

Knighton Manor Limited

Knighton Manor Limited

Inspection report

31 Knighton Drive
Leicester
LE2 3HD
Tel: 0116 244 8455
Website: www.gratiacare.co.uk
Tel: 0116 244 8455
Website: www.gratiacare.co.uk

Date of inspection visit: 24 & 25 February and 2 March 2015
Date of publication: 26/05/2015

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

The inspection focused on two different service types which operate from the same premises. The first being a residential care home and the second being a service offering support to people living in their own homes. This inspection report has been written for both service types under the separate headings of **care home** and **supported living**.

Care Home

The inspection of the residential home took place on the 24 and 25 February 2015 and was unannounced.

Knighton Manor Limited provides residential care for 21 people with a learning disability and/or mental health disorder. At the time of our inspection there were 17 people in residence. The service provides accommodation over two floors, with access to the first floor being via a passenger lift and stairwells.

A registered manager was in post, however they were not at work on the day of the inspection. The assistant manager facilitated the inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the provider, management team or to relevant external agencies.

Staff had received training which reflected the needs of people who used the service which enabled them to provide care in a safe manner. This included supporting people when their behaviour became challenging, meeting their individual needs and through the appropriate use of equipment and techniques to move people safely. We found people received their medication in a timely and safe manner by staff who had been trained in the administration of medication.

We saw people accessing a range of community activities independently or with the support of staff. People's needs had been risk assessed to promote their safety and independence and we saw there were sufficient staff to support people in going out and those who remained at the service.

Our discussions with staff told us that they received on going support and development through supervision, appraisal and the accessing of training. The training staff accessed reflected the needs of people who used the service which meant people received effective care and support. Records confirmed staff had received training in a wide range of topics.

People were protected under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLs) we found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions. Staff we spoke with told us about their role in supporting people to maintain control and make decisions which affected their day to day lives.

People at risk of poor nutrition had assessments and plans of care in place for the promotion of their health. Meetings involving people who use the service were held to enable them to comment on meals provided and to influence the menu.

People's health and welfare was promoted and they were referred to relevant health care professionals in a timely manner to meet their health needs. Information gathered from a health care professional and our observations showed there to be a positive working relationship between professionals and the service, which impacted on the quality of care people received.

People were comfortable and relaxed in the company of staff. People were able to access community facilities independently or with support from staff. We observed people being encouraged to make decisions about their day and records showed people's comments and views were documented in daily records and within the minutes of meetings.

People were supported by staff who were responsive to their needs and requests for support. Staff were able to respond to people's requests to go out into the community, which included shopping and attending health care appointments.

People we spoke with were confident that any concerns they had would be responded to appropriately. Records showed that the service within the last twelve months, had received one complaint from a person who used the service. This had been documented and included the outcome and response to the complainant.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment which was well maintained and safe. Audits and checks were effectively used to ensure people's safety and demonstrate that their needs were being met.

People using the service and staff had the opportunity to influence the service by attending meetings and sharing their views. The provider sought the views of people who used the service and their relatives through the distribution of surveys, which were collated and used to develop the service.

Supported Living

The inspection of the supported living service took place on the 2 March 2015 and was announced. This meant the provider knew we would be carrying out an inspection.

The provider was given 5 days' notice to enable them to advise people who use the service.

Summary of findings

Knighton Manor Limited provides support to 8 people who resided within 5 individual properties referred to as 'supported living'.

A registered manager was in post, however they were not at work on the day of the inspection. The assistant manager and a team leader facilitated 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received training which reflected the needs of people who used the service which enabled them to provide care in a safe manner. This included supporting people when their behaviour became challenging, meeting their individual needs and through the appropriate use of equipment and techniques to move people safely. We found people received their medication in a timely and safe manner by staff who had been trained in the administration of medication.

Staff told us that they received on-going support and development through supervision, appraisal and the accessing of training. The training staff accessed reflected

the needs of people who used the service which meant people received effective care and support. Records confirmed staff had received training in a wide range of topics.

People were supported by staff who were responsive to their needs and requests for support. People's packages of care detailed the number of staff required and hours provided to each person, which had been identified through the assessment process. People's plans of care were tailored to meet their individual needs and reflected their personal support and access to community resources.

A person we spoke with was knowledgeable about who they would report concerns to and in what circumstances. They were aware of contact numbers for the provider and external agencies.

People using the service and their relatives were encouraged to share their views about the service and were involved in the reviewing and development of plans of care. The provider sought the views of people who used the service and their relatives through the distribution of surveys, which were collated and used to develop the service.

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 abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People received their medicines correctly and at the right time by staff.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people. Staff were supported by the management team through appraisal and on-going supervision.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005. The legislation had been acted upon to ensure people's human and legal rights were respected within the care home and supported living service.

