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Knightwell House

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 ●

Summary of findings

Overall summary

This inspection took place on 14 June 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in February 2014 and was rated as meeting all the standards.

Knightwell House is a registered care home providing accommodation and personal care for up to 13 people with learning disabilities. At the time of our inspection there were 12 people living at the home.

There was 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.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed and managed appropriately.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service

provided, to ensure that people were benefitting from a service that was continually developing.

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 safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Knightwell House

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 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 inspection took place on 14 June 2016 and was unannounced. The membership of the inspection team comprised of an 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the NHS commissioning service for any relevant information they may have to support our inspection, we also looked at the Health Watch website, which also provides information on care homes.

We spoke with four people, two relatives, four staff members, including the registered manager. We looked at the care records of three people, staff files of three staff members as well as the medicine management processes, and records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

A person we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with said, "If I have any worries I speak to [manager's name] or [staff member's name]. I am never scared, staff are nice to me". Another person we spoke with told us, "I'm happy here, they [staff] look after me well". A relative we spoke with told us, "He's [family member] always been happy there [location]". Another relative said, "We're [relatives] happy with the care and support he [person using the service] gets, it's fantastic". They continued, "We've [relative's] no concerns what so ever, he's [person who uses the service] really safe and secure". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us an example of how they would recognise if someone was being physically abused; "I'd look for bruises or marks on the skin. I'd let the manager know if I thought someone was being abused". Another staff member gave us an example of some of the signs that might indicate if someone was being abused; "People might be withdrawn or hiding themselves away".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments were completed annually, although they were vigilant in identifying any daily concerns that may arise. A member of staff we spoke with told us, "If we think something's a danger to them [people using the service] we'll bring it up. For example, we'll prompt people to put seat belts on in cars or taxis". Another member of staff gave us an example of how they updated risk assessments. They told us, "When [person's name] came out of hospital we had to reassess him based on his medical condition". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. One member of staff explained to us, "We break the glass on the emergency alarm and all go to the evacuation point outside". Another member of staff explained how they checked the visitors book and the tick board (used to show where people and staff were throughout the day) to show who was in the building and where they should be so that staff could check on them to ensure they were safe.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A relative told us, "There's certainly enough staff and they've all been there for years". A staff member we spoke with said, "There's more than enough staff, we're never stretched. Everyone's [staff and manager] at the end of the phone if we need them". Another staff member told us, "There's always enough staff to cope. We know the lad's [people who use the service] well so we know

there's enough of us to support them". The provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed. Records we looked at showed that this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relative's we spoke with told us they had no concerns with the administration of medicines. A person we spoke with told us how they were supported with insulin injections for diabetes; "[Manager's name] helps me every morning with it, he set's it up and I do it myself". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis.

Is the service effective?

Our findings

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. A relative we spoke with said, "They [staff] all seem so well trained, they're very professional". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member we spoke with told us, "We're well trained, there's no area of concern [learning and development], if there were [managers name] would sort it out quickly, he's good like that". Another staff member explained to us how they knew about the people living at the location and would recognise any training that they might require to support their care needs. They told us, "[Person's name] is diabetic and we're up to date [with diabetes training]". We saw that the manager responded to requests made by staff and was aware of the knowledge and skills they needed to support people who used the service.

All of the people living at Knightwell House were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us, "No one [people using the service] really has problems [communicating], but if they do, we [staff] just sit down and talk, be patient". Throughout our time at Knightwell House we saw good interaction between people and staff and, communication between them all was effortless. All the people we spoke with told us that they were able to speak openly to staff about how their care and support needs.

Staff told us they had regular supervision and appraisals to support their development. A staff member we spoke with said, "We have supervisions quite regularly". The manager told us, "We have supervision and they're documented, but we [staff] all see each other during the day so we just chat". We saw staff development plans showing how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

All of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. An example being when we observed staff asking permission before entering people's rooms. A staff member told us that occasionally people leave clothes in their wardrobes which need washing, however they ask permission to look in people's wardrobes before doing so.

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. 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 MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were not restricted and moved freely around the home. People were also free to leave the home unattended. A relative we spoke with told us, "He [person using the service] can do things whenever he wants".

Information was available about independent advocacy services and we saw that some people had been supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how she supported a person. They told us, "We try to calm them [people using the service] down, talk in a calm way". They went on to explain how they referred to behaviour charts in people's care plans to identify behaviour triggers and people's likes and dislikes. We saw that people's care plans had information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at Knightwell House. A person we spoke with told us, "The food's alright, you get enough to eat". Another person said, "I like the food". A relative we spoke with said, "Everything's good, he's [person using the service] never complained about the food". A staff member we spoke with told us, "Everyone's fed well, meals are big and healthy". People appeared to be enjoying their food and we saw some of them asking for extra helpings, which staff provided them with. We saw menus were available with photographs to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished. On the dining room wall we saw a list of the meals for the current week, which had been chosen by the people who use the service. A member of staff we spoke with said, "We [people using the service and staff] have meetings every Friday to discuss meals for the forthcoming week".

