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Thomas Knight Care Home

Inspection report

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Date of inspection visit: 1 and 7 October 2014
Date of publication: 29/01/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We visited the home unannounced on the 1 October 2014. We carried out a second visit to the home announced on the 7 October 2014 to complete the inspection.

The home was last inspected on 13 March 2014. We found the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; "Respecting and involving service users" and "Safety and suitability of premises."

At this inspection on the 1 and 7 October 2014, we found improvements had been made and the provider was now meeting both regulations. We considered however, that further improvements were required regarding the safety and suitability of the premises to ensure that all areas of the building were adequately maintained.

Thomas Knight Care Home provides accommodation and personal care for up to 54 older people, some of whom were living with dementia. There were 30 people living at the home on the days of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

There were procedures in place to keep people safe. Staff knew what action to take if abuse was suspected. A member of the local authority's safeguarding team told us however, that there had been a delay in receiving an investigation report from the registered manager about a recent safeguarding concern.

Safe recruitment procedures were followed and staff said that they undertook an induction programme which included shadowing an experienced member of staff.

We observed that the premises were generally well maintained. We noticed however, that some of the window handles were still loose and that the design and décor of the environment did not always meet the needs of the people who lived there.

Relatives told us that people received their medicines at the correct time. We noted that medicines administration records (MARs) were generally completed accurately with only a few gaps in the recording of the administration of medicines. We read however, that two people received their weekly dose of bone disease medicine the day after it was due. We also read that one person required staff to take her pulse before administering a particular medicine to ensure that the pulse rate was not too low. We noted that there were two gaps in the recording of her pulse. This omission meant that it was not always clear that the medicine was administered safely.

Staff were appropriately trained and told us they had completed training in safe working practices and were training to meet the specific needs of people who lived there, such as those who were living with dementia.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. No applications to deprive people of their liberty had been completed at the time of our inspection. The registered manager told us that she was liaising with the local authority about DoLS applications. We considered that further improvements were required to ensure that people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

Staff who worked there were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

We saw that an activities programme was in place. People were supported to access the local community. A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

A number of checks were carried out by the management team. These included checks on health and safety; care plans; the dining experience; infection control and medicines. We noticed however, that medicines audits were completed only for people who lived on the ground and top floor. A check of medicine systems for people who lived on the middle floor was not carried out. This meant that there were no checks in place for people who lived on this floor to ensure that medicines were being administered as prescribed.

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?
Not all aspects of the service were safe.

Improvements had been made regarding the condition of the premises. Further improvements were required however to ensure that the premises were well maintained.

We found several omissions in the administration of medicines which meant it was not always possible to demonstrate that medicines were administered safely.

Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Requires Improvement

Is the service effective?
Not all aspects of the service were effective.

Staff had not received regular supervision or an annual appraisal to ensure that they were supported and their training needs identified. However, people received care from staff who were trained to meet their individual needs.

We found that further improvements were needed to ensure that people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

People received food and drink which met their nutritional needs and they could access appropriate health, social and medical support as soon as it was needed.

Requires Improvement

Is the service caring?
The service was caring.

During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect.

People and relatives told us that they were involved in people's care.

Surveys were carried out and meetings were held for relatives and friends.

Good

Is the service responsive?
The service was responsive.

We saw that an activities programme was in place. People were supported to continue their previous interests and hobbies.

A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

Good

Summary of findings

Is the service well-led?

Not all aspects of the service were well led.

Although no breaches in regulations had been identified during this inspection; there were some areas which required improvement such as the condition of the premises.

Medicine audits were completed only for people who lived on the ground and top floor. A check of medicine systems for people who lived on the middle floor was not carried out. This meant that there were no checks in place for people who lived on this floor to ensure that medicines were being administered as prescribed.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

Requires Improvement

Thomas Knight 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 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 three inspectors; a specialist advisor in dementia care and an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We visited the home unannounced on the 1 October 2014. We carried out a second visit to the home announced on the 7 October 2014 to complete the inspection.

We spoke with the registered manager, deputy manager, the clinical lead; a registered nurse, five care workers, an activities coordinator and the chef. We looked at nine people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Most of the people were unable to communicate with us verbally because of the nature of their condition. We therefore 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.

