Raj & Knoll Limited

The Knoll Nursing Home

Inspection report

196 Dover Road
Walmer
Deal
Kent
CT14 7NB

Tel: 01304374679

Date of inspection visit:
29 March 2016
30 March 2016

Date of publication:
28 April 2016

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

Summary of findings

Overall summary

This inspection took place on 29 and 30 March 2016 and was unannounced.

The Knoll Nursing Home provides accommodation for 29 older people who require nursing or personal care. At the time of the inspection there were 27 people living at the service.

The service is run by a registered manager who was present during our 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is supported by deputy managers and a clinical lead, who leads the team of nursing staff across the three services run by the provider.

We last inspected this service on 23 and 24 April 2015 and breaches of legal requirements were found. After the inspection the provider wrote an action plan to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and confirmed that they now met legal requirements.

People told us that they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take keep people safe. Staff were confident to whistle blow to the registered manager or other organisations if they had any concerns and were confident that the appropriate action would be taken.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised. When new risks had been identified the registered manager had taken action to prevent them from re-occurring. They had updated risk assessments and passed the information to staff so that people would be safe.

People received their medicines safely and when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Accidents and incidents were recorded, analysed and discussed with staff to reduce the risks of them happening again.

Recruitment processes were in place to check that staff were of good character. Information had been requested about staff's employment history, including gaps in employment. However, a full employment history and reasons for any gaps in employment had not been obtained for all staff. We have made a recommendation about this. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff.

People were supported to have a healthy diet. Their dietary needs were monitored and appropriate

referrals to health care professionals, such as dieticians, were made when required.

Before people decided to move into The Knoll their care and support needs were assessed by the registered manager to make sure the staff would be able to offer them the care that they needed. People told us that they were happy with the care and support they received. People received their care in the way that they preferred. Care plans contained information and guidance so staff knew how to provide people's care and support. Staff were familiar with people's life stories and were knowledgeable about people's likes, dislikes, preferences and care needs.

People and their relatives were involved with the planning of their care. Care and support was planned and delivered in line with people's individual care needs. People spoke positively about staff and told us they were supportive and caring. Privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications for DoLS had been made in line with guidance and were kept under review.

People were involved in activities they enjoyed. This reduced the risk of them being isolated. People, their relatives, staff and health professionals were encouraged to provide feedback to the registered manager about the quality of the service. The registered manager used this to continuously improve the quality of the service delivered. There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

The registered manager and staff carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills and people knew how to leave the building safely.

The registered manager and management team coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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 consistently safe.

People felt safe living at The Knoll and were protected from the risks of avoidable harm and abuse. People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Risks to people's safety were identified, assessed and managed appropriately. Accidents and incidents were recorded and monitored to identify any patterns so that action could be taken to prevent recurrences.

The provider had a recruitment and selection process in place to make sure that staff were of good character. However, we have made a recommendation about this.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred.

People were supported to maintain good health and had access to health care professionals when needed. People were provided with a choice of healthy food that they liked.

Is the service caring?

Good

The service was caring.

People were happy living at The Knoll. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of, and took into account, people's preferences and different cultural and religious needs.

People were supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People enjoyed the activities offered.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good

The service was well-led

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People, their relatives and staff were positive about the leadership at the service.

Audits were completed on the quality of the service. These were analysed to identify any potential shortfalls and action was taken to address them.

The Knoll Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 29 and 30 March 2016. The inspection was carried out by three inspectors.

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 reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service. We met and spoke with more than eight people living at the service and three people's relatives. We spoke with five members of staff and the registered manager.

During our inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected The Knoll in April 2015 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection no breaches of regulation were identified, however we have made a recommendation.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at The Knoll. People said that staff knew them well and understood their needs and preferences. They said there were enough staff and two people's relatives commented that they thought there was a stable staff team in the service. The atmosphere in The Knoll was friendly and homely. People were relaxed and comfortable, chatting with each other and with staff.

