

The Knights Care Home

Enter and View Report

Thursday 9th November, 10:00-12:30



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details

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Registered Manager

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Date and Time of our Visit

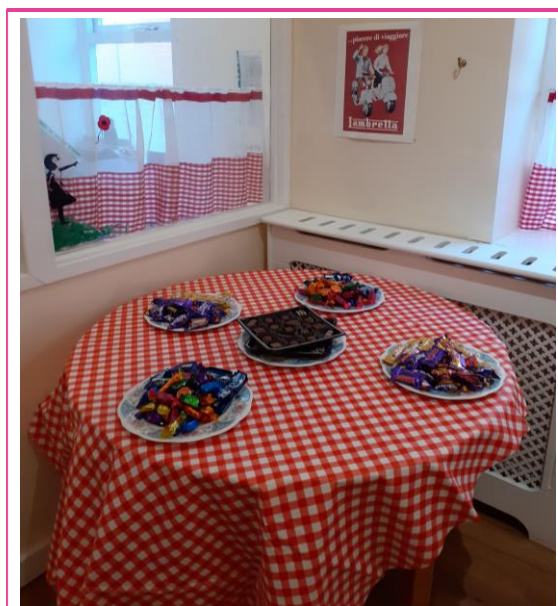
Date: 9th November 2023

Time: 10:00-12:30

Healthwatch Lancashire Authorised Representatives:

Sue Edwards (Senior Engagement Officer)

Louise Dewhurst (Engagement Officer)



Introduction

Our role at Healthwatch Lancashire is to gather people's views and experiences, especially those that are seldom heard, to give them the opportunity to express how they feel about a service. The aim of an Enter and View visit is to gather views and experiences of residents, relatives and staff of a service and observe the environment to assess the quality of the service.

This was an announced Enter and View visit undertaken by authorised representatives who have the authority to enter health and social care premises, announced or unannounced.

The team collate feedback gathered and observations made to compile a report. The report identifies aspects of good practice as well as possible areas of improvement. Healthwatch Lancashire is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the manager for their opportunity to respond before being published on the Healthwatch Lancashire website at www.healthwatchlancashire.co.uk.

Where appropriate, Healthwatch Lancashire may arrange a revisit to check the progress of improvements. The report is available to the Care Quality Commission, Healthwatch England and any other relevant organisations.

General Information

The Knights Care Home has capacity for 30 residents; at the time of the visit there were 24 people residing at the home.

Needs catered for are mainly those with dementia or Alzheimer's although other needs are also catered for. Residents are located over three floors dependant on their needs. Respite care is also provided as required which is based on individual needs and requirements.

The care home is owned and managed by Pearlcare who run care homes across England and Wales.

Services include round-the-clock care, hairdressing services and various activities.

Acknowledgements

Healthwatch Lancashire would like to thank management, staff, residents and relatives, for making us feel welcome and for taking the time to speak to us during the visit.

Methodology

The Enter and View representatives made an announced visit on Thursday November 9th, 2023 and received feedback from 6 residents, 2 relatives, 6 staff and 1 external healthcare professional; 7 relatives responded to our questions in writing.

Healthwatch Lancashire obtain the views and experiences of residents, relatives, and staff. Conversations with each are adapted to capture individual experiences to help assess the quality of services.

Conversations with residents were structured around four themes (Environment, Care, Food and Activities). Conversations with staff included their experiences of staffing levels, support and training.

Relatives were asked to speak about their general experiences including how they feel about the service and if they feel involved and informed.

The team also recorded their own observations on the environment and staff-member interactions. To retain confidentiality and anonymity of respondents, names, pronouns and any identifiable details have been removed from quotes.



6 residents
9 relatives
6 staff
1 External healthcare professional

Summary

An announced visit was carried out at The Knights Care Home, Lytham St Annes, on Thursday November 9th, 2023 10:00am -12:30pm. Healthwatch Lancashire representatives spoke with six residents, six members of staff, one external professional healthcare provider and two relatives; seven relatives provided written feedback.

The care home is owned and managed by Pearlcare and has the capacity for 30 residents; at the time of the visit there were 24 people residing at the home. The care home also provides respite care on an individual needs basis.

