

# Leeds City Council

# Knowle Manor

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection that took place on 30 November 2015. At our previous inspection in October 2013 we found the provider met the regulations we looked at.

Knowle Manor is a residential home and is registered to provide accommodation and personal care for up to 29 older people. At the time of our inspection there were 25 people using 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 felt safe in the home, and we found they were protected from potential abuse because staff were trained in safeguarding vulnerable adults and understood how to identify and report concerns. The provider ensured that robust background checks were undertaken before staff commenced working at the service and further protected people by ensuring the premises were clean and well maintained.

We saw risk assessments in people's care plans which showed the provider understood how to minimise

# Summary of findings

individual risk and ensure that people were safe. Information in the risk assessments was regularly reviewed and updated, meaning staff always had access to information about people's current care and support needs.

Medicines were stored, administered and managed safely. People had access to their medicines when they were needed.

All people we spoke with expressed a high level of confidence in the care and support they received and were very complimentary about the staffs skills. We saw staff were supported to deliver care through regular training, supervision and appraisal.

People told us they had access to health professionals when they needed it and we saw evidence in care plans that this was the case. A visiting health professional we spoke with told us they felt the provider delivered a good standard of care.

Care plans contained appropriate mental capacity assessments. Staff received training in the Mental Capacity Act (2005) and understood how this impacted on the ways in which they worked with people. People told us they made choices connected to their care and daily lives and we observed during the inspection that people were free to choose how they spent their time.

The service had a creative and innovative approach to food, drink and mealtimes which people told us they enjoyed. The provider had given thought to ways in which they could make mealtimes a sociable occasion and we observed this in action during the lunchtime meal on the day of our inspection.

People spoke highly of the care they received and told us they had nominated key workers who provided extra personal services such as shopping. Throughout the inspection we observed people were relaxed and appropriately familiar with staff. We found that privacy and dignity were respected.

The provider undertook assessments of people before they began using the service. This ensured they were able to provide the care and support that people needed. Care plans contained personalised information about people's past lives, likes, dislikes and preferences.

The provider had robust systems in place to manage any complaints or concerns and people told us they felt able to discuss any issues with the registered manager.

The registered manager included people who used the service and staff in making decisions about the service. People and staff told us they felt listened to and that the registered manager was approachable.

There was a robust programme of audit in place to ensure and drive forward the service delivery.

# 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?

The service was safe.

People were protected from harm because risks were well assessed. Staff demonstrated they knew how to identify signs of potential abuse and their responsibility to report all concerns.

There were sufficient staff to meet people's care and support needs.

There were robust systems in place to ensure the safe management, administration and storage of medicines.

Good



### Is the service effective?

The service was effective.

People who used the service and a visiting health professional praised the care and support highly.

The service was innovative in its approach to meeting people's hydration and nutritional needs and passionate about making mealtimes a positive, varied and sociable experience.

Staff were supported to deliver a high standard of care by a programme of thorough and up to date training.

Good



### Is the service caring?

The service was caring.

We saw people regularly engaged in meaningful conversation with staff. People told us they had good relationships with staff.

People's privacy and dignity were well respected.

The provider involved people in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's care and support needs were well documented and kept up to date by regular review.

The provider encouraged people to express their views about the service and these were acted on.

Systems and processes were in place to ensure that complaints and concerns were well managed.

Good



### Is the service well-led?

The service was well-led.

People and staff said the manager was approachable and ran the service well.

Service delivery was monitored and improved through a robust process of audit and analysis.

The registered manager ensured that people who used the service were involved in making decisions about service delivery.

Good



# Knowle Manor

## Detailed findings

### Background to this inspection

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

The inspection took place on was unannounced and was undertaken by two adult social care inspectors. We reviewed the data we had relating to Knowle Manor and contacted the local authority and Healthwatch to ask if they had any information we should consider for the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. They did not provide any information of concern. We did not send a provider information request before this inspection. 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.

During our visit we spoke with six people who lived at Knowle Manor, seven members of staff and the registered manager. In addition we spoke with one visiting health professional. We made observations of the care and support people received and looked at all areas of the home including communal areas, some bathrooms and some people's rooms. We looked in detail at the care plans of four people who used the service and also documents and records relating to the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us how safe they felt in the home. Comments included, “I really do feel safe” and “I feel as safe as if I were at home.” People told us they liked where they lived and felt comfortable there. One person told us “I wouldn’t want to be anywhere else, it’s home from home.” Another commented “This is my home and I like it.”

People who used the service said they enjoyed each other’s company and felt the atmosphere was relaxing. One person told us, “If anyone is being a bit difficult the staff deal with it very well.”

