

Knightswood Residential Home for the Elderly Limited

Knightswood Care Home

Inspection report

Off Manchester Road
Blackrod
Bolton
BL6 5LS
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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

The inspection was carried out on 29 October 2014 and was unannounced. This meant the service did not know when we were visiting the home. The last inspection of Knightswood took place on 09 May 2013 and was found to be meeting all the regulatory requirements inspected.

Knightswood is a residential care home, which is registered to provide care for 26 adults. On the day of our inspection the home had full occupancy. The home is a large detached property set in its own grounds in the Blackrod area of Bolton. The home is situated close to local amenities and public transport.

The home had a registered manager in post. 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.

We looked at three care records and found that these contained clear and concise information to guide care staff about how people's care needs were to be met, their preferred wishes and likes and dislikes. We saw that the

Summary of findings

care records had been regularly reviewed and reflected any changes to people's care needs. The care records inspected showed us that people's health was monitored and referrals were made to other healthcare professionals as appropriate.

People living at the home told us that staff were kind and caring and that they were well supported by the staff caring for them.

We saw that the home had suitable arrangements in place to help protect people living at the home from the risk of abuse. People living at the home told us they felt safe and well looked after at Knightswood.

Staff were able to demonstrate their understanding of the whistle blowing procedures and they knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to manage to make their own decisions.

We spoke with people who lived at the home. Comments received included, "The staff are lovely, they are very kind and caring". Another person told us, "I am very happy living here, I am well looked after".

We saw that people were offered a range of activities throughout the week. On the day of our visit an entertainer had been booked for an afternoon's sing-a-long.

We spoke with a healthcare professional who told us that they thought the home was well managed and that the staff were responsive to any support and advice they offered. They had no concerns about the care people received.

We observed that staff were kind and patient when assisting people, staff responded quickly and efficiently when assistance was required. We saw that people were offered sufficient hydration and nutrition throughout the day.

The home's complaints procedure was displayed. This provided people with information about how to make a complaint and to whom.

The manager had systems in place to monitor and assess the quality of the service. We saw the manager carried out regular audits of accidents/incidents, medication, falls and care records. We that any risks or shortfalls identified had been followed up and improvements actioned.

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.

We spoke with people living at the home. They told us they felt safe.

On the day of our inspection we found that staffing levels were adequate to meet the needs of people who used the service.

We saw the building was safe and that health and safety checks and maintenance were carried out as required.

People received their medication in a safe and timely manner. This was administered by trained staff.

Staff knew how to recognise and respond to abuse. They had a good understanding of safeguarding issues and whistleblowing procedures and were confident in how to report these.

Good



Is the service effective?

The service was effective.

People and/or their families were involved in their care planning and were asked about their care needs, choices and preferences.

People were cared for and supported by a well-trained staff team.

People had access to other healthcare professionals as required.

People's nutritional and hydration needs were suitably met.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People told us they were treated with kindness and compassion and their privacy and dignity was respected.

Visitors we spoke with told us their relatives were well cared for and always clean and nicely dressed.

Visitors told us that the staff always made them welcome and they were very supportive.

The staff we spoke with demonstrated they had a good understanding of the people they cared for and were able to meet their needs. We observed that good relationships had been formed between staff and people living at the home.

Good



Is the service responsive?

The service was responsive.

We saw that people living at the home were involved in the planning and reviewing of their care.

People's choices and preferences were respected.

Good



Summary of findings

People's care records and risk assessments were regularly reviewed to ensure people received the care they required.

People were offered a range of activities both in the home and within the local community.

Is the service well-led?

The service was well-led.

The registered manager had been in post for a number of years. People living at the home, visitors and staff all told us the manager was very supportive.

The manager had a good understanding of the people living at the home.

The home had effective quality assurance systems in place to evidence good practice.

People living at the home, their relatives and staff told us the manager was always at the home and was approachable; they said the manager listened to their views.

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.

The inspection team consisted of a lead inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service for example what the service does well and any improvements they plan to make. We also looked at the information we held about the home which included notifications that the service had sent to us.

We spoke with the local authority contracts team who commission services at Knightswood. We also spoke with the district nursing team who visited the home on a regular basis and with a community physiatrist nurse to gain their views of the service provided.