The Knights Care Home is located in close proximity to local amenities as well as the seafront and Ashton Park enabling residents to have easy access to the local community.

The home is situated in a three storey building with differing levels of need on each floor, with those of advanced dementia/Alzheimer's and end-of-life care on the ground floor and some self-contained flats on the third floor for those with more capacity. Offices are located in the basement.

Communal areas are located on the ground floor with two lounges, a dining room and a kitchen. All residents have access to the communal areas with those on the second and third floors having lift access with staff support in using the lifts.

During the visit most of the residents were utilising the communal areas watching the TV and chatting, there was also a baking activity being undertaken which residents appeared to be enjoying.

Throughout the care home it was apparent that there has been a creative approach in how residents can be stimulated and motivated to interact with each other and their environment, and the management team appeared very open to resident input and decision making.

Due to the nature of their dementia/Alzheimer's condition most residents spoken with had limited capacity to understand questions being asked and/or be able to recall their experiences of living at The Knights Care Home; however observations showed them to be engaged, relaxed with staff and at ease within their environment. The majority of the residents remained in their chairs throughout the visit although some were observed moving round with support.

Feedback from relatives overall was positive "*[Relative] says [they] are well looked after and that means a lot to me*", "*The home has a lovely warm feeling and it is clear that staff care for the residents, it isn't just a job to them*". Feedback around communication was mixed with some relatives feeling well informed with others feeling some improvement is needed "*The communication from the home to me is very good*", "*Future care plans are rarely discussed with myself*". All relatives said they would recommend the care home to others.

Overall staff were happy in their roles "*Yes love the residents and the staff work so hard*", that they felt supported and had sufficient training. The need for a new

activities coordinator was raised by several staff, with one staff member stating that they would be interested in supporting with activities; one staff member felt more activities could be carried out and that staff suggestions need to be taken on board. All staff members who fed back on recommending the care home to a close relative or friend said they would *“Yes I would definitely”*.



Enter and View observations

Pre-Visit and Location

Prior to the visit a pre-visit questionnaire was completed by the manager, this provided general information about the home and enabled Healthwatch representatives to fully prepare for the visit.

The care home website is found as part of the Pearlcare Care Homes website which has a clear and easily found link to the individual care home site; overall the website is informative and easy to read with good contact information.

The Knights Care Home is located in Lytham St Annes, close to The seafront and Ashton Gardens. It was easy to find with good signage. A small car park was located to the front of the home with some street parking also available. Local amenities are in close proximity and there are good public transport links.

The home is located within a three storey stone building typical for the area. On arrival the home appeared well presented and maintained, with some outside seating and planting creating a pleasant environment for residents to sit out during suitable weather conditions, although seating was limited due to the small size of the outdoor space. Steps led up to the entrance and there was a ramp available for those with limited mobility. Access into the facility was secure and visitors needed to be allowed entry by staff.

The internal environment- First impressions

Entry into the care home was via a porch which allows for visitors to be under cover whilst waiting to be let in by a staff member. There was a visitor signing-in book which was located by the main entrance and Healthwatch Lancashire representatives were asked to sign in/out. In the porch area was informal seating and a tv screen which was playing a video showing the residents undertaking activities as well as identifying key staff and their roles. The porch area created a welcoming feel to the care home and provided a quiet area to sit. It was observed that the main door into the home was quite heavy and needed to be held open to allow entry/exit for residents which may pose a barrier for those who have capacity to access outside unsupported.

Healthwatch Lancashire representatives were greeted warmly by the manager and regional manager who spoke about the care home and future plans, they also gave a tour of the home and explained the day-to-day running of services.

Immediate upon entry into the main building was a central hallway leading off to various rooms including lounges, the kitchen and the dining area. On one side of the hallway was a lounge area with large bay windows which had good views onto the street thus allowing for those who may like to watch what's happening outside the opportunity to sit and view. Across from this was another lounge area which was open plan with the dining space and kitchen area. Stairs to the other floors also led from the hallway and a secure gate at the bottom of the stairs prevented those with limited capacity and/or mobility from attempting to use the stairs without staff support.