We observed positive interaction between people and staff throughout our visit and experienced a homely and pleasant atmosphere. We saw people were relaxed in the presence of staff who were patient and reassuring when providing support.

People told us they felt there were enough staff to meet their needs. One person said, “It’s always well staffed” and another told us, “Someone always comes quickly if you need them.” We reviewed the rotas, spoke with staff and made observations during the inspection and concluded there were enough staff of appropriate experience and training to meet the needs of people living in the home. People told us their needs were met equally well at night. One person said, “The call bells are always answered quickly. That’s what helps me feel safe.”

Staff we spoke with were able to tell us in detail about how they safeguarded people from harm. They understood the different forms abuse can take and were clear about their responsibilities in immediately reporting any concerns about people and the ways they could do this. They also told us they knew about the whistleblowing policy and who they could contact to report any concerns to external bodies including social services and the CQC. The registered manager maintained a log of safeguarding incidents and any investigations which had taken place as a result. We saw the registered manager reported incidents to the local authority and appropriate investigations were undertaken.

We looked at the recruitment records of four members of staff and saw the provider undertook appropriate checks before staff began work in the home, which

helped reduce the risk of employing a person who may be a risk to vulnerable adults. We saw relevant information in the staff records including application forms, references and records of Disclosure and Barring Service (DBS) checks. The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions. We spoke with staff who told us they had found their recruitment process thorough.

We looked at four people’s care plans in detail. We saw these contained a number of risk assessments to minimise the risk of harm to people who used the service. The risks considered included use of wheelchairs, falls and bathing and were all linked to specific care plans for the activity or support need. Assessments were kept up to date, were detailed and gave clear guidance to staff to show how risk could best be managed and reduced for each person.

People were further protected from risk because the provider had systems in place to ensure that equipment used in the home was regularly serviced and repaired. We walked around the home and looked in all communal areas, the kitchen, bathrooms and in some people’s rooms. We found the home to be kept clean and well maintained.

The provider had policies, procedures and practices in place to ensure the safe management of medicines. Staff who administered medicines told us they received regular training in this and we saw evidence it was kept up to date. People who used the service told us their medicines were well managed. They said they received them on time and had no problems in getting ‘as and when’ medicines such as for pain relief when it was needed. One person said, “The staff take care of my tablets, I don’t have to worry about them.” We observed staff administering medication and saw they spoke to people patiently and respectfully, explaining what the medication was for.

We looked at the Medicines Administration Records of three people and found they were completed correctly. We checked stocks of boxed medication against these records and found no discrepancies. Medicines were stored securely in a dedicated room and we saw appropriate procedures in place for separate storage for any medicines awaiting disposal. We looked at the controlled drugs storage and records keeping and found these were in good order.

# Is the service effective?

## Our findings

Without exception people told us they were cared for by skilled staff who they trusted to provide a high standard of care and support. One person said, “All the staff are great at what they do.” Another person told us, “The staff know how to care for me. The care is amazing.”

We looked at training records and plans which showed staff had completed a range of training courses which included first aid, medicines, dementia care and moving and handling. There was a plan to ensure staff received refresher training at regular intervals and we saw all staff were up to date with required training. We looked at records of staff induction which showed staff undertook a broad range of training which included a three day course away from the home and a period of at least two weeks shadowing senior staff. We spoke with staff about the support they received as part of their induction. They told us their induction provided them with the necessary skills to provide effective care and support for people living in the home.

We looked at the supervision and appraisal records of four staff and saw they contained detail records of meaningful individual discussions, and included reflective learning and goal setting. In addition all files we looked at showed evidence of an annual appraisal within the last twelve months.

We saw records in care plans which showed people had access to healthcare services when they needed them. One person told us, “They’re on the ball with anything to do with my health.” We saw input from a range of professionals including GPs, district nurses, opticians and dieticians. We spoke with a visiting GP who told us the provider made appropriate and timely referrals to them and cared for people well.

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 we spoke with told us about how they made their own choices. One person said, “It’s very free and easy here;

you get up when you want and decide when you want to do things.” Another told us, “Everything is my choice, even the decoration of my room. All the rooms are different, we get to make our own mark.” During the inspection we saw people were free to choose where and how they spent their time.

Staff were able to describe how the Mental Capacity Act (2005) applies to people living in the home and how family members or other advocates should be involved in their care when a person does not have capacity to make their own decisions. Throughout our inspection we observed staff asking for consent before care or support was given. We saw evidence in people’s care plans that individual capacity was assessed and regularly reviewed. People had signed a variety of consents including consent to administration of medicines and consent to care. Where people did not have capacity to make some decisions we saw best interests decisions had been made and recorded appropriately.

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). At the time of our inspection there was one person subject to DoLS, and discussions with the registered manager indicated that one further application had been submitted.