We spoke with five people living at the home, two relatives, four members of staff and the registered manager. People living at the home could tell us about their experiences of living at Knightswood. These included how they spent their day, about the food and how their choices and preferences were respected.

We looked around the home including the lounge area, dining rooms, people's bedrooms and bathrooms. We looked at three care records, three staff recruitment and training records and records about the management of the home.

We observed how staff interacted and supported people living at the home throughout the day.

Is the service safe?

Our findings

People living at Knightswood were safe because the provider had good systems in place to make sure they were protected from abuse and avoidable harm. People we spoke with said they felt safe and well cared for by the registered manager and staff.

Staff we spoke with told us they had undertaken training in safeguarding of vulnerable adults on commencing work at the home and annual refresher training was mandatory. Staff explained the different types of abuse and what they would do if they had any concerns about any abusive practices seen within the home. We saw that safeguarding policies and procedures were in place and were accessible to staff should they need to refer to them.

Staff spoken with were aware of 'whistleblowing' and knew who to contact if they had any concerns. Staff told us they could also raise any worries or concerns with the registered manager and were confident that she would deal with them immediately.

On the day of our inspection there were adequate numbers of staff on duty to meet people's needs. The staffing rotas showed that staffing levels were consistent. We observed staff completing tasks in an efficient way. Staff responded swiftly when people required assistance. We asked people living at the home if they thought there was enough staff on duty to support them. Comments included, "Yes, most of the time". Another said, "Sometimes they seem very busy but nothing is ever too much trouble for them, they are all very nice".

On arrival at the home we found the front door to be secured and on entering the home people were asked to sign in the visitor's book so staff were aware who was visiting.

We looked around the home and found it be warm, clean and well-maintained. The home was fresh and no odours were detected. People we spoke with commented on the cleanliness of the home. One person described the home as 'spotless'.

We saw that staff wore uniforms and these were covered with protective, disposal aprons which were different colours for different tasks. Staff had access to disposal gloves and hand sanitizer to help reduce the risk of cross infection.

The home did not have a passenger lift to the first floor. Access to the first floor was by a stair lift, which was serviced and maintained as required. People whose bedrooms were on the first floor were accompanied by staff when using the stair lift to ensure their safety.

We saw that equipment used, such as hoists had been checked and were fit for purpose. We saw that portable appliances testing (PAT) had been carried out to ensure the safety of the equipment used.

The care records we looked at contained individual risk assessments; these were completed and were up to date. Any changes to people's care and wellbeing had been amended and documented.

We saw evidence of fire drills and the testing of fire alarms and emergency lighting was up to date. The manager told us that in September 2014 a full evacuation of the premises was carried out so people living at the home, staff and visitors were updated on the fire evacuation procedures.

We saw that oxygen was required for one person. There was appropriate signage depicting oxygen was being used and all the necessary procedures including training for staff in this area were in place to keep this person comfortable and safe.

We looked at three staff files and found that robust recruitment systems were in place. We saw that an application form, references and other forms of identification were sought prior to employment. We saw that a Disclosure and Barring Service (DBS) check had been completed prior to people commencing work at the home. A DBS check helped to ensure that people living at the home were cared for by people who were suitable to care for vulnerable people.

We looked at the administration and recording of medicines. We saw that medicines were safety and securely stored. There were policies in place to ensure that medicines were administered safely. We looked at the medicines and checked them against the Medication Administration Records sheets (MARs). We saw that medicines had been administered and recorded correctly. Staff who administered medicines had undertaken the relevant training and were assessed as being competent to administer.

Staff spoken with knew the importance of giving medicines at the prescribed time for example, some medicines were

Is the service safe?

given once a week and others were required an hour before food. We heard staff asking if people who required pain killers such as paracetamol which were prescribed 'as and when required' (PRN) if they needed them or not. This was then recorded on the MARS.

We saw for one person that their medication was administered covertly (this means to be given in food or drink). We saw that this had been agreed and signed for by the relevant healthcare professionals acting in this person's best interests.

Is the service effective?