When entering the care home Healthwatch Lancashire representatives observed a busy environment with residents gathered in both lounges and were moving about with support; there was a good atmosphere and both staff and residents were welcoming.

The stairs led to various levels; room layout appeared a bit complex but space appears to have been utilised as efficiently as possible within the confines of the building. It was explained to Healthwatch Lancashire representatives that those with higher needs including those with end-of-life care are on the ground floor and those with more capacity are on the top floor so that residents are in the best environment for their needs. On the top floor there were several self-contained apartment type rooms where those with capacity can be more independent. It was also explained by the manager that residents are able to change rooms as their level of support increases so that they are in the room best suited for their individual care (dependant on availability).

Offices were located in the basement of the building which were accessed via stairs leading off from the main hallway. A secure door leading to the basement was in place to prevent residents accessing the stairs leading down. The stairs leading to the offices were steep and with narrow treads meaning they were difficult to navigate which raised a health and safety concern for staff; however this would require building renovations to rectify which would cause disruption to the residents and be costly. Therefore whilst it would be advisable to improve access to the downstairs offices it is not something that Healthwatch Lancashire can recommend in order to improve resident quality of care.

Hearing loop signs were evident throughout the care home as well as a call bell system. On discussion it was explained that staff can use a variety of methods to enable accessibility for residents including tablets and other equipment. At the time of the visit there were no residents who were profoundly deaf or in need of interpreters.

The manager informed Healthwatch Lancashire representatives that they have recently been undergoing fire safety refresher training and have been advised by Lancashire Fire and Rescue on their fire evacuation procedures, including the use of the fire evacuation sheets, to ensure that all staff are fully trained.

There was a range of information displayed along a corridor including services and health advice, and care had been taken to make the display visual with accompanying documentation in plastic sleeves available for both residents and relatives to access. However, there is a question around whether residents are comprehending the information provided or are simply being attracted to the display itself; therefore it's recommended to simplify the information provided so that those with limited capacity don't feel overwhelmed and there is clear key information available. No compliments, comments or complaints forms were seen to be available during the visit in order to enable continual feedback from residents or relatives.

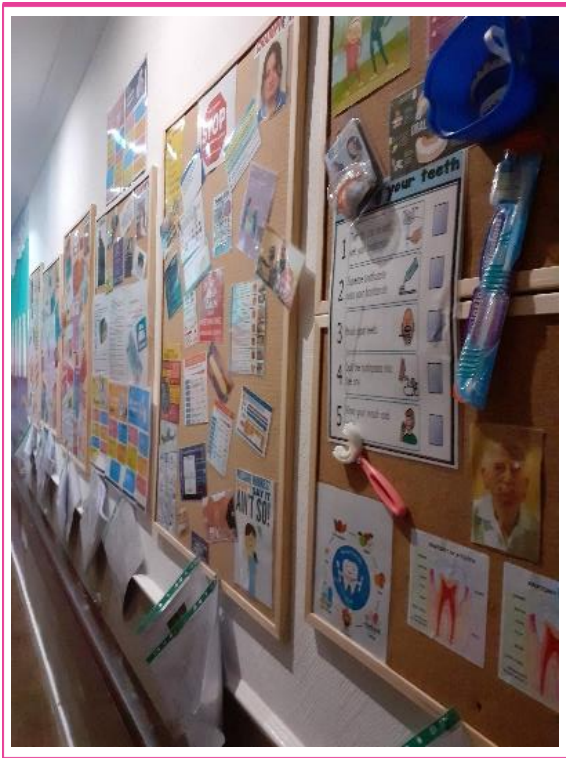
The observation of corridors, public toilets and bathrooms

The main hallway was well lit and bright with handrails along some of the walls to aid those with limited mobility.

A lift was available for residents to use and it was explained to Healthwatch representatives that residents were accompanied by staff when moving between floors to ensure resident safety.

On the second and third floors of the care home themed corridors have been created to invoke memories, with corridors decorated in differing styles including the seaside and the Mediterranean. Strategically placed speakers provided sound to go with the themes and it was explained to Healthwatch Lancashire representatives that the aim was to have all five senses stimulated. The manager explained that residents were involved in the development of the themed areas and that there is resident interaction with features along the walls. However, it was felt that the corridors may be overwhelming/over-stimulating for some residents especially for those with dementia or Alzheimer's where too much visual stimuli can cause anxiety and confusion. It is therefore recommended that the schemes

are simplified with key focal points in order to allow for a calmer environment for residents.



