Knights Care Limited

Drovers Call

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 15 December 2016 and was unannounced. Drovers call provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 60 people who require personal and nursing care. At the time of our inspection there were 42 people living at the home. The service is provided across three floors however currently only two floors were used.

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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered safely. We saw that staff obtained people's consent before providing care to them. The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

Medicines were administered safely.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act fully in accordance with the Mental Capacity Act 2005.

Staff received regular supervision. Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care records were personalised

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The provider had put in place arrangements to improve the quality of the care.

The registered manager created an open culture and supported staff.

Drovers Call

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 December 2016 and was unannounced. The inspection was completed by 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, the provider, a nurse and two members of care staff. We spoke with five people who used the service and six relatives. We also looked at four people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A person said, "They (staff) keep looking in on you if you are not very well. The reason I'm here is because I'm liable to fall, I have a buzzer here. They help me get dressed." A relative said, "Yes, my family member had falls at home but they've had none since they've been here."

One person said about their medicines, "They [staff] bring them and a drink of water and put them in your hand and they don't move until you've taken them." We observed the medicine round and saw that medicines were administered safely. People were addressed by name and staff explained what medicines they were giving to them. Where people received their medicines without their knowledge for example in their food we saw that arrangements were in place to ensure this was carried out safely. Appropriate advice from a pharmacist and doctor had been obtained to ensure this was in the person's best interests according to the provider's policy. Protocols for medicines which are given as required (PRN) such as painkillers were in place to indicate when to administer these medicines and whether or not people could request and consent to having their medicines. People were asked if they wanted their PRN medicines during the medicine round. We saw that the medication administration records (MARS) had been fully completed. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed on areas such as nutrition and skin care and care plans put in place to ensure that care was delivered in a safe way. Where people required equipment to keep them safe such as bed rails risk assessments had also been completed.

People told us that they did not have to wait long for call buttons to be answered by staff. One person said, "They haven't kept me waiting, I don't press it unless it's necessary, say if I wanted the toilet. I had a problem last week. I had an accident and had to call them. They came very quickly." A relative said in regard to staff answering call bells, "They respond very well." We observed staff responded to people promptly. Call bells were answered quickly, for example at 11.40 am a bell we heard was answered in approximately 40 seconds by a carer. The registered manager told us that staffing levels varied according to the needs and numbers of people. For example when the numbers of people in the home had been up to 48 the number of staff had been increased. When we spoke with staff they told us that there were usually sufficient staff. However they said that when staff were unavailable due to illness or holidays they were sometimes short. They also said that although they used agency to fill some gaps it depended on whether they were familiar with the home as to how useful this was. The registered manager told us that where possible they tried to use the same agency staff. During our inspection we observed agency staff required additional support and information from regular staff in order to ensure they were providing the right care to people.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. For example, falls were monitored and actions had been put in place on an individual basis to reduce the risk of falls to people. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Requires Improvement

Is the service effective?

Our findings

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that best interests decisions had been carried out but in three of the records we looked the record was not specific about what decisions were being taken in people's best interests. For example one person had bed rails in place to keep them safe and was unable to consent to these but the best interests assessments did not specify this. There was a risk that decisions were being made on people's behalf not in accordance with the MCA.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms to ensure that care was provided with people's consent, however in two of the records we looked at these had not been fully completed. It was not always clear from the records whether or not people were able to consent.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were six people who had been subject to DoLS and new applications were being made to the local authority for review. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. We observed staff had appropriate skills for caring for people, for example moving and handling and dementia care.There was a system in place for monitoring training attendance and completion for permanent staff. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards.

Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience.

One person said, "Food's very good, it'll be soup and a choice of two dinners and a sweet. You make your choice when they come, it's very good. The Christmas Menu is out and it's what I'd call a first class menu. We get enough, yes, it's your own fault if you don't, they always ask you." Another person said, "Food is really good, we've got a good chef." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. People were offered a choice of meals at the start of lunch. We

saw staff spoke with people individually to explain what the choices were. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. Staff were attentive during the meal constantly checking people were alright and offering and giving assistance where required to ensure they received sufficient nutrition. We saw there was a lot of social interaction and friendly banter between staff and people in the dining room. We observed a member of staff on seeing that a person was not eating their main meal encouraged them to do so. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives.

