

# Richmond Fellowship (The) The Knowl

## Inspection report

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Date of inspection visit:  
19 April 2018

Date of publication:  
25 June 2018

## 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

This inspection took place on 19 April 2018 and was an unannounced inspection.

The Knowl is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Knowl provides 24-hour support to people who have long term mental health needs and accommodates 15 people in one adapted building. At the time of the inspection there were 15 people living at the service.

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 about how the service is run.

People told us they were safe living at The Knowl. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. People were supported by staff who had been trained in the Mental Capacity Act 2005 and applied it's principles in their work.

People were very complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences.

People's health care needs were met and they had access to a range of healthcare professionals. Where required, appropriate referrals were made to external health professionals, such as G.P's or community psychiatric nurses.

The provider had systems in place to receive feedback from people who used the service and staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager) and yearly appraisals. People were supported appropriately to eat and drink sufficient amounts to help maintain their health and well-being.

The provider had safe recruitment processes in place, which helped to ensure that staff employed were of good character and suited to the roles they were employed for. People's medicines were managed safely and kept under regular review. Infection control measures were in place to help reduce the risks of cross infection.

There was an open and inclusive culture in the home and people and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern. We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

## 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. People told us that they felt safe.

Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse.

People and staff told us that there were enough staff available to meet people's needs.

Staff administered medicines to people in line with their prescription.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied its principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical and psychological health needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

<p>People's needs were assessed to ensure they received personalised care.</p> <p>People had access to activities that matched their individual needs.</p>	
<p><b>Is the service well-led?</b></p> <p>The service was well-led</p> <p>The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.</p> <p>Arrangements were in place to formally assess, review and monitor the quality of care provided at the home.</p> <p>The service had a culture of openness and honesty.</p>	<p><b>Good</b> ●</p>

# The Knowl

## **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 19 April 2018 and was an unannounced inspection. This inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events, which the provider is required to tell us about by law. This ensured we were aware of any areas of concern.

We spoke with four people, four care staff, the registered manager and the nominated individual. We looked at seven people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I feel safe being here". Another person said, "There's nothing to worry about here. The staff are very good". A third person said, "The staff here are decent, they look out for you".

People experienced care in a safe environment because staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse. Staff were able to describe the process for reporting concerns both within the service and externally, if required. One staff member told us, "I would tell my manager or the regional manager. If I had any doubts then I would contact the police. We record everything".

We saw there was Information about how to report concerns, displayed in areas of the home, which reminded staff of the contact numbers they needed to report concerns. Systems were in place to protect people against the risk of untoward incidents. For example, people had personal evacuation plans in place to support staff to evacuate or keep people safe in the event of an untoward incident or an emergency such as a fire. These additional systems demonstrated that the provider had taken appropriate action to help ensure that people were protected from abuse and harm.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example, following a number of episodes where a person had started to engage with a behaviour which was damaging to their health the service sought the advice from the appropriate professionals. The person was referred to a specialist adult mental health team and as a result they stopped the behaviour.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Protective equipment (PPE) such as aprons and gloves were available and used by staff. Staff were aware of infection control guidance and we observed staff following the guidance.

People's care plans contained risk assessments, which included risks associated with specific behaviours that may challenge others, medication, environment and mental health. Where risks were identified plans were in place to identify how risks would be managed. Risk management included different levels of strategies that would be used to mitigate the risks. Guidance for staff on how to support people through each strategy was detailed. For example, people's plans highlighted signs and symptoms that a person may be becoming unwell and what measures needed to be in place to mitigate the risks associated with people's individual care needs. Additionally guidance was in place on how staff should remove themselves from situations and which professionals to contact either during or following people's change in behaviours. We saw evidence that this guidance was followed by staff.

Where people had been diagnosed with specific conditions, extra monitoring was in place to ensure people received their prescribed medicines, which ensured the risks associated with their conditions were managed

safely. Care records included guidance for staff on what action to take if people developed symptoms related to their conditions. Medicines were stored securely and in line with manufacturer's guidance.

We observed staff administering medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given. One person we spoke with told us, "[Staff] help me to remember to take my tablets".

