The Knowle Limited

# The Knowle Limited

**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

A scheduled inspection took place on 13 October 2015. The inspection was unannounced which meant the staff and provider did not know we would be inspecting the service.

The service was last inspected on 13 January 2014. At the last inspection we found the service was meeting requirements.

The Knowle Limited is registered to provide accommodation for persons for up to 13 people, some of whom may have mental health problems or learning disabilities. The main building was formerly two Victorian villas that have been renovated to form one large house. All bedrooms are single. Communal areas and bathing facilities are provided. At the time of the inspection there were 11 people living at the service.

There was a registered manager for the service in post at the time of the inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People told us they felt safe and were treated with dignity and respect. People were satisfied with the quality of care they had received and made positive comments about the staff.

Although our discussions with staff told us they would to raise any safeguarding issues, we found some staff would benefit from further training regarding the different types of abuse, their role and responsibilities. We found there was a risk that some people's behaviour was not managed consistently and the risks to their health, welfare and safety were not managed effectively. It is important that people are protected from abuse.

People spoken with did not express any concerns regarding the staffing levels at the service. People described what they would do if they required support during the day or night.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by qualified staff who had been assessed as suitable to work with people.

We found that people were protected against the risks associated with the unsafe management of medicines.

People's individualised diets were being met. We received positive comments about the quality of the food.

We observed staff giving care and assistance to people throughout the inspection. People were respectful and treated people in a caring and supportive way.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that staff would benefit from further training to improve their knowledge and uphold people's rights.

The provider had quality assurance processes in place. However, we found the provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

The provider had ensured that an accurate, complete and contemporaneous record in respect of each person was maintained.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires Improvement**

The service was not always safe.

People told us they felt "safe". It was clear from discussions with staff that they would raise any concerns regarding abuse. However, we found some staff would benefit from further training regarding the different types of abuse, their role and responsibilities. We found the recording of incidents of people's behaviours that challenge required improvement.

People spoken with did not express any concerns regarding the staffing levels within the service or the arrangements at night to provide a sleep in support.

The service did have appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

**Is the service effective?**

**Good**

The service was effective.

Staff were supported to deliver care and treatment safely and to an appropriate standard.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. There was evidence of involvement from other health care professionals where required.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that staff would benefit from further training so that they had the knowledge needed for their role and to make sure people's rights were upheld.

**Is the service caring?**

**Good**

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

During the inspection we observed some staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

There was a range of information available in the reception area of the service including details of an advocacy services available for people to contact.

**Is the service responsive?**

**Good**

The service was responsive.

People's care planning was person centred.

# Summary of findings

Care plans were reviewed regularly and in response to any change in people's needs.

We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

**Is the service well-led?**

Good

The service was well-led.

There were regular checks completed by the registered manager and deputy manager within the service to assess and improve the quality of the service provided. However, we found that the system in place to assess, monitor and mitigate the risks relating the health, safety and welfare of people could be more robust.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

The provider had ensured that each person at the service had an accurate, complete and contemporaneous record which included a record of the care and treatment provided to each person.

# The Knowle Limited

**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 checked 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.

A scheduled inspection took place on 13 October 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. The inspection team consisted of one adult social care inspectors and one specialist advisors. The specialist advisor was a registered nurse who was experienced in the care of people with mental health issues.

Before our inspection we reviewed the information we held about the service and the provider. For example, notifications of deaths and incidents. We also gathered information from the local authority, Commissioners and Healthwatch. We also reviewed the Provider Information Return (PIR). The PIR is a pre-inspection questionnaire which helps us plan our inspection of the service.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with five people living at the service. Some people living at the service chose not to speak with us. We spoke with the registered manager, deputy manager, the finance officer and two care workers. We looked round different areas within the service, the kitchen, communal areas, bathroom, toilets and some people's rooms with their permission. We reviewed a range of records including the following: four people's care records, people's medication administration records, three people's financial administration records, three staff records and records relating to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

Most people spoken with told us they felt 'safe' and had no worries or concerns. If they had any concerns they would speak with staff. One person didn't feel as safe as they had a few concerns about a medication they had been prescribed.

The service had a 'Safeguarding Adults Procedures Flowchart' for staff to follow.

It was clear from discussions with staff that they would raise any concerns regarding abuse. However, we found some staff would benefit from further training regarding the different types of abuse, their role and responsibilities.

A few people living at the service had behaviour that could challenge others. One person gave us an example of how one person's behaviour impacted on others and this could result in them receiving verbal abuse as people found their behaviour annoying. In the person's care records there was advice for staff to follow to minimise the impact of the person's behaviour on them or others living at the service. However, we found no evidence of incidents being recorded and that this advice was being followed. One person said "it happens [verbal abuse] all the time, I don't think the staff hear it". We were not confident that staff were always aware of the incidents when they occurred. This told us there was a risk that some people's behaviour was not managed consistently and the risks to their health, welfare and safety are not managed effectively. It is important that people are protected from abuse.