We saw drinks were available in both communal and bedroom areas. Additionally drinks were served mid-morning and afternoon. We observed that if people asked for additional drinks staff provided these and also asked people if they were alright for drinks when they were sat in communal areas. Where people were asleep or reluctant to have their drinks we observed staff went to them frequently to encourage them to finish their drinks in order to ensure they had sufficient fluids. We observed on two occasions at lunchtime in the downstairs area people were not given a choice initially regarding drinks at lunchtime. However we observed that during lunch both people asked for an alternative drink and this was provided.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans.

A relative told us, "On the one occasion my relative needed it they called the ambulance very quickly. Coincidently I was here in the office. They handled it very well, they couldn't have done any more." We found that people who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's physical health needs.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. One person said, "They are very good, obliging and everything. If you want anything from the shop one of them will slip to the shop for you when it's their break time or one of the activity girls will." Another person said, "I like them [staff] all here. They are all very nice."

A relative told us, "They seem lovely, I've seen them about and seen them dealing with people, the way they talk to them, it's very respectful. We've never seen anything we've had to question. My family member loves it here, hasn't a bad word to say. It's the company, he's a very sociable person." They added, "When he first came here he sat with his head down as though he'd given up. He's so different now he's put on weight, he's fussed over, they ask how he is, they are very caring. They'll even check his clothing, he's always clean and smart." All the people we spoke with said that they felt well cared for and liked living at the home.

With just two exceptions all the interactions we saw from staff with people were positive social interactions with staff taking time to engage in beneficial conversations with people and sharing fun and obvious pleasure. Even when the interactions had, of necessity to be task orientated, for example when serving meals, staff took the task as an opportunity to engage with people. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people. The care provided for the two exceptions was appropriate however the staff member did not interact with the person whilst providing the care. We spoke with the registered manager about this who said they would speak with the member of staff.

We observed that staff were aware of respecting people's needs and wishes. For example, a person in the upstairs lounge complained of being in a draught because the air conditioning was on, we observed staff reassured the person and turned the air conditioning off for a short period. Another person only wanted a pudding at lunchtime and we saw staff respected their wishes.

We saw care records included people's choices about their care, for example a record stated, 'Make sure the door and curtains are open at night.' Another care plan stated that a person 'liked to be independent'.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person became upset whilst waiting for lunch and couldn't decide where they wanted to have their lunch. Staff supported the person to try and walk to the dining room but they decided that this was not what they wanted and staff helped them to return to the lounge area. However, they remained upset because they didn't want to be on their own and they felt they were a nuisance. We observed a member of staff reassured them and said that they would stay with them so that they were not on their own.

Staff supported people to mobilise at their own pace and provided encouragement and support. For example, we saw staff supporting a person to mobilise with equipment. We observed they explained what they were doing and explained to the person how they could assist.

People who lived at the home told us that staff treated them well and respected their privacy. We observed when serving drinks in the morning staff knelt beside people and asked them what they would like to drink and how they would like it. We saw when a member of staff gave a person their drink they told them what it was and checked that it was what they wanted. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. We saw when visitors came they were able to spend private time with their family member if they wished to in comfortable surroundings.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. There were two members of staff who were responsible for leading activities within the home. A third member of staff had also been appointed to focus on activities for people living with dementia. Staff told us they felt there was a good level of activities for people. We observed in the upstairs lounge staff sat with a person completing a jigsaw and another person chatting to a person about their family. Throughout the day we observed a range of individual and group activities being carried out and offered to people.

We saw that in the foyer area there was a large display of photographs of residents taking part in various past activities. There was also a display of artwork entitled "Residents Art Gallery" on another wall. A person told us, "I do fitness class, bingo. Sometimes a singer comes in. There's plenty to do. I don't get bored. Sometimes they take you out for lunch if you want to go. We went to Cleethorpes in August." People also had access to church services within the home and we saw that any specific cultural wishes were recorded in care records.