People and staff told us there were enough staff to meet people's needs. One person told us, "There is always someone available if you need someone". A staff member told us, "I feel there is enough of us". We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. We saw that staffing levels were reviewed regularly by the management team. On occasions, where staffing levels had not been achieved the registered manager had taken appropriate action to ensure the correct staffing levels were maintained. During the day we observed staff having time to chat with people.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they were employed for. We checked the recruitment records of five staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included a completed application form, two written references and disclosure and barring check (DBS).



# Is the service effective?

## Our findings

People we spoke with told us staff were knowledgeable about their individual needs and supported them in line with their support plans. One person told us, "The staff know me really well".

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, where people had been identified as having specific conditions, referrals had been made to adult mental health professionals. Care plans contained details of recommendations made by community psychiatric nurses we saw evidence that staff following those recommendations.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 were supported by staff who had been trained in the MCA and applied its principles in their work. Where appropriate people's care plans contained capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service followed the best interest process. For example, one person lacked capacity in making decisions about leaving the service alone. We saw evidence of how the service had included the person, their social worker and a community psychiatric nurse and followed the best interest process to ensure that the person could go out into the community with the support of staff. .

Staff we spoke with had a good understanding of the Act. One staff member told us, "The act is about if someone has the capacity to make safe decisions. Any decisions made must be in the person's best interest". Another staff member said, "Just because someone makes an unwise decision, it doesn't mean they lack capacity. Capacity can change depending on where people are at".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS.

Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training, which included; working with challenging behaviour, mental health awareness, medication, safeguarding, personality disorder, diversity & equality in mental health, substance use, working with complex needs, moving and handling and MCA. One staff member told us, "The training recently has been superb. I have just done personality disorders and a self-harm course"

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "My induction was excellent. It lasted a fortnight and I had to shadow other staff and complete training".

Staff were supported effectively through regular supervision, which is a one to one meetings with their manager and yearly appraisals. Staff told us they felt supported by the registered manager and the provider. One staff member told us, "I feel [The provider] is there if we need them". Another staff member said, "[Registered manager] is great. She is very supportive". Staff told us and records confirmed that staff had access to further training and development opportunities. One member of staff we spoke with told us, "We can ask for additional training if we want it".

People at the Knowl were supported to maintain a healthy diet. People were invited to participate in the planning of menus on a Thursday for the rest of the week. However if people decided that they wanted an alternative meal then they were supported to go out shopping and get the ingredient's to cook the meal and to access a well-stocked kitchen. Were people had specific dietary requirements this was catered for. One person we spoke with was vegetarian, they told us, "I don't eat meat I am vegetarian, we have lovely vegetarian food". People had access to healthy snacks and drinks throughout the day.

We observed that the environment was suitable to meet people's needs. People were encouraged to decorate the environment to their liking. For example, one person had designed and made some modern artwork and this had been displayed throughout the service. Rooms we observed had been personalised to people's individual tastes.

The service worked closely with healthcare professionals from a wide range of specialist adult mental health teams, to ensure that people received effective care and treatment. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments.

## Is the service caring?

### Our findings

People told us they benefited from caring relationships with the staff who supported them. One person told us, "The staff are perfect and helpful". Another person said, "The staff are very good".

Throughout the day of the inspection, we noted there was good communication between staff and the people who used the service. People were treated with kindness and respect by staff, who understood their individual needs. For example, one person had difficulties communicating. This person's care records gave guidance for staff to recognise and respond to the person's needs. During our inspection, we observed this staff communicating effectively with this person. Staff gave the person the time they needed to explain what they were asking or discussing. This demonstrated that staff knew and respected the people they were supporting.

Staff showed concern for people's wellbeing in a caring and meaningful way. For example, one person became anxious. Staff reassured this person and explored with the person in a warm and gentle manner why they might be feeling anxious. We observed staff speaking with this person in a warm and gentle manner whilst supported the person to choose an activity of their liking. We spoke with staff afterwards and they told us the activity the person choose help them to ease anxiety.

Staff told us they respected people's privacy and dignity. One person told us, "They respect my space". One staff member said, "It's vital that we respect peoples personal space. We first announce who it is and then knock before entering". Another staff member told us, "It's important that we respect privacy so for example, if someone is in a communal area it is important we either find somewhere else to talk or make sure we speak quietly and discreetly".

Staff spoke with people with respect using people's preferred names. When staff spoke about people to us or amongst themselves they demonstrated compassion and respect. During our inspection we noted that staff were always respectful in the way they addressed people with diverse needs. We observed staff knocking on people's doors. One person told us, They [staff] always knock and let me know they are there". Another person said, "I feel staff respect me".