Staff demonstrated they understood DoLS and we saw evidence they received training in this. They knew which people in the home had been granted a DoLS to prevent them from having their freedom unlawfully restricted. Care plans we looked at showed relevant documentation was completed correctly and the registered manager demonstrated a good understanding of DoLS and the related processes.

People we spoke with were very complimentary about the food served in the home. One person told us, “The chef is very good with food. They know what I like and what I can’t eat.” Another said, “The choice is amazing.” A third person told us, “The food is just lovely, it’s first class. I can’t praise the meals enough, and there’s always wine if you want it.” Another person who used the service told us how a conversation about food had resulted in them trying

## Is the service effective?

something for the first time in their life. They said, “I had lobster, and I had never had it before. I mentioned to [the registered manager] that I’d never had it and they got me some.”

We saw a wide variety of meal choices available and also found the registered manager and chef encouraged people to choose something not on the menu if they wished. The registered manager told us, “People can choose whatever they want, whenever they want. You can cook anything in twenty minutes, and the supermarket is only ten minutes away.” We spoke with kitchen staff who were able to tell us about specific people’s dietary requirements which were also recorded in personal menu booklets.

The registered manager had a proactive and creative approach to ensuring people’s experience in eating and drinking was effective and enjoyable. A number of ideas had been put into place to increase the variety of food and drink on offer at no extra cost to residents. In addition to the formal meals the provider had introduced a number of initiatives to stimulate people’s interest in food and provide variety. The registered manager told us, “We try to stay innovative with food and drink. We looked at the Mediterranean lifestyle for inspiration and tried to slow the mealtime experience down to encourage social interaction. Mealtimes have to be sociable.” One member of staff told us, “The choice of food is out of this world.” We observed the lunchtime meal and saw people were relaxed and chatting together throughout. Where staff gave people assistance to eat their meal we saw they were kind and

compassionate and did not hurry people. One person had chosen to eat their meal in another room and we saw they were offered the same sauces and condiments that were available to people at the table.

A number of ‘always available’ options were on display including a range of appetising cakes, snacks and hot and cold drinks, meaning people had visual prompts to encourage them to eat. The registered manager told us people could also choose from a panini bar, a smoothie and milkshake menu, a cappuccino bar, a bagel bar and a soup station at any time. They told us “We want people to think of this as a 24 hour café.” We saw information about these food choices attractively and prominently displayed in the dining room. A small lounge off the dining room had been set out as a visitors area with hot and cold drink making facilities and a range of snack foods available, meaning people could offer their guests refreshment independently. Information about healthy choices was engagingly displayed and showed people which ten things in the day’s choices would count towards their ‘five a day’.

The registered manager told us that they kept changing their approach with an annual project. For example they had run a chocolate café where people had had chance to make their own chocolate and a bistrot where people had been able to invite guests for meals which were cooked to order and presented with waiter and waitress service. The registered manager understood that innovation was a dynamic process. They told us, “When people get bored of something it’s time to let it go, however proud of it you are yourself.” They said the home had just begun planting vegetables to enable people to enjoy cultivating food which they could then eat.

# Is the service caring?

## Our findings

People told us they lived in a supportive and caring environment and spoke positively about their lives in the home. One person said, “It’s fabulous here.” Another told us, “We get on with the staff so well. They are always very supportive and kind.” People who used the service knew who their key workers were and how this relationship worked. One person said, “You can talk to any of the staff really, but I do have a key worker – that’s someone who does extra things for me.” Another person told us, “My key worker does bits of shopping for me because I can’t get out.” People told us they were encouraged to remain independent and supported to do things for themselves where they preferred.

People who used the service looked well cared for, which is achieved through good standards of care. We observed people were comfortable and relaxed in the presence of staff who regularly chatted with them and used appropriate tone, touch and language to maintain a person-centred approach to support and care. Throughout

the inspection we experienced a homely and lively atmosphere which people told us they enjoyed. One person said, “It’s the best home in England.” Another told us, “I wouldn’t want to be anywhere else.”

We saw information on display which showed people how they could expect their privacy and dignity to be respected. Staff we spoke with were able to tell us how they promoted people’s privacy and dignity whilst providing care and support. They told us they knock on people’s doors and asked people discreetly if they wanted to be assisted to the toilet. Throughout the day of our inspection we saw staff knocking on people’s doors before entering and approaching people in a respectful and dignified way.

People told us how the provider included them in making decisions about their care and support. One person told us, “The staff often come and talk to me about my care. I feel involved.” Another person said, “I’d be happy to leave my care to them, but they do consult me.” In the care plans we looked at in detail we saw evidence of people’s involvement. We saw detail about people’s preferences, likes and dislikes which helped staff in building meaningful relationships with people who used the service.