Our findings

People living at Knightswood received effective care because the manager and staff had a good understanding of the people they were supporting and how to meet their needs and preferences. One person told us, “The staff know how to look after me, they know what I like and what I don’t like”. One relative spoken with said, “We were very lucky to get a place here, the manager and staff are brilliant”.

Feedback from a visiting health care professional told us, “The quality of care and the recording in the care plans is exceptional”. We also received positive comments about the care at Knightswood from Bolton local authority commissioning team.

Several of the staff spoken with had worked at the home for a number of years, and we found they provided consistent care for people who used the service. Staff were able to tell us about the individual needs of people they were supporting, for example, what time of day people preferred to shower or have a bath, how they liked to be dressed and what they enjoyed doing during the day.

We asked staff about training and we were told us there were opportunities for training and development, this was discussed with the manager at supervision sessions.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out the legal requirements and guidance around how to ascertain people’s capacity to make particular decisions at certain times; DoLS is used when a person needs to be deprived of their liberty in their own best interests. This can be due to a lack of insight in to their condition or the risks involved in the event of the individual leaving the home. There was one person at the home at the time of our inspection for whom a DoLS application had been made. We asked staff about this and they were able to tell us how this person was to be supported in the least restrictive way. Training records showed that staff had received training in MCA and DoLS.

We spoke with staff and asked them about staff supervisions and annual appraisals. Staff supervisions were conducted by the manager on a regular basis. These

meetings provided staff with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in the staff files we looked at.

We looked at three care records, which evidenced that people had access to health care professionals such as GPs, podiatrists, dietician and the district nursing team. We saw that staff monitored people’s nutrition and hydration and if any concerns were identified food and fluid charts would be implemented to monitor food and fluid intake.

People we spoke with told us the food was good. We saw that portion sizes were ample and the food was nicely presented. We noted that the pureed diet served to one person had the food blended separately so the person receiving the pureed food could see the different colours and experience different textures and flavours. All but one person was able to feed themselves. For the one person who required assistance this was offered by staff in an appropriate manner.

The menus were displayed and choices were available. Most of the people dined in the main dining room; however people if they wished could dine in the privacy of their own room as was their choice. One person told us, “Drinks and snacks are always available and you can get treats out of the vending machine if you like”.

We saw a range of suppers were available before people retired for the night. These included a choice of milky drinks, tea or coffee, toast, crumpets cake and biscuits.

We looked around the home and found the environment to be conducive to the needs of older people. Rooms were bright and decorated to a good standard. People had been encouraged to bring in personal items from home to personalise their room to their own tastes. We saw that signage was clear to help people orientate around the home enabling them to find their bedrooms, dining area, lounge and bathrooms.

The home was spacious and free from clutter to allow people to move freely around the home with the use of walking aids if required. We observed people walking around and sitting in the communal areas chatting with staff and residents. Some people were in their rooms reading or watching television. We noted there was a relaxed and friendly atmosphere within the home.

Is the service effective?

We saw that people had equipment to meet their needs, such as profiling beds, mattresses, hoists and standing

aids, wheelchairs, walking aids, grab rails. There was a choice of bathing facilities and people could be assisted in to a bath by the use of a bath chair or there was a wet room for showering if preferred.

Is the service caring?

Our findings

We observed how people were supported by staff. We saw that staff were kind, caring and compassionate. We saw a member of staff kneeling down in front of a person speaking gently and offering reassurance to this person who was upset and had begun to cry. Interactions between staff and people who lived at the home were respectful and sensitive.

We heard staff asking people questions and waiting for a response, for example, “Would you like me to get your tablets for you?” and “What time would you like your bath?” Staff spoken with told us that care was individualised. One member of staff said, “What one person wants is not what another person wants. We do our best to try to meet each person’s needs”.

We saw that people were treated with dignity and their privacy was upheld. Staff were seen knocking on people’s doors and waiting for a response before entering. People were called by their preferred choice of name.

Staff had a good understanding about the people they were caring for. We saw that staff had time to speak with

people and listened to what they had to say. One person told us, “The staff are lovely and kind”. One relative spoken with told us, “The staff are marvellous, they are very kind and the care is great”.