These findings evidenced a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had procedures in place to manage people's monies to safeguard people from financial abuse. Some people living at the service chose to manage their own monies. The registered manager told us that each person living at the service had a lockable cupboard in their room to use to store their valuables and each person had a key to lock their room. We spoke with the service's finance officer. We checked a sample of three people's finance records. We saw that a signature was obtained from the person when they withdrew monies. The finance officer told us that people decided how much they wanted to withdraw and on what days of the week. We checked the balance of three person's monies and these corresponded with their records. We saw evidence that people's financial records were audited regularly by the deputy manager. We noticed that a bank reconciliation was not undertaken as part of the audit to compare the withdrawals and deposits into each person's spending account. We shared our observations with the finance officer and the registered manager.

People spoken with did not express any concerns regarding the staffing levels within the service or the arrangements at night to provide a sleep in support. One person commented; "there's plenty of staff". Most people spoken with were aware of the location of the call bell in their room. People told us the call bell should only be used in an emergency. It is important to ensure people feel confident about calling for assistance at any time and not only for emergencies.

People had individual risk assessments in place. For example, a nutritional risk assessment. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. We found the system in place to monitor accidents; concerns and untoward occurrence to identify any trends and prevent recurrences where possible could be more robust.

We saw there were a range of checks completed at the service. These checks included the following: emergency lighting, fire alarms, fire extinguisher, electrical installation and PAT testing. We also saw examples where action had been identified it had been completed. For example, action had been completed by the provider in response to the South Yorkshire Fire Officer's check. We saw that water temperature checks were regularly completed at the home. However, we noticed that some of temperature readings were above 50 degrees centigrade. The registered manager informed us that a heating engineer was due to visit the service shortly. They assured us that they would review the HSE guidance regarding water temperatures and put measures in place to minimise the risk of scalding.

During the inspection we saw that not all the windows on the higher level floor had a restrictor in place to minimise the risk of the person falling out the window. We also noticed that the window restrictors in place would be easy to disengage. The registered manager showed us a letter from a local Environmental Health Officer dated 5 September 2014 regarding the use of window restrictors and that their use was be based on the level risk of

# Is the service safe?

individual people. During the inspection we found two rooms on the higher levels had been left unlocked and that any person living at the service would be able to access these areas. One of the rooms had one window with a restrictor fitted and one large window without a restrictor fitted. The registered manager told us they would arrange for window restrictors on the higher levels to be fitted as a priority. The HSE guidance published in June 2014 states "where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm (eg above ground floor level), suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less. Window restrictors should only be able to be disengaged using a special tool or key".

The service had a cleaning schedule in place. There were no malodours in the service. We noticed that there was a smell of smoke in some areas within the service. The registered manager informed us that the provider had recently made a decision to make the service non-smoking and that a sheltered smoking area was going to be available in the garden. We saw that some people at the service were still adjusting to the change and were still smoking in the premises. One person was concerned that some people were not as mobile as others to enable them to go outside to smoke. The HSE guidance published in June 2014 states the following; "care homes are allowed to have designated rooms that are only used for residents' smoking, but there is no legal obligation for them to offer such designated smoking rooms if they do not wish to do so. If designated rooms are provided, this will mean that non-smokers could be in close contact with residents who smoke, so you must reduce employees' and non-smokers' risk from second-hand smoke to as low a level as reasonably practicable".

During the inspection we noticed that two bottles of a hazardous substance were not being stored appropriately. It is important that substances that are hazardous to health are stored securely and that control measures are in good working order. We spoke with the registered manager, who retrieved the two bottles and stored them in the service's COSHH cupboard. They assured us that they would speak with staff about ensuring control measures were maintained at all times.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock. We looked at the systems in place for managing medicines in the service.

We reviewed a sample of people's medication Administration records. We check the stock of one person's medication against their MAR chart. We found that the amount of medication signed as given did not match the amount of medication left in stock. For example, there were 10 tablets in stock when there should have been 9. We spoke with the registered manager and deputy manager regarding the importance of maintaining accurate records.

Some people living at the service were prescribed medicines to be taken only "when required" for example, painkillers and medicines for anxiety. Information was not consistently available for care workers to follow in order to ensure that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person. For example, how the person communicated they were in pain.

