

Coventry City Council

Knightlow Lodge

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

About the service

Knightlow Lodge is an extra care housing site providing personal care to 23 people aged 55 and over at the time of the inspection. The service can support up to 30 people. They also offer a six week reablement service, where people are supported to regain independence and return home.

Extra care housing

People using the service lived in a block of flats on one site. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to remain safe in their own homes as there were enough staff to visit at the agreed times. Staff were aware of their role to identify and report any concerns about a person's safety or welfare. The provider's systems and process supported staff to record and report these concerns to maintain people's safety. People's medication was managed by staff who were trained and competent to do so. Staff used gloves and aprons to help reduce the spread of infection and supported people with cleaning tasks. Incidents and accidents had been recorded and reviewed and any learning shared across the provider's locations.

People's needs were assessed to ensure they would benefit from the care offered by the provider. Staff were trained and supported to remain knowledgeable about how to provide effective care to people. Meals were offered and prepared to meet people's choices and nutritional needs. The provider had developed strong links with health and social care professionals which had made a positive impact to people's quality of life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had made trusting and caring relationship with staff. Staff enjoyed their role and spending time supporting people to remain socially and physically independent. People's right to privacy was respected and staff were considerate when providing care to people in their flats. Staff took time to get to know and understand people and were free from judgement or bias.

People had been included in planning their care and support and had their choices and preferences recorded and upheld. Plans of care were regularly reviewed and people's independence were assessed, alongside plans to rehabilitate where people were looking to return home. Complaints and comments were welcomed by the provider and used to review and drive improvements. End of life care was offered and records reflected the choices for staff to be aware of.

The provider had clear systems and process in place to monitor people's care and treatment. People's views

and opinions were collated and used to make changes to people's care and support needs. The registered manager was accessible for both people and staff and they had clear expectations which staff followed and respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 02 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Knightlow Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff who knew the signs and types of abuse people were potentially at risk from. One person told us, "There is not one person I do not get on with."
- Staff were able to record and report safeguarding concerns to the management team, who took steps to report to the appropriate agencies for investigation.
- There were examples of where people had been supported to remain safe and free from the risk of financial abuse with the continued support of outside agencies the provider had contacted.

Assessing risk, safety monitoring and management

- People's risks had been identified, recorded and guidance put in place for staff to know how to provide care which was safe and in line with people's needs.
- People told us they were supported with additional aids, such as emergency life call and fall sensors.
- Where new risks or changes to current risks were identified these were recorded and updated. Staff were informed about any changes at each shift.

Staffing and recruitment

- There were enough staff to support people at the times they wanted. People told us staff were relaxed and did not rush during the call.
- Recruitment of staff had been appropriately completed by the provider and records showed the steps taken to ensure staff were suitable to work with vulnerable adults.
- Staff told us they were able to support people at times in between the calls in the communal areas of the housing complex. This was encouraged and recognised by the management team as an important role in promoting people's mental health and well-being.

Using medicines safely

- Medicines were administered and recorded, and people told us they were pleased staff supported them as they no longer worried about getting it wrong. One person told us, "They look after the medicines and my cream for my leg."
- Staff had been trained and their competencies checked in how to administer medication safely.
- Regular audits were carried out to check medicines were being managed in the right way.

Preventing and controlling infection

- Staff had access to personal protective equipment and supported people in their homes to maintain an environment which would lower the risk of infections.

- People told us staff were considerate of their home and always tidied up before they left. One person told us, "It's kept clean, they help me clean, do all the heavy stuff I can't do."

Learning lessons when things go wrong

- Incidents and accidents were recorded, reviewed and any learning shared across the staff teams and the provider's other services.
- The registered manager told us this included sharing positive outcomes which others could implement with a view to preventing a similar incident

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider offered two services, a six week short term step down service and long term placements. Short term is used to rehabilitate people leaving hospital before returning home. People told us the care required had been assessed and suited their needs.
- Health and social care professionals were involved in assessing and providing best practice guidance.