We spoke with five relatives during our visits and we contacted one relative by phone following our inspection to obtain their views. All spoke positively about the home. In addition, we conferred with a GP; a speech and language therapist; a social worker and a vocational trainer who were visiting the home during our inspection. We contacted by phone; two members of staff from the local authority safeguarding team; a local authority contracts officer; a care manager and a reviewing officer from the local NHS trust; a community matron for nursing homes; a district nurse; the lead nurse from the local clinical commissioning group and a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also talked with a prescribing advisor from the North of England Commissioning Support Unit. Commissioning Support Units were set up to support GPs and clinicians to focus on people's care. They provide a range of services such as medicines support.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We also asked the provider to complete a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is meeting the five questions and what improvements they plan to make. We did not receive a copy of the PIR prior to our visit. The registered manager told us that the PIR was sent. A technical problem on our website however meant that the information was not saved. The registered manager sent us a copy of the PIR following our visits to the home.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 13 March 2014 we found the provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; "Safety and suitability of premises." At this inspection, we considered that improvements had been made and the provider was now meeting this regulation but further improvements were needed to ensure that the home was suitably maintained.

Relatives told us that they were happy with the condition of the premises. Comments included, "It's spotless, it's magic. I'm happy with it. What I've seen of the maintenance – yes," "It's very clean," "The room and home are always tidy and clean," "It's beautiful and light and airy and clean," "The home and room are nice and what I like about it is there is no smell. I come at different times. I do compliment the cleaners. You just have to ask about odd jobs like putting her pictures up or batteries in her clock" and "It seems like a nice room, we have brought nice things to make it more homely as there was not a lot of stuff in." The community matron for nursing homes told us, "Generally it's nice, light, bright and fit for purpose. There's nothing I'm unduly concerned about." She also raised no concerns about the equipment at the home. She commented, "I've used hoists with the carers and they are in a good condition."

We spent time looking around the home. We checked people's bedrooms with their permission together with communal areas such as the lounges and dining rooms. We observed that most areas were well maintained. At our last inspection, we raised concerns about the condition of the windows. We found that several were difficult to open and the window handles were loose. We read the provider's action plan which had been sent to us following our inspection in March 2014. This stated, "A window engineer has been out and has checked all the windows in the home. He has advised that there is no issue with the frame, mounting or structure of the windows. There is no danger to any of the staff or residents. He identified that the handles are becoming loose due to wear, which was exacerbated by the handles being mounted in differing orientations. All of the handles in the home are to be replaced with new handles. The engineer will also carry out a service on the window while replacing the handle."

At this inspection, we were able to open windows around the home. Certain window handles were still slightly loose. The registered manager told us the provider was obtaining quotes to have the necessary work carried out.

We checked bathrooms and toilets and saw that these were generally clean and well maintained. However, we looked in the bath and shower room on the top floor and saw that the shower tray was slightly damaged and there was a hole in the plastic covering of the mechanical arm of the bath hoist chair. We spoke with the registered manager about these issues. She informed us that the bath and shower were not used. She explained that a new "wet room" had been built. Our own observations confirmed this. She also said that plans were in place to refurbish the whole of the top floor.

People and relatives told us that they felt safe. One relative said, "Yes it's great, I wish I was in here, she's great – safe as owt!" Another stated, "Oh yes she is safe, my mam is the type of person that would tell me if she wasn't." The social worker told us, "I think it's safe."

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected.

There was one ongoing safeguarding investigation. The safeguarding adults' team had asked the registered manager to carry out an investigation into the events surrounding the safeguarding concern and provide them with a written report. We spoke with a member of staff from the local authority safeguarding team. She told us that there had been a delay in receiving the investigation report from the registered manager. She also informed us that she considered that the report did not fully address all the concerns raised and that she was going to request further information from the manager.

Most relatives told us that there were sufficient staff. One said, "Yes when she presses the buzzer they come straight away. They do anything for her and communicate well as my wife can't speak." Another stated, "The staff are very good, they come straight away." Two relatives however told us that more staff would be appreciated. Comments included, "There seemed to be more staff before but I could be wrong – or only at certain times" and "God bless them, I think that they could do with a bit more staff, you feel for

Requires Improvement

Is the service safe?

the ones that are on – it's 24/7 and there are a lot of people and it's all nursing. I don't feel that my mam is neglected, it's my opinion there should be a lot more. Yes they come quickly to the alarm."