A toilet for residents was located on the ground floor and was seen to be clean and have suitable adaptations/equipment for accessibility. This toilet area appeared a bit restrictive for free movement due to its location under the stairs but staff were observed supporting residents when using this toilet. A staff and visitor toilet was available on the first floor and this was seen to be clean and well presented. The manager explained that residents have their own bathrooms with some having showers and other having baths, and that dependant on availability residents can choose which room they prefer for their shower/bath preferences. Bathrooms on the second and third floor were not seen as residents were either not in their rooms or lacked capacity to give consent for entry to observe.

Each room had a photograph of the resident along with the name of their key worker displayed on their door. There were also coded symbols for quick reference of important information such as DNRs (Do Not Resuscitate) for in the event of a medical emergency requiring ambulance and/or hospital treatment; only staff had knowledge of what the symbols represented to maintain confidentiality.

Dementia friendly signs and prompts were observed throughout the home as well as hearing loop signs. At the time of the visit there were no residents profoundly deaf and in need of BSL (British Sign Language) interpreters.

Call buttons were in place throughout the home allowing for residents to call for assistance should they require it; although staff were overheard saying that it may not be working (at the time of the visit) as none of the lights were flashing; however staff were quick to pick up on this which implies that they are consistently monitoring for residents calls.

The lounges, dining and other public areas

All communal spaces were located on the ground floor, and two lounge areas allowed for residents to have a choice on where they sat and who they engaged with, with one lounge area appearing to be a quieter room. There were no smaller spaces for residents who may wish to have some quiet time, although this may be due to the constraints of the building. The larger of the lounges led direct into the dining and kitchen areas. The kitchen area was an open space allowing residents to see kitchen staff and interact with them if they wished to. During the visit there was a baking session running and residents were engaged and clearly enjoying the activity. Adjacent to this was a larger kitchen which was where main meals could be prepared and access for residents was restricted; Healthwatch Lancashire representatives did not view this kitchen during the visit.

Residents were observed using both the lounge and dining areas, and were moving around with support from staff; there appeared to be a natural flow which encouraged residents to utilise all the communal areas.

Residents in both lounges were sat in individual chairs which were placed in a way to allow for group socialising and engagement. During the visit it was challenging to speak to individual residents who were sat in the lounge areas due to all the seating being in use as well as placed closely together. A visitor was observed standing whilst talking to their loved one as there was nowhere for them to sit, although after a short while a chair was brought in by a member of staff. The manager explained that current residents are very possessive over their perceived personal chair and will often stay seated for most of the day as they don't want someone else to sit in 'their' chair; they also informed Healthwatch Lancashire representative that residents have been known to move chairs back if a different way of arranging seating has been attempted. It is possible that residents feel there is insufficient seating which is why they worry about moving away from their chair although it may just be part of their condition and keeping to routines. Seating appeared uniform and of the same type and height.

The dining area had been styled as a 1950s café with a chalk menu board clearly displayed. It was observed that there were no visual images of the meal choices in order to help those who may not be able to comprehend a written menu. On discussion with management they explained that this was something they were considering, but that they currently have three chefs who all prepare/present food differently which may confuse residents if the meal provided doesn't look like the image. However, it was agreed between management and Healthwatch Lancashire representatives that this needs to be addressed in order to enable residents to make more informed choices. Both residents and visitors were observed using the dining area and there was an informal relaxed feel to the space.

On the first floor there was a hairdressing station set up within the communal area which was well presented and inviting. Residents with more capacity can access this area themselves should they so wish.

Overall The Knights Care Home appeared clean and well maintained, and space has been used effectively to encourage resident engagement and movement.

Observations of resident and staff interactions

During the visit most residents were seated in the communal areas watching TV and chatting, there was also a baking session being carried out in the kitchen area. Staff were observed supporting where needed and engaging with residents well. Staff were wearing uniforms and name badges. One member of staff was administering medication and had a 'do not disturb as dispensing medication' sign on their uniform to ensure they were not distracted.