We saw one person had been prescribed medication for pain. Their records showed the person had not been receiving this medication as prescribed. The deputy manager told us that the person often refused the medication for pain as they felt they did not need it all the time. The deputy manager told us they would contact the person's GP to seek advice regarding changing the prescription to being taken only "when required".

We reviewed the arrangements in place to manage controlled drugs. We looked at the controlled drugs records and found them to be in good order.

Some people needed to take their medicines at times to ensure they were given thirty to sixty minutes before food. We saw that there were robust arrangements in place to ensure these medicines were taken for best effect.

We saw that staff had received training from a local pharmacist on the proper use of different types of inhalers. Through this training staff were able to identify that a person would benefit from a different type of inhaler device which was more user friendly.

We reviewed two staff recruitment records. The records contained a range of information including the following: application form, job description and references. We

Requires Improvement

# Is the service safe?

noticed that the provider had completed a Criminal Records Bureau (CRB) check for each staff member. The CRB check is now the Disclosure and Barring Service (DBS) Adult check. We noticed that the CRB was completed after the staff member's start date. The registered manager informed us that in the past they had renewed the staff member's CRB check every three years and the original check had not been retained. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions.

Good

# Is the service effective?

## Our findings

Most people were satisfied with the quality of care they had received. One person commented: "they [staff] really look after me well". One person suggested that the service take into account the number of women and men living at the service when accepting referrals so the number was more equal. At the time of the inspection there were more men than women living at the service. Two people living at the service told us they were looking forward to moving to their own house or into accommodation with support. One person told us they liked living at the service but they missed having a dog.

In people's records we found evidence of involvement from other professionals such as doctors, opticians and community psychiatric nurses (CPN). We noticed in one person's records that a CPN had carried out an assessment. The CPN had recorded that the person benefited from the continuity of living at the service and that their anxiety levels were less pronounced than on previous meetings. We noted that the CPN had suggested the service consider some longer term monitoring of some areas of support. For example, sleeping and nutrition. We saw evidence that a nutrition plan was in place but we did see any evidence regarding the person's sleeping routine. We shared this observation with the deputy manager.

People spoken with made positive comments about the food provided at the service. One person described how people could chose to eat their meals in dining room or in their own rooms. Some people liked to store snacks in their room. During the inspection we saw people coming into dining/kitchen area to make themselves drinks. There was a bowl of fruit available. One person told us that the local fruit man delivered fresh fruit once a week.

We spoke with the registered manager, they were aware of people who required an individualised diet. There was a set menu at the service. One person spoken with told us that the menu had been discussed with people living at the service. We saw evidence that the menu at the service had been discussed in the service user meetings and as part of the annual review in January 2015. For example, we reviewed the service user meeting held in June 2015; one of the topics discussed was the menu and a person had suggested a barbecue to be held. In the annual review there was a list of people's food preferences gathered.

Staff files showed staff received regular staff supervisions. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, wellbeing and raise any concerns they may have. We saw examples where staff had been supported to obtain further qualifications. For example, level 2 Diploma in Health and Social Care.

We saw staff had received a range of training. For example, first aid, health and safety, fire safety, safeguarding, infection control and the management of medicines. We saw that training was provided by either an external trainer or in house training. We reviewed the service's training matrix. The expiry dates for some of the training listed had been recorded. However, we saw the date when refresher training was due for some area such as safeguarding had not been recorded. It is important that robust systems are in place to ensure staff receive refresher training regularly to update their skills and knowledge. For example, safeguarding refresher training on annual basis.

Some people living at the service had personalised their rooms so they reflected their personality, hobbies and interests. We noticed that some of the furniture in people's rooms could be considered dated. People spoken with did not raise any concerns about the furnishings and four people told us they were happy with the room they had. One person told us they would like their large chest of drawers to be replaced as it was broken. We shared this information with the registered manager. We noticed that some areas within the service would benefit from some attention. For example, the flooring at the top of the attic stairs and the laminate flooring in one person's room had gaps in between the planks and the flooring in one of the communal bathroom was not laid flat. The registered manager informed us the flooring in the bathroom was due to be replaced.

The Mental Capacity Act (MCA) 2005 is an act which protects and promotes the rights of people who are unable to make all or some decisions about their lives for themselves. It promotes and safeguards decision-making within a legal framework.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty

Good

# Is the service effective?

Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

We found that staff would benefit from further training to increase their knowledge of MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld. The registered manager told us that they had identified an external trainer to provide training to staff working at the service.

Good

# Is the service caring?

## Our findings

People spoken with made positive comments about the staff. Their comments included: “the staff are alright” and “very good”. Three people spoken with described the service as their home and they liked living there.