During our inspection, we observed that staff carried out their duties in a calm unhurried manner. We saw staff spending time with people on a one to one basis. We did not see anyone having to wait for attention. We spoke with a member of staff from the local authority's safeguarding adults' team. She did not raise any concerns with staffing levels at the home.

Staff told us that relevant checks were carried out before they started work. These included Disclosure and Barring Service checks which were previously known as Criminal Record Bureau checks. In addition, two written references were obtained. These checks were carried out to help make sure that prospective staff were suitable to work with vulnerable people. The local authority had rated the home "compliant" with recruitment procedures at their recent quality monitoring visit.

Relatives did not raise any concerns about medicines management. One relative said, "The nurse knows about the medication. It's better now than at home there were too many tablets. There has been no problems with medication." Another said, "The meds are given at the right time and given by the staff. There has been an issue, she is allergic to a certain antibiotic and the home are aware of this and keep the GP on his toes – her skin breaks out."

We checked people's medicines administration records (MARs). We noted that these were generally completed accurately with only a few gaps in the recording of the administration of medicines. We saw however, that one person took a medicine which required staff to take her pulse prior to administration to ensure that it was not too low. We saw that there were two gaps in the recording of her pulse. This omission meant that it was not always clear that the medicine had been safely administered. We noted that another two people were on a weekly dose of medicine for bone disease. We saw that on occasions the medicine was administered the day after it was due. We spoke with the clinical lead about this issue. She told us that she was aware of this problem and was addressing it immediately. Following our inspection, the registered manager informed us that a new policy had been formulated which gave staff further advice and guidance about the specific bone disease medicine.

We considered that improvements in medicines management were required to ensure that medicines were administered safely.

Risk assessments and care plans were in place to assess people's mobility, nutritional needs, risk of choking and swallowing problems, skin condition and behavioural challenges. We saw that these were personalised and gave staff information on how they should manage a variety of risks. We read that one person sometimes got agitated and aggressive. The care plan explained that the times of day and factors in the environment such as noise made the person more likely to become distressed. The care plan also explained what to do to help the person feel more relaxed. The care plan detailed exactly what staff had to do in order to minimise intrusion to the person and reduce the risk to staff.

Requires Improvement

Is the service effective?

Our findings

Relatives were complimentary about the skills and experience of staff. Comments included, “The staff seem very able and she says that they are gentle when they use the hoist and she is creamed [moisturising cream] every day. They have been fantastic,” “Yes I think they do meet her needs. They seem to have the right skills in seeing to their needs,” “They all know what they are doing” and “I don’t think they need training.” The community matron for nursing homes said, “They deliver effective care” and “[Name of clinical lead] is aware of the guidelines and best practice.”

We talked with an assessor from a local training company. She was delivering vocational training for some of the staff at the home. She did not raise any concerns about the level of staff training at the home.

Staff told us that there was plenty of training available. The manager provided us with information on training which showed us that staff had completed training in safe working practices and training to meet the specific needs of people who lived there. We spoke with a new member of staff who told us that she had undertaken induction training and felt supported. She said, “It’s good, I like it here because I feel at home.”

We talked with the deputy manager who carried out some of the training. She told us that she had delivered privacy and dignity training for all staff following our previous inspection and the concerns we raised regarding privacy and dignity. She told us, “I used examples during the training which CQC had picked up on, for example moving someone without telling them.” This was confirmed by the staff with whom we spoke. One member of staff told us, “[name of deputy manager] is always there. She’s the trainer…If there is any decline in a resident’s mobility, you just let her know and she will check that the equipment is still suitable and tell us what we should do. She’s hands on and things get sorted straight away. She will show us what to do.”

We spoke with a community matron for nursing homes. She told us, “I’ve organised training for staff. I’ve organised wound care training. They’ve been very positive about training. I’ve also done training on bowel management and constipation, phlebotomy [taking blood] and verification of death. Just yesterday [Name of nurse] came with me to Hexham hospital and did the diabetic update.”

The local authority had carried out a recent quality monitoring visit. We noted that they had rated the home as “compliant” with their training standards.