Staff were observed to be engaging well with residents, and were friendly and approachable. The care home staff demonstrated good understanding of individual needs and person centred care. Residents appeared at ease with staff and there was a lot of interaction between staff and residents.

During the visit one resident was observed supporting another resident to eat but whenever the staff present at the time turned away they were eating the food themselves; this was concerning as with someone who has limited capacity or communication abilities it could result in malnutrition if occurring long term. Whilst it is to be commended that residents are encouraged to support each other it is strongly recommended that staff continue to observe whilst this is occurring.

During the visit a chiropodist was carrying out foot care and the residents appeared very at ease with lots of chatter and laughter whilst services were being carried out.



Resident feedback

During the visit Healthwatch Lancashire representatives spoke with six residents who were able to provide a small amount of feedback. Conversations were limited as all the residents spoken with appeared to lack clear understanding of what was being asked, possibly due to their dementia/Alzheimer's diagnosis, and were therefore unable to provide detailed feedback. Observations were used to gather further information about residents experiences.

Environment

Out of the six residents spoken with three commented on the overall environment *"it's alright, "I love my room" and "it's nice that we can come in here[lounge], we all talk"*.

Observations showed that the care home was clean and in good repair. All communal spaces were being used at the time of the visit, and thought has clearly been given to the residents experience of their environment through use of murals, sounds and the 1950s style dining area.

Seating was seen to be arranged to encourage social interaction and the open plan style lounge and dining areas means that residents can move from one area to another with ease. Doors to lounge areas were open and inviting, and all areas were seen to be uncluttered allowing for free and easy movement.

Activities

None of the residents spoken with were able to provide feedback around activities due to being unable to recall what activities they had recently carried out or have the capacity to understand what was being asked. Healthwatch Lancashire representatives did not see information about upcoming activities on display within the home.

During the visit there was a baking activity being carried out and several residents were engaged with this although they were seen to come and go, and when asked if they were enjoying the activity they appeared confused about what they were doing, no doubt due to their dementia/Alzheimer's condition. Residents were observed enjoying what they were doing and staff appeared relaxed and supportive.

Conversations with management determined that they go out for regular walks with residents to Ashton Park, the seafront and into town (weather dependant), all of which are local to the care home. It was also explained that residents are supported to carry out individual activities within the local community on a one-to-one basis such as to the amusement arcades and day trips. One resident spoken with said that they sometimes go to the park.

Conversations with the manager identified that some residents choose to stay seated throughout the day in order to maintain possession of 'their' chair, and it was observed that the majority of the residents who were sat in the lounge areas did not move from their chairs during the visit. In order to ensure all residents are engaged the care home has provided activities such as visits with a magician and therapy animals.

Care

Out of the six residents spoken with three commented on their care with "*Staff are ok, they're doing their job*", "*Staff are friendly*" and "*He is a nice fella*" (pointing to a member of staff).

One resident commented "*The doctor comes many a time into the lounge and checks we're all ok*".

Observations showed staff to be providing person-centred care, and were respectful, friendly and appeared to know the residents well. Residents appeared at ease with staff and were seen to be supported to move around the home and use the toilet.

The home seemed sufficiently staffed and roles appeared clearly defined, with staff wearing appropriate uniforms and name badges. Discussion with management determined that all floor levels have continuous staffing so that residents are able to move between floors and have support as and when they need it.

Call buttons were in place throughout the home in order for residents to call for support as/when needed; there was a question as to whether this was working during the visit, however staff were clearly monitoring the call button system and were seen to be quick to question if it was working correctly meaning that any issues should be quickly resolved.

Food

One resident stated "*It's alright*" about the food and one resident said that they could have an alternative if they didn't want what was on the menu at that time. The other residents spoken with were unable to/preferred not to comment on the food.

Discussion with management highlighted some disparity between the care home chefs around how some meals such as shepherd's pie are prepared due to being from different regions of the UK which have differing recipes. This has meant that it has been difficult to provide visual images of the menu in order to help residents make more informed choices around meals. Variety in meals is seen as a positive and allows for residents to have a more varied diet; however, there needs to be some clarity for residents as to what is being served at mealtimes, and as most residents will be from the Lancashire area it may be good to use local recipes which residents will easily identify and recognise.