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. A person we spoke with told us, "I've lost some weight, the staff were pleased with me, I have 'some' sweets though". A staff member told us, "We have menu records so that we know who's eating what, although we can't control what they [people using the service] eat when they're out". Another staff member explained that although snacks were available, they were limited in the best interest of people's health.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "If I have blood tests, I see the doctor". Another person told us, "I used to smoke but I've given up since living here". A relative told us, "Yes they're [provider] really good when contacting the GP and dental appointments are taken care of regularly". They continued, "He [person using the service] had a spell in hospital recently, he was quite poorly, but the aftercare was really good, they [provider] looked after him so well". We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff, they looked relaxed in their presence and appeared to be living a happy life. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A person said to us, "I'm happy here". A relative we spoke with said, "They're [staff] very caring people. They're [people using the service and staff] one big happy family really". They continued, "He [person using the service] loves them [staff] all there. All the lads [people using the service] care about each other, they look after each other. It's a family home in every sense of the word". People appeared content and happy when interacting with staff. A staff member told us, "They're [people using the service] like a load of brothers".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's needs. A relative we spoke with told us, "All staff have been there [location] for so long, they know exactly what [Persons name] needs are. We've got no concerns". Another relative said, "We [relatives] were involved right from the start. We don't get involved too often now, there's no need he's [person using the service] fine". A member of staff told us, "We've [staff] worked with people a long time, we talk about their past and life before they came here. They're [people using the service] all very different, they all have their own ways". Another member of staff we spoke with told us how people using the service expressed their views about how their care and support was delivered. They said, "They [people using the service] just openly tell you. I've known them so long, 15 years". People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted. All staff who worked at the location had done so for at least ten years. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "I go twice a week to work. I'm hoping to work until I'm 65". Throughout the day we saw people coming and going from activities that they had chosen to do themselves. One person told us how they worked as a volunteer at a local social group. Another person we spoke with told us how they contributed to discussions at house meetings. A third person we spoke with told us that they were going to have a shower later in the afternoon because that's when they liked to take one.

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We make sure all personal care is done on a one to one basis in their [people using the service] own rooms. Making sure privacy is maintained"... Another staff member told us, "We [staff] always knock bedroom and bathroom doors before entering. If visitors are in people's rooms, we ask them to leave if we're providing personal care". We found that people could spend time in their room so that they had privacy when they wanted it. A person we spoke with told us, "I can go to my room when I want".

Staff we spoke to explained to us the importance of ensuring that people rights to confidentiality were maintained. Staff we spoke with told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager.

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "My sister visits me once a week". A relative told us, "I can go whenever I want to. I usually call first but it's not necessary. I can go whatever time I like, night or day".

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "If they [people using the service] can do things for themselves we encourage it, for example; tying shoe laces". Another staff member told us, "We don't do everything for them [people using the service]; they shower, dress themselves and go to the shops on their own". We saw people helping out around the home, laying tables at meal times and clearing up afterwards.

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. A relative we spoke with told us "We've been involved in his [person using the service] care planning all along". They continued, "We get regular calls if [person's name] has been poorly". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

Throughout the inspection we saw staff cared for people in a way that involved people in making choices and decisions about their care and support. A person we spoke with said, "I go to bed to bed early because I like to". We saw that staff were responsive to people's individual care and support. A person told us how staff wake him up early in the morning so that he can go to work. We observed staff responding to people's needs promptly when required throughout the day. We saw a staff member and two people going shopping together, they asked a third person to go along but they chose to stay behind.

We saw that all people living at the home had their own rooms and chose whether to stay in them or join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I've got my own room, it was upstairs but now it's down [stairs]. Upstairs was too noisy as [person's name] was watching TV and I couldn't get to sleep, so I've changed rooms". Another person said, "I've got my own things in my room, I've got my own mobile phone".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. We saw pieces of art displayed around the home that had been made by one of the people that lived there. We saw a person knitting and another playing tunes on the keyboard. We saw that care plans included information about hobbies and interests that people liked to do. Some people we spoke with told us they liked watching football and that the deputy manager had taken them to a few matches. We saw photos showing that the deputy manager had also arranged for people using the service to go on to the football pitch and meet ex-players. A person we spoke with told us, "I'm going on holiday next week; I'm looking forward to it. I haven't been to [holiday resort name] before but I've been to [holiday resort name]". We saw that the provider had plans to take all the people who use the service away on holiday over the coming weeks. People we spoke with told us that they had regular holidays. On the day of the inspection we saw people watching TV programmes they liked, playing games with staff and enjoying music. We saw that people took part in a variety of social activities, including trips to restaurants, the local pub to play pool, bowling trips and on Friday nights they held a darts competition at the home.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us; "I've got no complaints". A relative told us, "I've got no concerns but if I did I'd raise them with [managers name]". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. The manager told

us and records we looked at showed that there had not been any complaints made about Knightwell House since our last inspection. We found that the provider had a robust procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised.

Relatives told us that they had completed satisfaction surveys and we saw that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider did not hold regular family meetings to share information as relatives attended infrequently. However relatives told us that they could contact the manager at any time for information about their family member. A relative we spoke with said, "We have meetings only when necessary, everything's fine. They [provider] contact me if they need to". The manager told us, "We speak to all the families to let them know what's going on".

Is the service well-led?

Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people and staff were involved in how the home was run. We saw that there was a good relationship between the manager, people using the service and staff. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. A staff member we spoke with said, "The manager's very approachable and fair". Another staff member told us, "The manager's very supportive responsive to my requests. Everything's dealt with quickly here". Staff told us they were happy with the way the location was managed, one staff member told us, "I like how it's [location] managed here. I've worked at other care homes and they're not managed half as good as this one". Staff we spoke with told us that they felt that they were listened to and valued by the manager. A staff member told us, "The service users like me here and we get on really well. The manager is very open about things, we have a good relationship, they listen if I have any problems". A relative told us, "If I telephone they're [staff] always eager to help and they're so approachable". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member. A relative told us, "[Manager's name] and [deputy manager's name] are absolutely great. We're [relatives] happy with how things are run, it's such a happy and positive place, very homely".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about: malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The registered manager and the deputy manager had been at Knightwell House for more than 20 years, which gave the home, the people who lived there and staff a strong element of consistency and stability.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people.