The registered manager told us that they were “behind” with supervision and appraisals. Although some supervision sessions and appraisals had been carried out, she explained that most staff had not received supervision since the previous deputy manager left in February 2014. Supervision sessions are used, amongst other methods, to check staff progress and provide guidance. Lack of supervision and appraisal could mean that the competency of some staff was not assessed and support was not provided if gaps in their knowledge or skills were identified. However, staff told us that they felt supported by the registered manager and that the manager’s door was “always open.” Regular staff meetings were held. We considered therefore that the lack of supervision and appraisals were not having a direct impact on people’s care. The registered manager informed us that she was planning supervision sessions and appraisals straight away.

Relatives were complimentary about the food at the home. One relative said, “The food is home cooked and she gets a choice. They do roasts and they do little cakes and puddings.” Other comments included, “I think she gets toast for breakfast. She is sometimes in her room with a cuppa and biscuits.” One relative told us however, “I think she gets support with meals but we are not allowed in now, it’s called something like safeguarding or protected time.” We spoke with the registered manager about this last comment. She told us, "We actively encourage relatives to have meals with their family member. We would never turn anyone away."

The community nurse for nursing homes said, “I’ve had no issues with [people] losing weight. They get very well fed. Mealtimes are sociable, staff are always around.” We conferred with a speech and language therapist who was visiting the service. She told us, “They follow my advice and recommendations which has been really crucial. I’ve found them to be very good. I had a talk with [name of clinical lead] this morning and she had a good understanding of what was needed.”

Requires Improvement

Is the service effective?

We observed people over their lunch time. We saw that staff supported them on a one to one basis. One member of staff told us, “Meal times are really important. They are a social occasion. We spend a lot of time talking and interacting with residents to make sure it’s a really enjoyable experience for them. There’s a lot made of meal times and they thrive on it.”

Relatives told us that people’s health needs were met and referrals were made to health and social care professionals in a timely manner. They explained that they were always notified if the GP visited. Comments included, “They are straight on the phone to the doctor if need be,” “They did call the doctor as she had a bit of a fall but they rang me straight away” and “Yes they always contact me if they have to call the GP.” The community matron for nursing homes said, “Referrals are done in a timely manner…They have referred one gentleman to the speech and language therapy team. I can see a big difference since [name of clinical lead] came into post.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The Alzheimer’s Society state, “Staff in care homes… should always try to care for a person in a way that does not deprive them of their liberty. If this is not possible; there is a requirement under DoLS that this deprivation of liberty be authorised before it can go ahead.” In England, the local authority authorises applications to deprive people of their liberty. The registered manager told us that most of the people who lived at Thomas Knight would require a DoLS authorisation because of the nature of their condition. She told us however, that she had not yet completed any DoLS applications. She said that she was liaising with the local authority about this issue.

We considered that further improvements were needed to ensure that people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation.

We did not plan to look at the adaptation, design and decoration of the premises. However, we identified some concerns with this area during our inspection.

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation."[NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that not all of the premises were “enabling” and helped aid orientation.

We spent time looking around all areas of the home. The registered manager told us that people who were accommodated on the top floor were living with dementia. Most of the corridors were painted in the same colour with few discernible features to aid orientation. The Alzheimer’s Society states, “Design changes, such as using contrasting colours around the home, are very useful in making items easier for people with dementia to identify.” We noted that although menus were displayed, they were printed in small font on an A4 piece of paper which people might not notice nor understand.

We observed that the home’s environment did not always occupy people’s attention. Some people enjoyed walking around and collecting objects they found. One person brought us two rolls of sticky tape and a hole punch from the office. The Thomas Pocklington Trust’s guidance “Design guidance for people with dementia and for people with sight loss” states that the following should be considered, “Placement of ‘interesting features’ along communal paths and corridors and within individual communal rooms, to stimulate interest and promote memory.”

Staff with whom we spoke were enthusiastic about the changes that they would make to the environment to make it more “dementia friendly.” We spoke with the registered manager about their comments. She told us that they already had plans in place to decorate the home and they would look into the ideas which staff had raised.

We concluded that further improvements were needed to ensure that the design and decoration of the premises met the needs of people who lived there.

Good

Is the service caring?

Our findings

At our previous inspection on 13 March 2014 we found the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; "Respecting and involving service users." At this inspection, we considered that improvements had been made and the provider was now meeting this regulation.