Staff support: induction, training, skills and experience

- Staff were supported with training and development through a range of courses available online and in house. One staff member told us, "Up to date with training, I have NVQ3, we all work as a team and will help each other."
- Staff told us they were supported to provide good care to people and had regular meetings and supervision with the management team. One staff member told us, "Everyone needs to know what is going on and how to do it, everybody knows how it works."
- New staff received an induction programme and worked with experienced staff to see how people received their care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff prepared meals for them and listened to their choices.
- Staff knew who required support or prompting with meals and supported people to and from their flat should they wish to eat in the housing restaurant.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported upon leaving hospital and moving to the service.
- People continued to receive support from a range of health and social care professionals who liaised with the staff assist with people's recovery or ongoing needs.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People expressed a choice and made their own decisions. Where people required support to make some decisions, outside advocacy support had been arranged.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where there was a question over a person's ability to make a specific decision, staff worked with other healthcare professionals to ensure people's capacity to make the decision was fully explored.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had developed meaningful relationships with staff and enjoyed spending time with them. One person told us, "Lovely girls, if I need something I can just ask."
- Staff took time to develop good relationships with people. People told us this made them feel more comfortable with staff. One staff member told us, "[Person] can be down and I will sing with him to lighten the mood."
- Staff told us they respected each person as an individual. One person told us, "Wonderful bunch of staff, first class and we have a laugh."
- People were treated fairly and people were not discriminated against and the management and staff recognised people's cultural, religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to direct their day to day care needs and staff would accommodate these, such as routines and choices in personal care.
- People had regularly reviewed their plans of care and were able to make suggestions or changes where needed. Staff told us they used this information as well as always involving and consulting people during people's care calls.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were considerate and careful, which reduced their anxiety and put them at ease. One person told us, "Could not be happier, respect and courtesy straight from the heart."
- People said staff were nice and liked the continuity of staff which also worked better for their privacy and dignity.
- Staff knew to encourage people to remain independent and not take over where a person could do this themselves with minimal input or guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been assessed, reviewed and recorded. These included targets for improvements to people's care and social outlook and referenced their preferences. One person told us, "There is a folder over there where they write everything down and what I need doing."
- Staff had read care plans which helped them to understand people and their needs. Staff also took time to speak with people to gain a better understanding of their care needs.
- Staff told us as they knew people well, they were able to identify any changes to a person's care needs. These changes were considered and where needed a review of the person's care was completed. The care plans and risk assessments were then updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been reviewed and at the time of the inspection people required additional aids, such as glasses. The details of how best to communicate with people and what equipment needed to be in place had been recorded.
- Staff told us they knew how people communicated and the recorded information was informative and used when they were visiting people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The management team had taken additional steps to ensure people were prevented from isolation and loneliness. People using the communal areas of the scheme benefitted from staff who spent their free time chatting, reminiscence therapy or making activities available. One person told us, "I come down to the lounge and chat with people."
- People told us they enjoyed and valued the time staff took to involve them and had things to look forward to. A 'residents' monthly newsletter shared recent and upcoming events. One person told us, "Lots of activities going on."
- Staff recognised the importance of encouraging people to come of their flats and join in the social events, however knew not to force people who value their privacy. One staff member told us, "We developed a newsletter and use pictures from events to make it more interesting for people."
- The management team supported this interaction and had recorded the additional social support people

had received to review the importance of this against improved social outcomes for people. One staff member told us, "If we have any downtime we will get the tenants to have a coffee morning. One person likes to draw and knit and show others if they want."

Improving care quality in response to complaints or concerns

- People were comfortable to raise any concerns or issues with staff or the management team.
- Complaints had been recorded and responded to. Where learning had been identified details were shared across the provider's locations to ensure joint learning and improvements were made.

End of life care and support

- End of life care planning was being recorded which include people's wishes in the event of a sudden death, such as remaining at home where possible. One staff member told us, "End of life care can be hard and we all provide empathy, dignity and respect."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they enjoyed living at the scheme and were pleased with the care and support they received. One person told us, "I was only here for a short period and wanted to stop as it's so good here."
- People had the opportunity to provide feedback and had been regularly asked about their views and the results of annual questionnaires were made available for people to see. This included what had worked well and if any changes were going to be made as a result of people's feedback.
- People knew the management team and told us the service was managed well, with all staff being available, easy to contact and talk with about their individual care.
- Staff told us their suggestions and ideas to support people were welcomed and listened to. One staff member told us, "I am always thinking what we can do next and bring residents in more and it's a community thing."
- The management team encouraged staff to take a lead in people's care and support needs and the staff understood and promoted person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team was led by the registered manager, with support from an assistant manager. Staff were clear about the management structure and each staff understood their roles and responsibilities.
- Staff told us they were supported with supervision and staff meetings. One staff member told us they were positively encouraged to take the lead, such as fire safety checks.
- The registered manager had maintained and understood their responsibilities in notifying CQC of significant events and were open to offering an apology in the event of something going wrong with people's care. The rating of the last inspection was clearly displayed.
- The registered manager checked to ensure people received good quality care and risks were managed appropriately, such as care reviews. The registered manager checked people's medicines monthly to ensure they had been administered as prescribed.

Continuous learning and improving care

- The provider had been nominated and been successful in winning the 'Great British Care Awards Regional Team Winners last year' and had been shortlisted for the current year. One person told us, "It's a credit to

[registered manager] to have been nominated again."

- The registered manager had developed 'The Loneliness Project' to show the impact this can have on people. A number of initiatives had been implemented in the service such as reminiscence therapy to ensure people had the opportunity to reduce their risk of loneliness.
- The registered manager had made a presentation which was being presented to a number of forums to demonstrate the positive impact this can have on a person's well-being. One staff member told us, "The power of making a cup of tea with people and noticing the loneliness."

Working in partnership with others

- The registered manager had excellent links with two local Universities. Previously, social work students on placement had been used to promote and developed their work around reminiscence.
- People received with care which was supported by best practice guidance as the registered manager had worked to gain accreditations to external projects. These had led to accreditation to local CCG initiatives such as 'React to Red' and 'Infection Control'.