Abbey Healthcare (Knebworth) Ltd

Knebworth Care Home

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

This inspection was carried out on 2 June 2015 and was unannounced.

Knebworth Care Home provides accommodation and personal care for up to 53 older people and provides nursing care. The registered manager had resigned from their post two weeks prior to 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 and associated Regulations about how the service is run. The post was being covered by an interim manager and the operations director until a replacement was found.

When we last inspected the service on 20 October 2014 we found them to not be meeting the required standards and they were in breach of regulations 9, 11, 18, 19 and 23 of the Health and Social Care Act 2008 (Regulated

Summary of findings

Activities) Regulations 2010 which corresponds to regulations 9, 11, 13, 16 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had met the standards.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received care that met their individually assessed needs and preferences. There was sufficient staff to meet their needs and those staff had received the relevant training for their role. Staff felt supported and the leadership in the home had improved.

People received their medicines safely and had regular access to health care professionals. There was a good choice of food and drink and people who were at risk of not eating or drinking enough were closely monitored.

Activities in the home required some more consideration and the management team had identified this. They were in the process of starting additional activity coordinators to ensure people could continue with hobbies and interests.

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Falls, accidents and incidents were monitored to ensure the appropriate action had been taken. There were regular quality assurance checks carried out to assess and improve the quality of the 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 supported by sufficient numbers of staff who had been through a robust recruitment process.

Staff were aware of people's individual risks.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and their consent was obtained before tasks.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good

Is the service caring?
The service was caring.

People had developed effective relationships with staff.

People who lived at the home were involved in the planning and reviewing of their care by staff who knew them well.

Privacy and dignity was promoted.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and that they would be dealt with appropriately.

People received care that met their individual needs and adapted where needed.

The provision of activities was a work in progress to ensure it met people's hobbies and interests.

Good

Is the service well-led?
The service was well led.

There were effective systems in place to monitor, identify and manage the quality of the service and any required actions were completed.

People who lived at the service, their relatives and staff were positive about the management team who would be supporting the home while it recruits a new registered manager.

Good

Knebworth 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 2 June 2015 and was carried out by an inspection team which was formed of three inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 13 people who lived at the service, three relatives and visitors, eight members of staff, the interim manager, nominated individual and the operations director. We received feedback from health and social care professionals. We viewed nine people's support plans. We viewed three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

When we inspected the service on 20 October 2014 we found that the service was not meeting the requirements in relation to safeguarding people from the risk of abuse and management of medicines. At this inspection we found that they had made improvements and were meeting the standards.

People told us they felt safe living at the service. One person said, "Oh yes it's very safe here." Relatives also told us they felt people were safe. One relative told us, "Our relative is safe and secure here and we have no concerns as regards safety."

There was information displayed stating who people, their relatives and staff could contact should they be concerned about their safety and welfare.

Staff were able to explain what form abuse may take and what action to take in the event that they considered a person to be at risk. Staff were also clear on whistleblowing should the need have arisen.

People's medicines were managed safely. Medicine records were accurate and consistently completed. Quantities of medicines held in stock were appropriate and there were sufficient monitoring systems in place to identify any shortfalls. For example, daily stock checks. We observed staff administering people's medicines and saw that they worked in accordance with safe working practice. People said that they are asked if they need pain relief. One person said, "They [staff] check before giving them to me."

People had their individual risk assessed and had a plan in place to manage these risks. For example, in relation to nutrition, pressure care, moving and handling and falls. The instructions were clear and staff were familiar with people's individual risks. Staff told us how they supported people to reduce the impact of these needs. For example, walking with a person to reduce the risk of them falling backwards and monitoring a person's intake to minimise risk of ill health. We noted all of the people living at the service had an individualised, emergency, evacuation plan which was clearly identified in the care records. Staff were able to describe procedures to be followed in the event of an emergency, for example, a fire.