Relative feedback

During the visit Healthwatch Lancashire representatives observed relatives entering and leaving the home, and it was apparent that there are no restrictions on visiting times or length of visit. Staff were observed engaging with relatives and was providing relevant information in a professional, friendly manner.

How do you feel about the service provided?

Two relatives spoke with Healthwatch Lancashire representatives at the time of the visit and seven provided written feedback about The Knights Care Home.

Overall relatives were satisfied with the service being provided

- *"The home has a lovely warm feeling and it is clear that staff care for the residents, it isn't just a job to them. The home is clean and well maintained",*
- *"Cared for well..."*
- *"I have noted that [relative's] room is always extremely clean and tidy and [their] keyworker chats with me when I visit. I like knowing that someone takes a specific interest in [relative]"*
- *"Generally I feel like my [relative] is in 'safe hands' with people that genuinely care"*
- *"Service is very good. My [relative] is well looked after"*
- *"My [relative] states they that [they] are well looked after by dedicated staff"*
- *"[Relative] says [they] are well looked after and that means a lot to me",*
- *"...my [relative] always seems happy"*
- *"Very impressed"*
- *"Made a real effort with the environment to make more stimulating"*
- *"We always receive a warm welcome when we visit"*
- *"Most of the staff work extremely hard"*
- *"All the staff are professional and caring individuals and take care of my [relatives] needs respectfully".*

One relative fed back *"I felt at first my [relative's] care needs were not being met – particularly in relation to care and [their] room was not always clean – but improvements have been made..."*.

One relative stated that there were issues around some staff members communication "...some of the staff have poor communication skills - failing to even say hello some days and give no update on [relative]" but also stated "...the other staff are friendly, helpful, efficient... Senior staff are amazing"

Do you feel that you are kept informed about your relative?

Comments included

- "Yes very much so. Regular updates from the manager"
- "The communication from the home to me is very good"
- "Yes, straight on the phone..."
- "Yes I have a good relationship with the staff and manager at the home"
- "The manager Mary is very responsive... Anything urgent I am informed immediately"
- "Always phone when [relative] has a fall. This communication is appreciated"
- "When I have felt the need to understand potential future care I have rang the manager, who is reassuring and extremely understanding of the nature of my [relative's] dementia".

Two of the relatives who provided feedback felt that communication needs to be improved with a need for a more private space to discuss confidential matters or for conversations relatives may not wish to have in front of their loved ones such as care plans, end-of-life care etcetera, "There's nowhere to go that's private"; and that there is a need for more discussion around future care plans "Future care plans are rarely discussed with myself. It feels more reactive".

Do you understand the process to make a complaint if you needed to?

All relatives stated that in the first instance they would raise a concern with the manager

"Yes I would email the manager Mary who always responds promptly", "In the first instance I would seek to understand anything that I have concerns about with The Knights manager", "Things are addressed promptly" and "Would just speak to the manager". Relatives were less clear on raising a concern elsewhere such as a safeguarding concern "No, but if do mention things to a senior [manager] things improve quickly", "Not really – not the official route"; although other comments included "Yes process is available online" and "Should I be dissatisfied that my complaint was being taken seriously, I would follow the guidance on the Care Quality Commission website".

No Compliments, Complaints and Comments forms were seen to be readily available for residents or relatives.

Are you aware of the social activities and feel able to join in with these?