Staff knew how to keep people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. At the last inspection in April 2015 the provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. At this inspection risk assessments identified possible hazards and explained to staff what to do to reduce risks to people. People were able to move around the service freely and the service was free from obstacles which could be hazardous. When people had difficulty in moving around the service staff supported them to use specialist equipment, such as walking frames. This helped them stay as independent as possible.

Staff knew how they would recognise and report abuse. They had a good understanding of the different types of abuse and had completed training on how to keep people safe. Staff were confident that any concerns they raised with the registered manager would be listened to and acted on to keep people as safe as possible. There were procedures and guidance for staff to enable this to happen. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Staff had a good knowledge of how to prevent pressure ulcers and took the appropriate action when they noticed any change in people's skin. When people were at risk of developing pressure ulcers action was taken to prevent this by using creams and providing people with specialist equipment, such as, air mattresses and pressure cushions. This reduced the risk of people developing pressure sores and supported people to keep their skin healthy and intact. Pressure ulcers were assessed each day by a nurse and any changes to pain or skin were clearly documented and showed how wounds were healing.

Staff reported accidents and incidents to the registered manager. At the last inspection in April 2015 the provider had not reviewed accidents and incidents to reduce the risk of further occurrences. At this inspection the registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and reduce incidents and keep people safe.

At the last inspection in April 2015 the provider did not have an emergency plan in place to significantly reduce the risk to people in the event of a major incident. At this inspection a business continuity plan was in place and there was guidance for staff in the event of an emergency, such as, a flood or a gas leak. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. These were being updated. The registered manager was

aware that this was an area for improvement and advice from the local fire and rescue service had been sought to assist with ensuring the PEEPs contained sufficient information.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us that there were always enough staff available throughout the day and night to make sure people received the care and support they needed. Staff were not rushed and people told us that call bells were answered promptly. The duty rota showed that there were consistent numbers of staff working at The Knoll. Staffing was planned around people's needs and the support they needed at different times of the day. The registered manager regularly reviewed the staffing levels and a core group of staff worked at the service all the time and knew people well. Other staff worked flexibly at the three services the provided owned locally, to make sure that there were always enough staff with the right skills and knowledge to provide the care and treatment people needed. A nurse worked on each shift to provide the nursing care and treatment people required. An on call system was in place so that a member of the management team was always available to provide support to staff.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable. Information had been requested about staff's employment history, including gaps in employment. However, a full employment history and the reasons for any gaps in employment had not been obtained or recorded in three of the six staff files we checked. We fed back this shortfall to the registered manager who acted straight away. Information about staff's conduct in previous care roles had been obtained.

We recommend that the provider review their recruitment procedures in line with Schedule 3, Regulations 4 to 7 and 19(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014, to ensure they know staff's full employment history and the reasons for any gaps in their employment.

People were involved in the recruitment process and met candidates. Their feedback was used as part of the selection process. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff and the qualifications of nurses had been completed. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. Information about candidate's physical and mental health had been obtained.

People received their medicines safely and on time. People's medicines were managed by staff who had been trained in medicines management. Medicines were stored in a locked room and were administered from a medicines trolley. Medicines trolleys were securely stored when not in use. The medicines trolley was clean, tidy and not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date.

Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Medicines were checked by two staff before they were given and two staff signed for the medicines after they were taken. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again

on a 'when needed' basis. There were clear guidelines for staff to follow about when to give these medicines. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Staff sought advice from people's doctors if and when they refused to take their prescribed medicine.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean and tidy and well maintained. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Good

Is the service effective?

Our findings

People told us the staff looked after them well and knew what to do to make sure they got everything they needed. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they needed. People's relatives told us that communication with the staff was very good and they were kept up to date with their relative's changing needs.

People were supported by staff who completed a range of training to develop the skills and knowledge they needed to meet people's needs. Staff completed an induction when they started working at the service and were supported to refresh their skills regularly. The management team used a training schedule to check that staff had been completed training and when it was due to be renewed.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and fire safety training. They had also completed special training, such as dementia awareness, to support people's care and treatment needs. Some staff had acquired level 2 or 3 qualifications in social care. Other staff were working towards these qualifications or the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. A programme of development sessions had begun to help staff further develop their skills and keep up to date with new guidance and best practice.