Care records highlighted what people wished to do with their time in order to remain independent and living within the community. This included going out into the local town with or without staff support. Were people had expressed interests in working as volunteers within the community they had been supported by staff to identify appropriate access to voluntary organisations. Staff told us how they supported people to live active lives within the community do as much as they could for themselves.

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff.

## Is the service responsive?

### Our findings

People's needs were assessed prior to admission to the service to ensure the service could meet their individual needs. People had contributed to assessments. People's care records were personalised. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had highlighted how they wished to go swimming once a week on a set day. The person's care record gave guidance for staff on how best to support this person. During our inspection we observed staff speaking with the person about their upcoming swimming session.

The service was responsive in ensuring support was tailored to meet the needs of individuals and delivered in a way to ensure the diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity, faith and sexual orientation. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their protected characteristics. We saw another example of how staff had also supported one person with a progressive mental health condition to improve and maintain relationships with their family.

We saw evidence of how the service responded and sought the advice from other professionals and took practical action when responding to people's changing mental health needs. For example, one person's had increased a specific behaviour. This person's care records evidenced how the service had made a referral to adult mental health services and supported the person to attend a clinic that was specific to the behavioural change. As a result the person's mental wellbeing improved. We observed the service had in place daily handover meetings. These meetings were designed to review people's care and respond to changes in people's support needs. We saw evidence that actions from these meetings were recorded.

We saw evidence that people had access to information about their care. For example, the provider is planning on relocating the service to new premises within the area. We saw evidence that house meetings had taken place to keep people informed of the changes. On the day of our inspection people had been invited to go and have a look around the new property and give feedback on their thoughts and ideas of how they would like things to be. This also demonstrated that changes to the service had been made in consultation with people.

Care plans contained person specific information that captured people's preferences, hobbies and interest, daily routines and likes and dislikes. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, all of staff we spoke with told us how people liked to spend their time and what was important to them. One staff member described how a person enjoyed shopping in certain shops for specific things and how this was important to them. The information shared with us by the staff members we spoke with matched the information within people's care plans.

People had access to a wide range of activities that were matched to people's individual care and personal needs. These activities included outings within the local community, such as going to local markets, museums and leisure centres.

People knew how to make a complaint and information on how to complain was available in the home. One person told us, "I would tell [registered manager], I know she would do something about it. Another person said, "I know what to do, but there are no reasons to complain here". The service had a complaints policy displayed throughout the home. There had been no complaints since our last inspection.

The Knowl does not provide 'end of life' care.

## Is the service well-led?

### Our findings

The service was well led. 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 about how the service is run.

People knew the registered manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people and staff in a positive, warm and respectful manner. One person told us, "[Registered manager] is sound". Another person said, "She's a good person".

Staff told us the home was well-led, open and honest. Comments included; "[Registered manager] and [deputy manager] are very different in their approach, but it works. They complement each other", "[Registered manager] is great", "There is no them and us. The management are always mucking in" and "[Registered manager] is good, she knows our different skills and respects our experience", The registered manager told us, "I feel supported by [provider], they are always there if I need them and I feel listened to".

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. This included regular audits of the environment, health and safety, medicines management and care records. Results of audits were used by the registered manager to develop and enhance the performance of staff and systems and to help drive improvements in the service. For example, a recent medication audit identified shortfalls in medications that were not kept in dosage monitoring systems, in that records did not accurately reflect how much medication should have been in stock. As a result the registered manager took immediate action by contacting healthcare professionals to communicate their findings and seek guidance on mitigating any potential risk to people using the service. The registered manager then addressed this with staff as a team and on an individual level. As a result the number of shortfalls improved.

The service encouraged open communication between the staff team. A staff member told us, "We have regular team meetings". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

The home sought people's views and opinions through 'house meetings'. We noted that these meetings were used to discuss people's view or concerns on how the service was run?. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "We get to have our say" and "They do listen".

Staff understood the whistleblowing policy and procedures. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff were confident the organisation would support them if they used the whistleblowing policy. Staff felt able to approach the registered manager and the provider at any time for help and guidance. One staff member

told us, "I would not have a problem reporting anything untoward". We observed that the registered manager was available and approachable and was and we saw people and staff approach and talk with them in an open and trusting manner

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and adult mental health services. Communication between the service and professionals was well documented.