Aegis Residential Care Homes Limited

The Knights Care Home

Inspection report

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St Anne's On Sea
Lancashire
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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

The Knights provides accommodation for up to 31 people, who require help with personal care. The home is situated close to the centre of St Annes on Sea and is within easy reach of public transport, the beach and local amenities. Accommodation within the home is situated on three floors. There is a passenger lift and stair case providing access to the upper floors. The service has two lounges and a dining room situated on the ground floor. A limited number of car parking spaces are available to the front of the building on a private forecourt, but on road parking is also permitted. At the time of our inspection visit there were 23 people who lived at the home.

At the last inspection carried out on 01 November 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

When we undertook our inspection visit the registered manager had recently left the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had appointed a new manager who had submitted an application to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

People who lived at the home told us they were happy, felt safe and were treated with kindness at all times. Comments received included, "I get on with all the staff they are very caring and show a genuine interest in you." And, "The staff do a really good job and I feel safe in their care."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at times they needed them.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People were supported to have access to healthcare professionals and their healthcare needs had been met. A visiting healthcare professional spoke highly about the care provided by the manager and her staff.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. They told us staff who supported them treated them with respect and dignity.

The service had information with regards to support from an external advocate should this be required by people they supported.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service had a complaints procedure which was on display in the hallway for people's attention. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Knights 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 Knights is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 04 April 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 04 April 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included six people who lived at the home, two relatives and a visiting healthcare professional. We also spoke with the service's

regional manager, manager of the care home, four care staff, the activities coordinator and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of five people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe in the care of staff who supported them. Comments received included, "I am completely happy here. It is not home but is the next best thing." And, "Yes I feel safe and happy here. The staff do a really good job."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeted and welcomed their visitors.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Good

Is the service effective?

Our findings

People supported by the service continued to receive effective care because they were supported by staff who had a good understanding of their needs. We were able to establish through our observations and discussions they received effective, safe and appropriate care which was meeting their needs and protected their rights. Comments received included, "The staff are doing a fine job and I am happy how they treat me." And, "They have so many things to do it must be hard for them but they do a really good job."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their wishes and preferences. Care plans had been signed by people or their representative consenting to care and support provided.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

A number of staff had recently completed older and out lesbian, gay, bisexual, transgender LGBT awareness training and the service had been made LGB&T awareness champions. This had ensured staff had a firm understanding of the issues facing Lesbian, Gay, Bisexual, and Trans people in the UK. It also confirmed the service was able to accommodate LGBT diversity in the workplace and create a positive and inclusive environment.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits. Lunch was a relaxed and social experience with people talking amongst themselves whilst eating their meal. The support we saw provided was organised and well managed.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. A visiting healthcare professional told us they had no concerns about the care provided at the home.

We looked around the building and found it was appropriate for the care and support provided. There was a

lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Good

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. Comments received from people about their care included, "The staff do help me but they try to get me to do as much as I can for myself. I like that." And, "They will always listen and are very polite and caring.

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We spoke with the manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter. One person who lived at the home said, "They never just walk into my room even if I have pressed my call button for assistance."

Good

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person visiting the home said, "I was involved in [relatives] admission to the home and sat down with the manager and discussed their needs. I am happy that the care provided for [relative] is what we agreed."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The service had technology to assist people to have contact with family members or friends if they wished. A hand held computer (IPad) was available for people to use to communicate through skype which is an internet based communication service. We saw a notice on display in the services hallway for the attention of people who lived in the home and their visitors. This was to make them aware this service was available if needed.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. We saw complaints received by the service had been taken seriously and responded to appropriately. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

Good

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. Comments received included, "I believe the manager gets a good balance between being a friend and the boss. She is doing a good job." And, "The new manager is doing a good job. She has made herself known to us and is interested in our views. The staff also seem a lot more relaxed."

When we undertook our inspection visit the registered manager had recently left the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had appointed a new manager who had submitted an application to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

We found the service had clear lines of responsibility and accountability. The manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Additional quality monitoring procedures in place included planned visits from the regional manager and visits from the executive team. These included monitoring the number of falls, complaints, safeguarding concerns, medication procedures and ensuring CQC notifications had been completed where required. Visits from the executive team included checking the homes vision and value statement was displayed around the home and there was evidence the regional and home manager reviewed progress against the statement.

Surveys completed by people who lived at the home and their relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed. Comments received included, '[Relative] is very well looked after.' And, 'We are very satisfied with the care [relative] receives.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.