The manager monitored falls, incidents, infections and accidents to identify trends. This gave them an overview to ensure all necessary action had been taken. We saw that hospital admissions were reviewed and lessons learned, or suggestions for improving the person's discharge was discussed at meetings. For example, additional information, such as the 'This is me' booklet, that was to be sent with the person to hospital.

People's needs were met in an appropriate timescale. People told us that they were answered promptly when they used their call bell. One person said, "Sometimes everyone wants something at once, but I never really wait that long, they always come." Another person told us, "If you want something, they're there."

Staff told us that shifts were sometimes, "Busy", however, generally they felt there was enough staff. We noted how calm and unrushed the atmosphere was throughout the home. However, through discussion and viewing the rota, there were some shifts that had not been covered to the providers' stated standard. We saw, that on at least six occasions in last month the staffing levels had fallen below that expected, usually due to unexpected sickness. We were told that senior managers and on call managers could assess and approve any request for additional temporary staffing made. We brought this to the attention of one of the senior team who responded promptly, and agreed to analyse the rota in more detail to prevent a reoccurrence.

We noted that the nursing unit had been short of qualified nurses. We saw that agency nurses, who knew the service well, were used meanwhile. We were told that nurses had been offered positions and that human resource processes were underway. The service followed robust recruitment procedures and we saw that staff had been through the required pre-employment checks to help ensure they were fit to work with people.

Good

Is the service effective?

Our findings

When we inspected the service on 20 October 2014 we found that the service was not meeting the requirements in relation to people's consent to care and supporting workers. At this inspection we found that they had made improvements and were meeting the standards.

People who lived at the service told us they thought the staff carried out their roles well. One person said, "They look after me really well, what else I can ask for." Relatives told us that the staff understood people's needs well and had the skills necessary to provide the appropriate support.

We observed staff practice and saw that they worked in accordance with training. For example, in relation to moving and handling with equipment and supporting people living with dementia. Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included pressure care, medicines, nutrition and continence care.

Staff had received the appropriate training to ensure they had the relevant skills for their role. They told us they felt well trained and supported to undertake their role. We reviewed training records and saw that most people were up to date with training and had the opportunity for further education. For example, a vocational qualification such as the health and social care diploma. Staff had also undergone an induction on starting employment at the service and training identified as mandatory by the service was expected to be completed within two weeks. We saw, and staff told us, that they received regular one to one supervision, had recently had an annual appraisal and attended monthly team meetings.

People were supported to make their own decisions and choices. This was recorded in people's care plans and they had signed these. One person told us that staff always checked with them first before starting a task. They said, "They [staff] don't rush into things." We observed staff obtaining consent before supporting people and respect people's choices. For example, where they wanted to sit, the lounge or their bedroom. However, when needed, people's ability to make decisions was assessed in accordance with MCA 2005 and best interest decisions were made. We saw that the appropriate DoLS applications, in relation to key coded doors, had commenced. Staff understood their role in relation to MCA and DoLS and knew when they would need to refer a person for assessment.

People told us they were offered sufficient amounts of food and drink and that there was a choice. One person told us, "The food is very good, there's always enough."

At breakfast we saw a good selection of foods and people started with fruit and went to a cooked breakfast or toast and cereals. Staff regularly went round and offered top up's to drinks and asked if they would like anymore food. We saw that people had adapted crockery to support them to eat independently where needed. Lunch was also a choice, however, we noted that the choice was made the day before and there was no menu displayed to remind people of the choices. This could be a particular problem for people living with dementia as they may not remember what they had chosen. We also noted that the staff did not tell people what the meal was as they put it in front of them. We brought this to the management team who assured us this would be addressed immediately.

People's weight was monitored and where people had a reduction in what they had eaten or drank, this was referred to health care professionals. We also saw that this was followed up by staff if they had not received a response.