Care records were personalised and included detail so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. We observed staff talking to people about their past experiences such as being in the RAF and what the town of Gainsborough used to look like. Care plans had been reviewed and updated with people who lived at the home. Relatives we spoke with were also aware of their family members care plans.

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. We observed a member of staff raising a concern about a person who was complaining of pain with the clinical nurse lead. They discussed their concerns and agreed a plan of action to ensure the person received appropriate care and treatment. A person had recently had their medicines changed but the medicine administration record had not been updated. However the staff member was fully aware of the change and ensured that records were amended accordingly.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. For example we observed a person approach the tea trolley and gesture to staff. Staff offered a selection of options to ensure the person got what they required. We saw that even when the person became quite upset because they had been offered the wrong item staff remained calm and persevered until the person was happy with their response. Care records included guidance about how to support staff with their communication, for example a record stated, 'Does not understand complex sentences use simple words and short phrases.' Another person's record said to ensure that pens and paper were available so that the written word could be used to communicate with them.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member. One person who told us their spouse had also been a resident in the home and the provider

had supported them with funeral arrangements. They had also facilitated the person's family to stay overnight so they could be close by. A member of staff said,"You get to know people and their relatives well."

Adaptations had been made to assist those people who perhaps had difficulty or were confused with orientation and movement around the home. The corridors had hand rails which were a different colour to the walls. People's room door had large numbers and A4 size name signs with photos so that people could locate their bedrooms more easily and bathrooms and toilets were clearly marked with bright, large signs with images and text descriptions.

A complaints policy and procedure was in place and on display in the foyer area. At the time of our inspection there were no ongoing complaints. We saw where a complaint had been made this had been resolved and actions put in place to prevent the issue of concern occurring again. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

Since our previous inspection the provider had introduced a number of changes in order to improve the quality of care in the home. For example, all the policies had been rewritten and included guidance to ensure that staff adhered to policies and procedures. An electronic care records system had been introduced which meant that care could be recorded in real time giving a more accurate care record. The system had been developed specifically for the home and facilitated regular review and audits of care. For example, issues such as falls and incidents were reported on a weekly basis. From the system the manager and staff were able to see easily people's falls history, infections and incidents. Staff we spoke with told us they liked the new system and that it was less time consuming giving them more time to spend with people. Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the service and actions to improve quality of care.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. The registered manager had put in place new arrangements to ensure that staff understood their roles and duties. For example a clinical lead had been employed who was responsible for nursing care and a residential manager who managed the care staff. All three staff also worked as carers so that they had a full understanding of people's needs and could provide relevant activities to people.

People felt the home was well run and told us all of the management team were approachable. One person said, "You can talk to them if you want anything but they ask you anyway." A relative said, "If you had a problem you can talk to them." Staff and relatives also told us that the registered manager and provider were approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. We observed a director of the company walking around the home during our inspection chatting with people. We observed that people and their relatives recognised the provider and were happy to discuss issues with them.

A staff member told us they were able to ask the nursing staff for advice and assistance. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at records of staff meetings and saw issues such as staffing, equipment availability and training had been discussed. Staff told us there had been a number of changes and some had been made quickly but had improved the quality of care.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us about accidents and incidents as required by law.

Resident and relatives' meetings had been held on a regular basis, however attendance tended to be mainly people who lived at the home. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held issues such as activities and meals had been discussed with people. A newsletter was also

produced which included updates of activities, staff changes and any changes in the running of the home. This was displayed in the home and also distributed to people and their relatives.

Surveys had been carried out with people and their relatives and positive responses received. We saw overall satisfaction with the home was 83%. Relatives told us that they had completed surveys. We saw that following the surveys actions had been put in place to address any issues raised. The registered manager told us that they encouraged people and staff to come and speak with them at any time. We looked at comments received from relatives received from the comment card system which the provider had implemented. In all of the cards received relatives stated they were likely or extremely likely to recommend the home.