Staff told us that they felt supported by the registered manager and deputy managers. Members of the management team reviewed the effectiveness of the training by observing staff providing care and treatment to people. Staff received feedback from their observations immediately and at regular one to one meetings with their supervisor. Any changes needed to staff practice were discussed at these meetings and managers supported and coached staff to provide good care.

The one to one meetings were planned in advance so that staff could prepare and enabled their supervisor to track the progress towards the staff member's objectives. Staff's achievements were recognised and they were praised. One staff member's one to one meeting records stated, 'Really good at encouraging staff to improve skills and works hard to support them'. Staff progress towards changing their practice following any concerns was also discussed and the registered manager quickly identified staff who were not able to provide the service to the standard required.

Nurses met with managers to discuss their clinical practice. The management team kept up to date with changes in clinical and best practice during regular meetings with health care professionals including matrons and clinical nurse specialists. Staff had an annual appraisal to review their practice and development over the previous year and set goals for the next year.

At the last inspection in April 2015 care plans and informed consent forms had not been consistently signed by people or their relative's to show that they agreed with them. At this inspection staff explained that people and their relatives were involved with planning their care and that when someone's needs changed

this was discussed privately with the person. People and their relatives confirmed this. When possible care plans had been signed to confirm people had been actively involved in the planning of their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS checklists had been completed for people and were regularly reviewed to ensure they were still needed. Applications for DoLS authorisations had been made in line with guidance.

People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was kept at the front of people's care plans so that the person's wishes could be acted on.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians and speech and language therapists. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's changing needs were monitored to make sure their health needs were responded to promptly.

People told us that they enjoyed their meals. Staff supported people to have sufficient to eat and drink and maintain a balanced diet to make sure they were as healthy as possible. Choices of hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated. Some people had fluid and diet records to monitor the amount that they ate and drank to make sure they

remained as healthy as possible. Throughout lunch staff were observant and attentive. When people needed support to eat this was done discreetly, sensitively and respectfully by the staff. Staff took their time when supporting people and focussed on the person's experience. People were not rushed and ate at their own pace. No-one had any complaints about the food. People told us that if they were out at lunch time then staff would give them their meal on their return.

If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician. When people were losing weight they were encouraged to have supplement food and drinks. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking.

The design and layout of the service was suitable for people's needs. The premises were maintained and adapted so that people could move around and be as independent as possible. Rooms were clean and the service was free from offensive odours. Lounge areas were comfortable and were suitable for people to take part in social, therapeutic, cultural and daily living activities.

Good

Is the service caring?

Our findings

People told us that they were happy and content living at The Knoll and their comments about the management team and staff were positive. They said, "The carers are very good", "There's lots of laughter. Staff cracking jokes and everyone joining in", "Staff will do things for me in their own time" and "Staff are really helpful. They get shopping for me on their way into work". A relative commented, "We have a good impression of the home. The care is very good. The staff are good".

People received care and support that was individual to them. Staff had built strong relationships with people and their loved ones and knew them well. They understood their preferences, needs, likes and dislikes. People's relatives told us that there were no restrictions in place, that they visited when they wanted to and they always felt welcome. There was a friendly and relaxed atmosphere at The Knoll and people were chatting and laughing with each other and staff. One person said, "I have been here [a number of] years. I enjoy it. It's a laugh". Two other people joined in the conversation and agreed saying, "We have jokes with everyone else".

Staff spoke with and supported people in a respectful and professional manner that included checking that people were happy and having their needs met. At meal times people were offered tabards to protect their clothing. These were dark in colour and discreet to protect people's dignity. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. People were asked if they preferred to be supported by a male or female carer and this was written in their care plan and adhered to as far as possible. Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff told us that they had discussed privacy and dignity and also respectful and compassionate care at a recent staff meeting.