Relatives were positive about staff and the care provided. Comments included, "Yes I am happy with this place, they are kind," "They do a very good job. They seem to be caring. They chat and are always nice," "I am satisfied with the way that they look after her and the staff I see they take care of everyone. I'm very happy," "The staff are patient and kind with the people," "Sometimes they dance with her and she laughs. If any residents are upset they may give a little cuddle, they generally seem to be fine with all of them," "She has a laugh with them, they have a bit of banter with her, they are nice," "They are very good, they are very caring, it's the little things, the gestures," "Yes the staff are good, they are very nice and friendly and can laugh which I think is good for the people" and "Yes we are very happy. They are just so kind in the way they are with her. They have a bit banter and interaction and are jovial." The social worker told us, "The staff are very tolerant."

We spoke with a GP who was visiting the home on the first day of our inspection. He told us that he did not have any concerns about the care and welfare of any of the people who he visited.

Staff informed us how important it was to ensure that people felt happy at Thomas Knight. One staff member said, "I love my job, I really do. The residents are so important. I love making sure they are happy." Other comments included, "Our job is to make them as happy as possible."

We saw that staff were kind and patient to people. The reviewing officer from the local authority said, "I can hear them while I'm sitting. They do interact well with people." We heard one member of staff say to a person who was upset, "I'll take you to your room and play some music to cheer you up." We observed another care worker comfort a person who had recently moved into the home and wanted to leave. The care worker sat beside her and placed her hand on her shoulders to comfort her. She spent time talking with her to divert her attention away from wanting to go home.

Some people displayed behaviours which were challenging, such as shouting, refusing interventions and banging their walking frames repeatedly on the floor and against furniture. We observed staff respond to these behaviours in a skilled manner. Staff were conscious of their own behaviour and how this may impact upon the people they were supporting. They spoke with people in a gentle and friendly tone, speaking in short simple sentences and using diversionary tactics rather than confrontation. They also used humour to good effect and in a respectful manner. These communication techniques prompted positive responses from people.

We observed that people were well presented. Their clothes were clean and they were wearing supportive footwear. Their hands and nails were clean and there was no evidence of food or debris. Staff told us they always respected people's privacy and dignity. One member of staff said, "We always respect their privacy and dignity. These people fought in the war for us and we would never disrespect them." This was confirmed by relatives with whom we spoke. One relative told us, "They are very respectful." Other comments included, "It's friendly and pleasant and respectful," "Yes they close doors. They are very nice with her personal care," "They are respectful to all the patients. They are great" and "They do respect her choices." The reviewing officer told us, "I've not seen anyone [staff] speaking disrespectfully to people."

We read people's care plans and noted that the 'This is Me' tool was used. This tool is recommended by the Alzheimer's Society who state, "It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia and their carer." We noted that this information was used to write people's care plans to ensure staff were aware of their needs, preferences, likes, dislikes and interests.

Relatives told us that they were involved in people's care and staff asked for and listened to their opinions. One relative said, "They do listen." Other comments included, "Yes they listen and they always act. I leave the care plan to them, when she first came in they asked about insulin as

Good

Is the service caring?

she is a diabetic" and "My mother has problems but the staff are lovely. They are very attentive. They tell my mam what is going on and she asks them to relate anything to me. If they think she has not understood they tell me, for example, if they get the doctor – they share everything."

The registered manager told us that no one was currently accessing any form of advocacy. Advocates can represent the views and wishes for people who are not able express their wishes. The registered manager informed us that she would look into advocacy services on an individual basis when the need for an advocate arose. She told us that she would contact the local advocacy service and ask for leaflets and information to display around the home to ensure people, relatives and staff were aware of the advocacy services that were available.

Good

Is the service responsive?

Our findings

Relatives with whom we spoke informed us that they felt that staff were responsive to people's needs. One relative said, "Yes they are responsive." Other comments included, "You know they don't have a lot of time and everyone on this floor has a hoist but if you need anything they go out of their way without you having to wait too long. The service is very good," "Yes they are fine, everything seems to be okay. If I ask them for anything they do it straight away," "From what I have seen yes they do meet her needs." The social worker told us, "I feel confident with him being here. They've coped with his complex problems well."

The registered manager told us that pre-admission assessments were carried out before people moved into the home. She said this was to ensure they could meet the person's needs and had the necessary equipment in place. The community matron for nursing homes explained that she went with the clinical lead to carry out a pre-admission assessment. She said that this meant that they could both assess the person and make sure that the home could manage his complex needs.