All relatives who provided feedback said that they are aware of activities with several saying that they look on the care home Facebook page to see what is happening *“Yes the updates on Facebook are brilliant and my family and I have attended a number of the social activities”, “Yes we are told about family days at the home and other activities that we can attend”, “Yes I am aware of the social activities and I know I can join in if I so wish”, “I keep an eye on The Knights Facebook page to see what activities have been taking place and it seems varied”, “There have been a number of activities over the past couple of years where family have been actively encouraged to attend” and “An activity coordinator informed me about the Facebook page and I was extremely pleased to see [relative] getting involved with some of the activities and enjoying them. Before this I was under the impression that [relative] sat quietly in the ‘quiet lounge’ with little stimulation”.*

One relative stated *“Sadly the person who lead the activities has now left the home and [their] replacement didn’t last very long. Hopefully someone new will be found and the updates and activities can recommence”.*

Comments also included *“I am aware that there are social activities. However my [relative] is not interested or capable of taking part”.*

Feedback from one relative stated that they did not attend activities *“not interested in joining in”*, and one stated *“I have only been invited to participate in one activity”.*

One relative felt that their loved one would benefit from being in the community more *“I would like [them] to get out and about more”.*

Would you recommend this service to others?

All nine relatives who provided feedback stated that they would recommend the service to others with comments including *“Yes very much so”, “Yes and I have done”, “I would recommend this service to others”, “Came on a recommendation, yes would recommend to friends”, “Yes, without hesitation” and “Yes I would not hesitate to recommend this service to other people looking for a care home where the staff really care”.*



***I feel like my [relative] is in ‘safe hands’
with people that genuinely care”***



Staff feedback

During the visit Healthwatch Lancashire representatives observed staff carrying out various roles including care, administration and housekeeping. All were smartly dressed in appropriate clothing for their roles. Staff in caring roles were seen to have name badges. Staff were friendly and approachable and very welcoming to Healthwatch Lancashire representatives.

Six members of care home staff and one external healthcare professional provided written feedback.

Do you feel you have enough staff when on duty?

All staff spoken with felt that at the time of the visit The Knights Care Home has enough staff on duty *“There is always staff available”, “Yes we do” and “There seems to be”*.

Do you feel supported to carry out person centred care?

Feedback was provided by five members of staff; one staff member preferred not to/was unable to comment as they had a different role within the care home. All five staff stated that they felt that were supported to carry out person centred care *“Yes, feels like [resident] has enough time”, “Yes – very busy, we manage”, “Yes”, “Yes, I am always given help when needed” and “Would like more time to form close relationships with residents”*.

Two staff members spoken with stated that there was currently no activities coordinator or specific member of staff to carry out activities *“Activities coordinator left recently, don’t know if [they] have been replaced”*. One member of staff said that they would like to more involved in organising and participating in resident activities; and one staff member stated that they had made a few suggestions for activities but didn’t feel that they had been heard.

Do you feel you have enough training to carry out your duties well?

All five care home staff members who provided feedback around training felt they had sufficient training with comments including *“We get a lot of training on e-learning before we are allowed to be working at The Knights, then when we start work we get face-to-face training”, “The on-going staff training is valuable to my job role and understanding the needs of the residents within the home”, “Yes – online training courses in own time at home” and “Yes I have trained before I have started a job”*.

Are you happy working within the care home?

Four members of staff provided feedback around their satisfaction of working within the care home, with all four stating that they are happy working at The Knights Care Home *"Yes I am, 'wonderful'", "Look up to the residents like family", "Yes love the residents and the staff work so hard" and "I am happy in my role and find my job meaningful and worthwhile. I feel that my contribution to the care home is valid"*.

Would you be happy to recommend this care home to a close relative or friend?

Five staff members including both internal and external stated that they would recommend The Knights Care Home to a close family or friend, the other two preferred not to/were unable to say. *"Yes I would definitely", "Most certainly. The care staff are gracious and have lots of empathy", "Yes everyone seems well cared for", "Yes I will tell my friends" and "Yes I would"*.

Are there any changes that can be made to improve the residents experience?

No staff members made suggestion around changes that can be made to improve the residents experience other than the need for an activities coordinator.

Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.