People moved freely around the service and could choose where they wanted to spend time. Staff knew that some people preferred to have their own space and this was respected. Staff supported people to develop and maintain friendships and relationships. People told us that they had formed good friendships with other people living in The Knoll. One person said, "It's good to be with company. If I was on my own I would go down".

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People told us, "Staff are helpful and help me to keep my independence as much as I can"; "I'm lucky, I can just get up and go out. I tell staff first then I go" and, "I like the home. I can go out whenever I want. I don't need a carer with me. I like it here. I also like the freedom to come and go". Staff encouraged people to spend some time in the lounge each day for a 'change of scenery, to socialise and to help their mobility'. Some people spent time in their rooms but joined others in the lounge for lunch and they told us that they were 'quite happy' to have lunch with everyone. The registered manager told us, "People are supported to be as independent as possible but equally treated with dignity and respect when they are not able to be independent".

When people were nearing the end of their life an additional care plan was written to make sure they received compassionate and supportive care. These care plans laid out specific guidelines for staff and were tailored to the individual. There were specific instructions on how to move people to minimise pain, oral care, pressure area care and what support the family needed and how they wished to be involved. People and their loved ones were supported to make decisions about their preferences for end of life care. Staff completed training on end of life care and the registered manager told us that they worked closely with specialist health professionals, including nurses from the local hospice, to provide palliative care. If someone has an illness that can't be cured, palliative care makes them as comfortable as possible by managing pain and other distressing symptoms. Staff supported people in a way that they preferred and had chosen.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. They said that this had been discussed with them prior to coming to live at The Knoll and during the time they had been living there.

People received consistent, personalised care, treatment and support. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This information was used so that the provider could check whether they could meet people's needs or not. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

At the last inspection in April 2015 people were not involved in the assessment of the care needs and the care plans did not have clear details to show what involvement people had in developing their care. At this inspection people expressed their views openly and told us that they were involved in making decisions about their care and support. One person's relative commented, "Staff talk to [our loved one] and they are involved in the care planning". People said that they felt listened to and that their views were taken into account.

Each person had a care plan which was written to give staff the guidance and information they needed to support the person. Care plans were personalised and contained details about people's backgrounds and life events. Staff knew about people's life history so they could talk to them about it and were aware of any significant events. Plans included details about people's personal care needs, communication, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Referrals to health professionals were made when needed, for example, to speech and language therapists, dieticians and physiotherapists.

People and their relatives told us they were confident to raise concerns about the service, felt that they would be listened to and that their concerns would be acted on. The complaints procedure was discussed with people when they moved into the service. The provider had a policy which gave staff guidance on how to handle any complaints received. Complaint investigations had been completed looking at what had caused the issue that was being complained about. Feedback had been provided to the complainant about the action taken to prevent the issue happening again. Staff listened to concerns they had and took action to resolve them. There was also a suggestions/complaints box available so people, relatives and anyone else visiting the service could leave feedback.

Information about how to make a complaint was available to people and their representatives. 'See Something, Say Something' posters were displayed throughout the service and invited people to raise any concerns they had with staff or the registered manager. When compliments were received the registered

manager made sure that all the staff were aware.

The registered manager and staff had identified that there was a potential problem with some staff not having a clear command of the English language. Deputy managers had organised small learning groups to ensure staff were able to communicate effectively with people. A deputy manager explained that they were also using one to one supervision with staff to address these concerns and were monitoring the level of understanding. One person told us that they could get themselves understood but that it "Takes a bit more time". This was recognised as an area for improvement and actions were being taken to resolve peoples concerns.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. An activities co-ordinator was employed and provided activities across the three services owned by the provider. People were asked during regular 'residents meetings' about activities in the service. People told us that they liked sitting in the lounge as it was a 'sociable place'. Some people liked to do crosswords, puzzle books or read newspapers whilst others preferred to chat. Staff were aware of people who were restricted to their rooms, either out of choice or due to their health, and made sure they were regularly checked and had everything they needed.