Visitors spoken with told us they were always made welcome and we are always offered refreshments on arrival. We were told, “The care is very good. My relative is always clean and nicely dressed”.

People living at the home could tell us about their care records and that they were involved with decision making. One person spoken with was not sure if they had seen their care plan, however their relative was visiting the home at the time of our inspection. The relative confirmed the care records had been discussed and that the staff included them and kept them informed of any changes or amendments required.

We saw that staff had completed training in the ‘Six Steps’. This is the North West End of Life Programme for Care Homes. This meant that people who were nearing the end of their life could remain at the home to be cared for in familiar surroundings by people they knew and could trust. The manager and staff would seek support from outside healthcare agencies such as the GP and district nurses to help ensure the correct care and support was provided.

Is the service responsive?

Our findings

We asked people living at the home and their relatives what information was provided to help them make the decision that Knightswood was the right choice of home for them. One person spoken with told us that the manager had offered a lot of support and information to them, including visiting them in their own home before they made a decision that Knightswood was the right home for them. Another person said that the manager had met with them and a relative to discuss this person's needs prior to moving in and that they were invited twice to the home before making a decision. This person thought it was very important to see the home and meet with staff as this was a very big decision to make.

We looked at three people's care records and saw that people's choices and preferences were recorded. These included people's preferred times of rising and retiring, likes and dislikes and staff to help people select their choice of clothes they wished to wear. For some people they preferred to stay in their own room, some requested that their doors remained closed where as other wanted the door open so they could still see and hear what was going on in home. We saw that the care records contained risk assessments and daily monitoring sheets. The care records were updated regularly and any changes in people's health and care needs were documented.

People were supported with their choice of activities, one person was reading and another said they enjoyed doing puzzles. One person said staff helped them keep their room clean and tidy. We saw that a weekly plan of activities was prominently displayed so people could see what was happening on a daily basis. On the afternoon of our visit an entertainer was at home and we saw people joining in with the songs and some people were dancing with staff.

People living at the home, staff and relatives all told us that the manager was approachable. They were confident that if they expressed any concerns they would be taken seriously and acted on immediately. We saw information was prominently displayed informing people about the complaints process. Information provided by the manager on the PIR told us there had been no complaints made about the service within the last 12 months.

We asked the manager about residents and relatives' meetings. The manager told us these were not carried out in a formal manner. They said that people were asked if they wanted set meetings and they had declined. The manager told us that they were at the home every day and that they spoke to people living at the home daily. From our discussions with the manager it was evident that they knew the people being cared for exceptionally well. We saw evidence of the last satisfaction survey completed in May 2014. Feedback from the surveys was positive and comments included: 'staff support me really well' and 'the atmosphere within the home is lovely and relaxed'.

Is the service well-led?

Our findings

We saw that suitable management systems were in place to ensure the home was well-led.

The registered manager had been in post for a number of years and was supported by a good, stable staff team and by the provider.

Staff spoken with were complimentary about the manager and how the home was run. We were told by staff that the manager was approachable and supportive. One member of staff told us, "We are a good team, we all work well together". We asked relatives if they thought the home was well managed. We were told, "The home is brilliant; we can talk to the manager about anything." Another said, "We were very lucky to secure a place here, the manager is always available to speak with us". One visiting professional told us, "There is a good sense of team work and respect for the clients (people who used the service). The home provides a warm and loving environment".

We saw that quality monitoring systems were in place. The manager had clear audit checks in place for medication,

care plans, hospital admissions, incidents and accidents, activities and menus. We looked at a sample of the audits and saw that where any improvements were required actions had been taken to minimise the risk of reoccurrence.

The manager engaged well with the CQC and had notified us of any significant events which had occurred within line with their legal responsibilities.

The manager had policies and procedures in place to receive and respond to complaints should any arise.

We saw that people's health and well-being was monitored and if any areas of concerns were identified referrals were made to the relevant healthcare professionals to ensure that people received the support required.

We asked the manager about maintaining links with the local community. We were told that people went out to the nearby shops and to the pub. Local groups visited the home, for example regular entertainers were booked throughout the year, there were visits from the pet therapy group and the local clergy attended for people's spiritual needs.