1. Keep informative displays to key information displayed in a visual way that is easy for residents to comprehend. Supporting documentation could be in a folder placed in a communal area for residents and relatives to access should they so wish
2. Ensure that relatives are fully included in future care plans and that communication channels are kept open around these
3. Consult with residents, relatives and staff around the current themed corridors on the first and second floor to ensure residents are not overwhelmed/over-stimulated. External sources such as Dementia UK and the Alzheimer's Society etcetera could also be referred to for specialist advice
4. Consider an electronic front door, or adjust the existing door, to allow for easier use by residents who have capacity to enter/exit the home unaided
5. Have photographs of the daily menu on display and within reach of residents in order for them to be able to make informed choices around meal options
6. Ensure that call buttons are working at all times in order to maintain resident safety and quality of care
7. Carry out continual observation when residents are supporting each other at mealtimes
8. Consider current seating in lounge areas; introduce chairs of different types and heights as well as potentially couches to encourage residents to move out of their seats more. This could be carried out gradually to prevent anxiety to residents.
9. Create a quiet room/space where residents, relatives and staff can have confidential conversations in order to maintain confidentiality and privacy
10. Have Compliments, Comments and Complaints forms available for continual resident and relative feedback in order for continual improvement
11. Ensure relatives are aware of all forms of communication such as Facebook; consider communication methods for those who may not use digital media
12. Ensure there is an activities coordinator who can work with both residents and staff to create engaging, stimulating activities to encourage cognitive function and social interactions, and have visual information around planned activities on display and available for residents

Provider response

Recommendation	Action from provider	Timeframe	Comments
Keep informative displays to key information displayed in a visual way that is easy for residents to comprehend.			We have residents and visitors who have read the company policies, so they will stay in place
Ensure that relatives are fully included in future care plans and that communication channels are kept open around these	We are now going to send invitation to set up review dates. However, it has been difficult, as some relatives have not coming for meetings or parties	On-going	Yes, totally agree with this comment
3. Consult with residents, relatives and staff around the current themed corridors on the first and second floor to ensure residents are not overwhelmed/over stimulated			<p>It is not the resident's visitors home, and staff have stated that the residents enjoy walking around looking, touching and listening to the music. Residents were involved in the planning, and we got feed back during the process and after the wall art was completed.</p> <p>We feel that residents, relatives and professionals have all be engaged in this project, most of what has been completed is from resident meetings where they have discussed favourite places that have visited. We will always engage with residents and their relatives to get their ideas and suggestions.</p>
Consider an electronic front door or adjust the existing door to allow for easier use by residents who have capacity to			Residents who have capacity and can leave the building on their own, have the key code to go out and come in again.

enter/exit the home unaided			
Have photographs of the daily menu on display and within reach of residents in order for them to be able to make informed choices around meal options	We are in process of taking pictures to use as a tool at meal times	On-going	Good idea, we will use it
Ensure that call buttons are working at all times in order to maintain resident safety and quality of care			We have same day service on call system, should our handyman not be able to fix the issue
Carry out continual observation when residents are supporting each other at mealtimes			The person assisting another resident, is actually the resident's daughter. I have asked the daughter not to assist her mother, as she will take her mother's independence away, there is a high risk of choking and staff are not able to monitor the resident's input. Daughter seems to take on board, but now seems to have started to assist her mother again. I will now put an action plan in place to ensure that the daughter is not in a position to put her mother at risk. The resident's daughter has her lunch with her mother every day, so her taking her mothers meal is concerning to me
Consider current seating in lounge areas; introduce chairs of different types and heights as well as potentially couches to encourage residents to move out of their seats more.			We have looked at replacing chairs with sofas, it would not work in our lounges, as residents like space and would not sit on sofas together. Some of our residents are territorial and want the same chair to sit in every day. Sadly, its human nature.
Create a quiet room/space where residents, relatives and staff can have confidential			We do not have a spare room where we can accommodate this, but all our residents have their own single room with an easy

conversations in order to maintain confidentiality and privacy			chair in it should they wish to go somewhere quiet.
Have Compliments, Comments and Complaints forms available for continual resident and relative feedback in order for continual improvement	Up and running		We feel that this is a good idea. Most visitors email and know that i will respond and update them very quickly
Ensure relatives are aware of all forms of communication such as Facebook; consider communication methods for those who may not use digital media			This has been on going. I always ask potential new residents and their families to check out our face book page and reviews on carehome.com Before they agree to placement
Ensure there is an activities coordinator who can work with both residents and staff to create engaging, stimulating activities to encourage cognitive function and social interactions, and have visual information around planned activities on display and available for residents	We are still waiting on DBS for the activity co-		New activity co-Ordinator employed; she will commence her role in January



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