The provider had enrolled with the 'Ladder to the moon' programme for activities. This provided the service with a monthly activities box which was usually themed to a particular style or event, such as 'Hollywood Glamour'. This person centred activities programme was used on a one to one basis and with small or large groups of people. The activities co-ordinator explained that the activities box "Provides opportunities for reflection, reminiscence and engagement – encouraging social engagement, in a meaningful manner, and the enjoyment of our residents". They also explained that the box was designed to be used by any staff member, and could be used for any time period. For example some people with communication problems could enjoy the sensory experience of items in the box for a shorter period of time, whereas a group might use the contents of the box and create new ideas as a result, leading to a more extended use and the planning of further social activities.

The programme also provided quarterly training sessions and telephone support on a monthly basis. During these conference calls (held with other services on the programme) staff discussed how the activity boxes had been used, what worked well or did not work well in their particular service, and shared ideas.

Good

Is the service well-led?

Our findings

People knew the staff and management team well. They and their relatives told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. People and their relatives said that they felt the service was well-led and that they could rely on the staff to help and support them. One person said, of the management and staff, "They are genuinely nice people". Relatives told us that The Knoll had a good atmosphere and that they liked the management and staff.

At the last inspection in April 2015 the provider did not have systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. There was a lack of auditing to assess and monitor the quality of care being provided. At this inspection the provider had regularly been seeking feedback from stakeholders including GP surgeries and visiting health professionals. There were regular residents meetings and people told us that they took part and that changes were made when they made suggestions.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

At the last inspection in April 2015 the provider had failed to ensure that records were accurate or completed and it was not clear which staff were on duty in each of the three services run by the provider. At this inspection the staff rotas identified the staff allocation to each service. Staff did not sign in and out of the service but a deputy manager noted who was working on each shift to ensure that staff were paid for the correct number of hours. The management team knew which staff were on duty in each service on each shift.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. The registered manager held regular staff meetings. Staff told us that they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the management listened and responded. Staff told us that they felt valued and the provider thanked them at the beginning of a recent staff meeting for their hard work.

Staff understood the culture and values of the service. There was good communication between the staff team and they worked closely together to make sure people received the support they wanted and needed. Staff were friendly and helpful and responded quickly to people's individual needs.

The management team were aware of, and kept under review, the day to day culture in the service. This included the attitudes and behaviours of staff. When staff values fell below the expected standard this was addressed and, when necessary, additional training, mentoring or disciplinary action was taken. For

example, there had been a recent concerns raised with the provider about uncaring behaviour at one of the three services in the Ami Group. A staff meeting was held to discuss the concerns raised. The minutes of the meeting noted that staff had discussed the 'Six C's' which were central to the values and behaviours which underpin the care being delivered – Care, Compassion, Competence, Communication, Courage and Commitment. The provider had reiterated to staff the importance of ensuring that people were kept at the heart of the care they received. The provider was noted as saying, 'How can we, as health and care practitioners, develop a culture of compassion and re-focus on caring in our day to day work? One way is to always have at the front of your mind the question - would I be happy to be cared for in this way? Would it be good enough for one of my family members? If the answer to these questions is no – then really reflect on what you are doing, and change how you are doing it'. The provider and management team were closely monitoring the quality of care being delivered and this included speaking with people about their experiences and completing survey. The meeting also noted, 'We will listen harder to what people who use our services tell us about the reality of care you provide. We will consider both the positive and negative comments on what is being said about the way care is being delivered and make improvements. We will continue to seek feedback to help monitor for improvements'.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The management team monitored staff on an informal basis every day and worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

At the last inspection in April 2015 the provider had not consistently notified CQC when people had passed away. At this inspection the registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

At the last inspection in April 2015 the provider had not notified the Care Quality Commission (CQC) of the outcome of Deprivation of Liberty Safeguards (DoLS) applications. At this inspection CQC had been notified of the outcome of DoLS in line with the guidance.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.