There was regular access to health care support. We saw that the GP visited on set days and in between if needed and there had also been support from others which included physiotherapists, dieticians and the mental health team.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff. One person told us, “The staff are wonderful.” Another person said, "Really very good, they look after me well." We observed a person who was quite quiet and staff made an effort to stop, lean in and talk to them. This was responded to with a large smile from the person. Relatives were also positive about staff and the freedom to visit the service. One relative said, “Visiting times are up to us and we are always welcomed.”

We saw that nothing was too much trouble. For example, one person asked for a coffee instead of the juice that had been poured. This was immediately changed with no hesitation. The person then wanted it to be in a pot so this was changed by a staff member. Throughout the person was treated with respect and the staff were courteous. One person said, "This [staff member] looks after me very well, I just have to ask for a lovely cup of tea and it will arrive." When people asked staff for something throughout the inspection they were consistently responded to with comments which included, “Of course.”, “That’s no problem.” “You are very welcome, can I get you anything else.” This helped to make people feel valued and that they were respected.

People who lived at the home and their relatives felt staff knew them well. One relative said the staff were, “long standing and have developed a very good knowledge and understanding of the people`s needs.” Staff spoke to us about people’s needs and preferences which demonstrated that they knew people well. One staff member told us, “I take pride in the care I deliver to our residents. I am passionate about that. I know my residents well and I try to give them as much choice and independence as I can.” Another staff member said, “I know that my resident needs their slippers on, a cup of tea and their teddy and this will reassure and comfort my resident.” We noted in the care records that people had either completed themselves, or had assistance from relatives, a questionnaire on their individual preferences for all aspects of their daily living. We saw that the content of this information was detailed and enabled staff to have a good in-depth view on their resident’s personal history and preferences with day to day choices. We saw staff sitting talking with people and taking time to listen to what they were saying and encouraging their independence. One person told us, “They asked me about my life when I moved in and they always talk to me about the things I told them.”

People’s privacy and dignity was promoted. We saw that bedroom doors were all closed to a different stage. Some were fully closed, others a jar and some were wide open. People told us this was how they liked it. We saw this was recorded in team meeting notes as important to protect people’s privacy. When supporting people with using the toilet, staff did this discreetly so that their dignity was maintained. Throughout the day everyone we observed were dressed in clean, dry clothes and staff ensured they responded to people’s requests promptly.

Good

Is the service responsive?

Our findings

When we inspected the service on 20 October 2014 we found that the service was not meeting the requirements in relation to responding to complaints and ensuring people received care that met their individual needs. At this inspection we found that they had made improvements and were meeting the standards.

People told us that they received care in a way that met their needs and that they preferred. One person said, "I rely on them [staff] doing it. They do a good job." A person told us they preferred a male staff member and told us that this was accommodated. They said, "I don't expect much help but I get the help I need."

People's individual needs were assessed as they moved into the service. These had been reviewed and updated to show any changes to people's needs. There was a resident of the day system that included a thorough review of the plan. This included weighing the person, liaising with them and their family where appropriate, chasing up any medical support or equipment and the person picking anything they wanted for lunch. We heard a staff member speaking with the 'resident of the day'. They said, "I bet you're picking chips today, I won't forget your sauce." This showed that this was a normal occurrence that people were encouraged to choose on the care plan review day. Care plans were written in way that showed people had been involved in the process, some also included signatures, and were individualised. For example, the time the person preferred to rise or go to bed, what type of support with personal care and even that one person liked a glass of their favourite alcoholic drink during the evening.

The home had an effective communication system handovers were very thorough, senior staff took time to visit each person and hand over any changes in people`s needs. Every day there were "flash meetings" in which staff were updating the management team about any changes or concerns they had about the people. Staff told us that people's needs may change from day to day and they monitor this. For example, in regards to how much a person can do for themselves. One staff member said, "[Person] can normally go to and from their room on their own, other days they need you to walk with them and on a bad day they might need you to use the hoist if their legs are giving way." This demonstrated that staff were able to identify fluctuating abilities and respond appropriately to ensure people received the support they needed at the time.