# Is the service responsive?

## Our findings

Care plans we looked at showed the provider undertook a thorough assessment of people before they started using the service. This ensured the provider was able to meet people's needs. Information from the pre-assessment was used in developing personal care plans which provided staff with clear guidance on delivering appropriate care and support to people. Care plans included detailed, personalised information to enable staff to support people in the ways they wished and preferred. When we spoke with staff we found they were able to tell us in detail about people's needs, preferences and life history.

We saw evidence of regular review of all areas of people's care plans, meaning the provider ensured information about people's needs, health and any associated risks was kept up to date. In one person's care plan we saw concerns about a health condition had been documented and an anticipatory care plan written, meaning that staff were provided with information to enable them to understand how to provide appropriate care if the person's symptoms became worse.

People who used the service, told us they found enough to do at Knowle Manor. One person told us, "We've had exercise today." Another said, "There is usually something going on, it's up to you whether you join in or not." Staff we spoke with told us that taking people on trips had become more difficult as the home no longer had its own minibus. We saw minutes of a residents' meeting where this had been discussed and people had been asked if they would be willing to pay any travel costs themselves. In addition to the weekly programme of activities the registered manager told us about other things that people who used the service could engage with if they wished. The home had links

with a local school who organised groups of pupils to provide entertainment for people, there had been a bowling tournament and when some residents had mentioned not being able to get to the local markets the registered manager had applied for a licence to run six markets per year and liaised with local traders to bring their stalls to the home.

People told us they knew there were formal ways in which they could make a complaint, however most said they would speak directly to the registered manager if they had any concerns. One person said, "There is never anything to complain about – if there was I'd just go and see the manager. He'd sort anything out."

The home had systems in place to manage concerns and complaints which included ensuring people had access to information about the complaints process. We saw information on display which described how people could complain if they were dissatisfied.

We reviewed the complaints file and found record of one incident which had been dealt with in line with the provider's policy. We saw the complaint had been acknowledged and followed up with a robust investigation. The response letter to the complainant included areas the registered manager had identified for improving future practice which demonstrated to us they were committed to continuous improvement of their service.

We also looked at records of compliments and cards received from people and their relatives.

Compliments included 'Thank you for all you do for me', 'It was lovely to see [name of person] looking so relaxed and well cared for' and 'There are no words that can tell you how much you have been appreciated over the years of [name of person]'s stay with you'.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection. We asked people who used the service whether they felt it was well run. Comments we received were all positive and included “[name of registered manager] is a very, very good manager”, “I’ve no complaints” and “Everything is done well.” Staff we spoke with told us, “I think it’s run really well. I feel listened to.” We asked staff about the registered manager and they told us, “They are here for the residents.” “[Name of registered manager] is really good and listens.” “You’re not scared to go to him.”

We saw that staff meetings were held regularly. In the minutes of a recent staff meeting we saw the registered manager discussed feedback from the staff satisfaction survey. This showed us they were willing to listen to feedback from staff and discuss their comments.

People we spoke with told us they felt listened to by the provider and involved in the running of the home. All told us they felt able to speak to the registered manager at any time, and we saw evidence of this happening during our inspection. One person told us, “We have regular meeting where everyone can have their say about things.” Another said, “Not everyone goes to the meetings, which is a shame. If they don’t come to the meeting [the registered manager] tells them what went on.” We looked at minutes of the most recent meetings and saw a wide range of issues were discussed and from these actions had been agreed. Although the minutes did not show that completed actions had been discussed people told us that the registered

manager acted on what they were told. The registered manager told us on the day of inspection that they would add a review of actions completed and still outstanding to the agenda of future meetings.

The registered manager had introduced a system of ballots in order to engage people in making decisions about the home. For example we saw evidence of a ballot held to decide when the main meal of the day would be served. The outcome of the ballot had been respected and people had been told about the decision in writing. Although people had voted for a change the minutes also included an assurance that people could still have their main meal whenever they preferred, meaning that individual preference was still respected. People we spoke with said they took part in the ballots and thought it was a good way to make decisions in the home. The registered manager told us, “We try to involve residents in the day to day running of the home as much as possible.”

We reviewed information evidencing the safety of the service and the quality of delivery were monitored. The registered manager carried out a rolling programme of meaningful audits which produced action plans to drive improvement in the service and ensure that any problems were addressed promptly. Areas audited and analysed regularly included care plans, medicines and falls. In addition to the registered manager’s programme of audit we saw the provider made regular visits to provide support and guidance. These visits were documented and also included detailed quality assurance reports giving formal feedback. Areas covered in these reports included staffing, stakeholder perspectives and an assessment of day to day life in the home.