During our second visit, a person was admitted to the home for emergency respite care. The clinical lead had ensured that all the necessary equipment was available such as a hospital bed and pressure relieving mattress. She told us, "It's about looking at the individual's needs and responding to them when you see them." We spoke with the person who told us, "I knew it was nice as soon as I came through the door."

Staff gave us examples of how they responded to meet people's needs. One member of staff told us about a person whose first language was not English. The staff member explained that the individual kept saying, "Speak slowly." The staff member said that they had noticed she had become more withdrawn. She said that they thought she might be hard of hearing and staff spoke with the GP who referred her to the local audiology department and two hearing aids were provided. The member of staff said, "It has improved her communication with others."

There was an activities programme in place. An activities coordinator had been employed to help meet the social needs of the people who lived there. We spoke with the activities coordinator who said, "I'm always trying to come up with new ideas." She told us, "I do movement to music. [name of person] was a dancer. She can't dance now and uses a hoist. However, if I can get her to tap her feet while sitting in her chair that's an achievement…I also do reminiscence. I have a box of things I use like some toys from Beamish, wooden objects which are nice for them to hold and old pictures of Blyth." She told us that she supported people to access the local community. She explained that one person used to be a market trader. She said that they set up a stall in the town centre to raise money for the home. She told us that an external speaker came to the home to give presentations to people about various subjects, such as "How well do you know the royals?" She said that these activities were enjoyed by people.

Relatives spoke positively about activities at the home. One relative said, "She has been out more in here than she was in the other place in three years. [Name of activities coordinator] is so nice, nothing is a bother. Mam asked about going to the Cenotaph. They wrapped her up with a hot water bottle and took her. She has been to the Theatre Royal to see Dirty Dancing and the Phantom of the Opera. She has also been to the pub. They have a minibus; they have been all over. She has been to Plessey Woods on a picnic. They have bingo and on an afternoon they have a film." Another relative said, "They have taken her out in the wheelchair to Blyth but I am not sure of the frequency." The community matron for nursing homes said, "The activities coordinator is exceptionally good…I know [name of activities coordinator] has been working with Mind Active. She takes them out." Mind Active is a local charity which aims to complement and build on activities available within care homes and enables people living with dementia in their own homes to continue as part of the community.

There was a complaints procedure in place. Relatives with whom we spoke with on the day of our inspection told us that they had no complaints about the home or the staff. Comments included, "I have not made a complaint, I think you can get a complaint form at the office. If you had a complaint then you would go to the office and ask for [name of registered manager] or ask the nurse if there is a problem," "We have nothing to complain about. As long as my mam is happy – and I can see that she is happy" and "I would go to the manager if I had a concern or a complaint." One relative told us however, that she was not aware of the complaints procedure. She said, "I would not have a clue

Good

Is the service responsive?

about how to complain. I am not aware of any complaints procedure or have been told about it." The reviewing officer from the local authority said, "I very rarely get complaints from families."

We were contacted by one person's relative in August 2014. She told us that she had made a complaint regarding certain aspects of her relative's care at Thomas Knight. We spoke with this relative following our inspection of the home. She told us, "Things have dramatically improved. They've moved her [relative] downstairs and it's so much better." We also spoke with the person's care manager from the local NHS trust. He informed us that he had also received positive feedback from the person's relatives.

We read that the local authority had carried out a recent quality monitoring visit. The local authority had stated in their quality monitoring report, "Dealt with complaints in line with the home's complaints policy and procedure." The local authority had deemed them "compliant" with this standard.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. She had registered with the Commission in February 2014. The home has had four registered managers in three years. Since 2011, the provider had been in breach of one or more regulations throughout the three and half year period. Although no breaches in regulations had been identified during this inspection, there were some areas which required improvement such as the condition of the premises.

The registered manager told us that she was aware that further improvements were required in relation to the premises, especially on the top floor where people who were living with dementia were accommodated. She explained that a visit to another provider's care home, specialising in dementia care, had been organised. She explained that this visit had been organised so that staff could pick up new ideas and best practice in dementia care. Following our visits, we spoke with the registered manager who told us that the activities coordinator and a care worker had visited the care home and were "buzzing with ideas."