Health care professionals were positive about the service and told us that the home met people's needs. They told us they had no concerns about the home and staff were always accommodating.

People knew how to make a complaint. We were told that they had recently been given a list of contacts to support them with this. One person told us, "They have given us an updated list so now we always know who to contact." They went on to say they didn't need to complain as when they asked for something, they got it.

We saw that a list of what member of the management team was available on each day was displayed to help support people or their relatives to raise any issues. There were also contact details for the regional manager displayed. We viewed the complaints log and saw that in each instance the complaints were fully investigated and responded to. Complainants were also given a list of actions as a result, even where complaints were unsubstantiated.

There was an activity schedule displayed which detailed a range of activities for mornings and afternoons. These included reminiscence sessions, geography circles, crafts, gardening and visiting entertainers. There was also allotted time for one to one time. We saw that the schedule included some interests and hobbies people had recorded in their care plans. For example, games of Dominoes and going for walks. There were various religious services held regularly to support people to practice their faith if they chose to do so. However, we noted that although the activity organiser engaged well with people who were joining in with activities, there were a number of people not involved as they resided on a different unit. The management team told us this had been identified as a shortfall and additional activity organisers had been employed and were due to start shortly. They said this would ensure activities were provided across all three units in the home and done so seven days a week.

Good

Is the service well-led?

Our findings

When we inspected the service on 20 October 2014 we found that the service was not meeting the requirements in relation to the management of the service. At this inspection we found that they had made improvements and were meeting the standards.

People told us they felt the way the home was led had improved. One person said, "I have no faults with any of them." However, the registered manager had recently left the service and people and the staff raised concerns and some anxiety about this as there had been a number of managers leaving the service over recent years. Staff did however comment on the calibre of the interim manager, brought in to assist by the provider. The interim manager had previously provided management cover at the home so knew people, their relatives and staff well and had been a part of implementing some of the systems in place to ensure the smooth running of the service. Their return at this key time would help to ensure the service continued to maintain the standards. We also met the operations director who was providing support in addition to the interim manager to ensure it was sufficiently covered. A health care professional told us that the office administrator was also a key part of consistency and that they helped ensure everything was held together. People had been well informed of these changes through meetings and letters and in addition the information was displayed in the reception area. There had been a handover of on going issues to be addressed and there was a plan in place. There had also been an additional appointment into the post of head of care to further strengthen the role of leadership within the service and they carried out quality checks to support the manager. We observed they offered support and helped staff in busy times throughout the day.

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. A monthly home audit gave an overview of all areas of the home and tracked to ensure all actions were completed. For example, all complaints responded to, the resident of the day was completed correctly including a chosen activity and meal and the required notifications had been submitted to the CQC or stakeholders. The manager had also carried out competency assessments on staff to ensure they were working in accordance with the required standards. Where issues had arisen, these had been addressed as actions through supervision, meetings, training and disciplinary action. As a result we found that the culture in the home was more open than at previous inspections and staff were proud of what the home had achieved and wanted to tell us about the improvements. These included the way people were involved in the home, improvements to the standard of care people received, the training provided and support systems available.

People told us that they attended meetings and were able to contribute to improvements in the home. For example, changes to the menu. We were told that the management team were approachable and they saw them around the home. Staff said there were regular meetings and that they were able to raise concerns and make suggestions for quality improvements. Leadership throughout the home was generally good, we saw senior staff guiding the team as to what was needed. However, all staff were well versed in what the routines were and were able to identify people's needs. There was further work needed to ensure there was an accountable and responsible person on the nursing unit as staff were not fully clear on their roles and who was taking the lead. However, staff did carry out their duties appropriately. We saw, and we were told, a senior staff member reviewed records each day to ensure these were being completed regularly and accurately. They would then also provide additional support and guidance where needed.