The provider’s service user guide stated “service users have their own front door key and bedroom key and are free to come and go as they choose, however, we do ask that if you planning on staying out overnight with family or friends that you let the staffing team know”. During the inspection we observed people leaving the service and returning during the day. All the people spoken with told us they had a key to their room. One staff member commented; “they [people] just go out when they want, we have a telephone number for each person if we need to contact them”.

People told us their opinions were sought by staff so they were involved in decisions and they had choice. People could choose when they wanted to get up or go to bed. They could also choose where they liked to eat their meals. Peoples comments included: “I get can get up and go to bed when I want” and “you can have your meals in the dining room or in your room”.

The environment within the service was relaxed and friendly. During the inspection we observed warm and good humoured interactions between staff and people. Staff were respectful and treated people in a caring way. For example, when we arrived at the service we observed a staff member providing support to a person who was anxious about an appointment they needed to attend. The person asked for a staff member to accompany them. The staff member communicated effectively with the person by listening and providing good eye contact. They provided reassurance to the person and confirmed that a staff member would accompany to the appointment. Later in the day the person told us they were really glad that the staff member had gone with them.

Staff spoken with told us they enjoyed working at the service. One staff member commented: “I really enjoy the job”. People told us they were treated with respect and that staff were mindful of people’s privacy. Some people living at the service chose to lock their rooms. During the inspection staff were observed to knock on doors prior to entering and gaining consent to enter. We also heard a staff member explaining to people why they had come to see them and that they would not be disturbing them for too long.

We reviewed the comments book at the service and noted that a visiting healthcare professional had written the following in September 2015: “staff are warm and friendly and very caring towards their residents. Staff are accommodating towards individual needs and are willing to incorporate these into their practice”.

There was a range of information available in the reception area of the service including details of an advocacy services available for people to contact. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Good

# Is the service responsive?

## Our findings

People spoken with told us they were satisfied with the quality of care they had received. People's comments included: "it's alright" and "no concerns". During the inspection one person asked for a staff member to accompany them to an appointment. The staff member was able to confirm straight away that a staff member would be able to accompany them and provide them with the support they needed.

People's care records showed that people had a written plan in place with details of their planned care. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. People's care plans contained the person's hopes and dreams. We also saw that some care plans contained the person's end of life care wishes. People's individual needs had been assessed and any risks identified. We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

One person described how they liked to go out and wanted to keep saving to go on holiday. In the reception area we saw photos of events that had occurred at the home; Christmas, international annual tea party, vegetable planting and people's birthday celebrations. However, we saw that some people living at the service could benefit from participating in daily activities. We reviewed the results of the professional visitors questionnaires completed in November 2014. One professional visitor had commented "I think [name] would benefit from more activities to get involved in" and "I think there could be more activities". We shared these observations with the registered manager and deputy manager.

The services complaints process was on display in the reception of the service. We reviewed the service's complaints log. The last complaint recorded was in 2014. We found the service had responded to peoples and/or their representative's concerns, investigated them and taken action to address their concerns. People spoken with told us they did not have any concerns or complaints and if they did they would speak with staff.

Good

# Is the service well-led?

## Our findings

There was a registered manager in place at the service and were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. People knew who the registered manager was at the service and told us they were approachable. One person said “she’s alright”. We reviewed the service user meetings that had been completed in June 2015 and September 2015. The topics discussed at the June meeting included the menu and summer activities. People were invited to raise individual topics at the meeting. In the September meeting people had discussed the no smoking policy in the lounge area and their preferences for the smoking area outside.

There were quality assurance processes in place at the service. For example, monthly and annual. We saw that these processes could benefit from being more structured and that the system in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people needed to be more robust.

We reviewed the annual quality assurance completed at the beginning of 2015. Each person living at the service had been asked to fill in a questionnaire and people’s food preferences had been gathered. The results of the survey were very positive.

We reviewed the management notes on the improvements completed on the fixture and fittings and premises. For example, the purchase of new furniture, decoration and handrails. Our findings during the inspection showed the system in place to keep up to date with changes in Health and Safety Executive Guidance needed to be more robust.

We saw that regular care plan audits had been completed each month from July 2015 to October 2015. We found the provider had ensured that people at the service had an accurate and contemporaneous record which included a record of the care provided to each person. We saw that the recording of incidents around behaviour that could challenge others could be improved. These observations were shared with the registered manager and deputy manager.

The service had held regular staff meetings in 2015 to review the performance of the service. We reviewed the minutes of meetings held in April, July and September 2015. We saw that a range of topics was discussed in the meetings including medication and lessons learnt from a medication near miss, individual people’s nutrition, improvements and staff training. This helped to ensure that people received a good quality service at all times.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>How the regulation was not being met:<br><br>The provider had failed to effectively operate systems and processes to protect people from abuse and improper treatment. |