outbreak.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

### Using medicines safely

- Where people required their medicines to be administered without their knowledge, in food (covertly) we saw appropriate advice had been sought but not received. Despite ongoing discussions, the provider had not ensured they had met national guidelines as pharmacy advice had not been obtained. This is important to ensure the effectiveness of the medicines were not adversely affected by the method of administration. We spoke with the registered manager about this who showed us evidence of ongoing discussions with pharmacists. This issue was identified at previous inspections and is taken into account in well led. Following the inspection, the registered manager has provided evidence to clarify pharmacy advice is now in place.
- People received their 'as required' medicines (PRN) and guidance for each of these medicines was in place.
- Guidance was available to identify how people would like to receive their medicines. Staff were aware of this and administered appropriately.
- Medicines were administered safely and in a timely manner.

#### Assessing risk, safety monitoring and management

- People's risks had been assessed and care plans guided staff on how to mitigate these risks.
- People had personal emergency evacuation profiles in place.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, where a person needed bed rails in place for their own safety, assessments had been carried out to reflect this.

#### Staffing and recruitment

- During the inspection we saw no evidence of people waiting for care or of staff being unable to respond to people's needs. However, staff told us there were occasions at weekends when they felt there were insufficient staff. This was not due to the rota but to staff not turning up.
- Staff were allocated to provide time for activities. The service had employed four activities coordinators ensuring that activities were available for people using the service seven days a week.
- Staff had the skills and knowledge to meet people's needs. Staff told us and records showed they had received training since being employed at the home. The training matrix confirmed staff had received training on a range of areas.
- People were supported by staff that had been recruited using safe recruitment processes. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.
- The registered manager had worked with the local authority safeguarding team to investigate and learn from events. They used supervisions, handovers and external training providers to support ongoing learning.

#### Learning lessons when things go wrong

- The registered manager ensured that all accidents and incidents were recorded and analysed for themes and trends. This allowed the registered manager to monitor and update care plans to keep individuals safe.



# 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 good. At this inspection the rating has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits were in place and actions had been carried out following audits. However, audits did not always clarify the issues we found during inspection or reflect the current situation. For example, medicines audits did not reflect the situation regarding pharmacy advice and infection control audits referred to staff uniforms however, staff did not wear uniforms.
- The provider had failed to ensure issues raised at the previous inspection regarding medicines had been resolved at the time of inspection.
- The provider did not consistently follow best practice guidance in relation to infection control, covert medicines and MCA. We found one occasion when a decision had been made without record of a best interest decision being in place. A decision about medical treatment for a person had been made on their behalf without following best interest processes. There was a risk the decision was not made in their best interest.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Care plans were updated to reflect people's needs.
- The registered manager had ensured monitoring and analysis of issues such as people's weights and falls were undertaken, and actions staff needed to take to support people were communicated to them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Most relatives we spoke with felt they did not receive regular communication and would like a more proactive approach. However, they did say staff always informed them of any concerns. One person said, "It would be nice to know if and when {family member} sees a doctor or dentist."
- Staff we spoke with told us there were arrangements in place to update them and felt supported by the registered manager.
- The registered manager had ensured arrangements were in place to maintain contact with people's relatives, for example, use of electronic devices and telephone calls. In addition, the provider had put in place Covid-19 safe arrangements to facilitate visiting when the current lockdown was lifted.

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 was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- A complaints policy was in place and relatives were aware of how to make a complaint if required.

#### Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The registered manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.