Staff informed us there was a stable management team now. This included the registered manager, deputy manager and clinical lead. One member of staff said, "[Name of manager and [name of deputy manager] are great. I blow their trumpets. They always have an open door… [Name of clinical lead] is brilliant. They are turning Thomas Knight around, good on them." Other comments included, "Morale is definitely good," "It's really nice to come to work," "We are very lucky with our nurses," "I know it's had a reputation in the past, but there's no need to now, it's a lovely place," "We work as a team. In other places staff work against each other, but it's not like that here," "There's a nice atmosphere here. Everyone comes in smiling and enjoy their job. You don't see that in every job" and "It's a totally different home. The staff morale is a lot higher…Everyone is a lot more relaxed. It's now a team rather than three separate floors."

The registered manager told us, "The culture has changed. It was the staff dynamics. We wanted to work on the culture. Each floor used to work separately, what we wanted was for it to be a home with everyone working together and the staff to be a team and not work separately on the different floors…Everyone is now pulling together."

Relatives were complimentary about the management of the home. Comments included, "Yes it is managed well…I can't fault the management - it's good – 100%. To me everything is good. Only the parking I would change" and "The staff seem happy and from my experience the service is managed well."

We spoke with a reviewing officer from the local authority who said, "It's heading in the right direction." A care manager from the local NHS trust said, "They are going in the right direction, absolutely. I have confidence in [name of registered manager]…onwards and upwards." The social worker said, "Whenever I come in there's a friendly atmosphere and I've always felt welcomed." A care manager from the local NHS trust said, "Any home which has [name of registered manager] at the helm is going to be good. We know that she will do a good job." The community matron for nursing homes said, "I think [name of registered manager] and [name of deputy manager] have definitely made a difference. It's more stable. The two of them and [name of clinical lead], it's quite a stable leadership team."

Relatives told us that there was a happy atmosphere at the home. Comments included, "The atmosphere is good, they are happy enough, they are cheerful," "Yes they are very jovial," "They are welcoming and seem fine and happy" and "The atmosphere is good. They have the TV and music. It's pleasant. I would rate it as good."

We noted that meetings were held for people and relatives. Relatives themselves told us that they were kept informed of any changes. One said, "It does very well in keeping relatives informed of everything about mam." Some told us that they had completed questionnaires and attended meetings to give their opinion on the running of the home. One relative said, "Yes they have monthly meetings. Mam is there at the meetings, sometimes there are other relatives or residents. I have been to the MDT [multi-disciplinary meetings] too. I have done surveys too." Another relative said, "I have had questionnaires and a couple of leaflets." Other comments included, "They do listen to me" and "I have been involved in a meeting once per year about the care plan and they go over everything." Two relatives informed us however, that they had not been involved in any surveys or meetings. One relative commented, "I have not been involved in any feedback or meetings."

We looked at the most recent survey which had been carried out in May 2014. We read one comment which had

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been written by an unnamed health and social care professional. The professional had written, “Find the staff welcoming and friendly when I visit Thomas Knight and from what I have seen, the carers have a very pleasant manner with service users.” Comments from people and relatives included, “Improved since March [2014],” “Carers proficient and always available and visible” and “The staff are very helpful and friendly to all residents and are available when needed and medical care well received.” We read that people and relatives had commented that a suggestions box would be appreciated. The registered manager told us that this was now in place.

A number of checks were carried out by the management team. These included checks on health and safety; care plans; the dining experience; infection control and medicines. We noticed however, that medicine audits were only completed for people who lived on the ground and top floor. A check of the medicine systems for people who lived on the middle floor was not carried out. This meant that there were no checks in place for people who lived on this floor to ensure that medicines were being administered as prescribed. We spoke with the Prescribing Adviser who stated, “They’re not quite as tight as they could be [with medicines]. They need to improve some of the overall systems in place.” We consulted the clinical lead about this issue. She told us that she had already recognised this omission and was going to address this immediately to ensure that she had an overview of medicines management across the whole of the home.

Although health and safety audits were carried out; we noticed that some concerns kept reoccurring on subsequent checks. We noted that the issue with the window handles had been repeated on each health and safety check since April 2014.

Although staff spoke positively about the provider's representative and told us that he visited regularly, we were not able to ascertain what checks were carried out during these visits since records were not kept.