People at risk of poor nutrition and hydration had assessments and plans of care in place for the promotion of their health and well-being. People's dietary requirements with regards to their preferences and needs were respected.

People were referred to the relevant health care professionals in a timely manner which promoted their health and wellbeing.

Good



Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received.

People and their relatives were involved in the development and reviewing of plans of care and recorded their involvement and decisions.

People were supported by staff who were committed to the promotion of people's rights and who listened to and respected people, in order that their privacy and dignity was promoted.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed prior to receiving a service. Staff knew how to support people and took account of people's individual preferences in the delivery of care. People were encouraged to maintain contact with family and friends. People were encouraged to access community resources.

People we spoke with told us they had no reason to complain but were confident that their concerns would be listened to and acted upon. The care home had received one complaint and the service had responded to the complainant.

Is the service well-led?

The service was well-led

A registered manager was in post. Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider regularly visited the service to meet with the management team, staff and people who used the service. Any issues identified were recorded and acted upon.

The provider had contracts with external agencies who were responsible for aspects of quality assurance monitoring. The provider had a system for seeking the views of people who used the service and their relatives.

Good



Knighton Manor 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 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.

Care Home

The inspection took place on 24 and 25 February 2015 and was unannounced.

The inspection was carried out by one inspector.

We spoke with six people who used the service. The information people were able to provide was limited due to their disability.

We spoke with the director, the assistant manager, two team leaders and two support workers.

We pathway tracked the care and support of three people, which included looking at their plans of care to check that they were receiving the care they needed. We looked at three staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

We contacted commissioners for health and social care, responsible for funding people that live at the service and asked them for their views about the service.

We reviewed the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

We requested additional information from the provider in relation to people's opportunities to take part in activities, the outcome of quality assurance surveys, the minutes of staff meetings and staff training records. We received this information in a timely manner.

Supported Living

The inspection took place on 2 March 2015 and was announced. We told the provider we would be carrying out an inspection. We gave them notice to enable them to speak with people who use the service to ask them if we could meet and speak with them in their homes.

The inspection was carried out by two inspectors.

We spoke with one person who used the service and met with a second person who was unable to share their views due to their disability.

We spoke with the assistant manager, a team leader and a support worker.

We pathway tracked the care and support of three people, which included looking at their plans of care to check that they were receiving the care they needed. We looked at three staff recruitment and training records. We looked at records in relation to quality monitoring audits.

We requested additional information from the provider in relation to the outcome of quality assurance surveys, staff meetings and staff training. We received this information in a timely manner.

Is the service safe?

Our findings

Care Home

People had plans of care that provided clear guidance for staff to follow when people accessed the community or required support with transfers for example when moving from a chair to a wheelchair with the use of equipment. This enabled staff to provide a consistent approach of care and provided support to people in the management of their day to day lives. Our observations showed that staff supported people consistently with the information contained within people's plans of care and risk assessments, which supported the person in keeping safe. We also found that people were supported to access the community with the support of staff, which again was consistent with their plan of care.

Staff we spoke with were able to tell us how they supported people individually, which included supporting people with personal care, the management of their finances and accessing the community. Staff told us that the care they provided was consistent with people's plans of care and risk assessments. This included areas of risk which may impact on people's health and welfare and measures to reduce the risk were put into place. Examples being people at risk of poor nutrition or a risk of choking and accessing the community. Peoples' plans of care and risk assessments were regularly reviewed.

The assistant manager and staff we spoke with had a good understanding as to the needs of people and how to support them, which promoted their rights and choices. This included supporting people to access community facilities. People were supported by staff to access services independently where practicable or with staff support to ensure their safety was maintained and promoted. People's records in some instances included protection plans, which had been put into place and agreed by social workers in order that people's freedoms and choices were supported and risks reduced.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed by the two members of staff involved. Records we looked at showed that people had an appointee responsible for their financial affairs who were independent and not employed

by the provider. The provider had a system for auditing people's monies and records and this was carried out by an external contractor, this helped to safeguard people from potential financial abuse.

We spoke with members of staff and asked them how they would respond if they believed someone using the service was being abused or reported abuse to them. Staff were clear about their role and responsibility in reporting their concerns and were aware of their role in the promoting of people's choices and rights. There was a comprehensive training package in place for staff with regards to protecting adults. Minutes of staff meetings recorded that staff were asked if they had any concerns and were reminded of the provider's procedure for reporting and managing information of concern. The provider's safeguarding and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service. Records showed that the provider followed its staff disciplinary policy and procedures. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

We found there were sufficient staff on duty to meet people's needs and keep them safe. The assistant manager and staff told us that staffing numbers were increased when people required additional support with their day to day lives, which included accessing the community for health care appointments and attending leisure activities. Staff we spoke with told us that in their view there were sufficient staff which kept people safe and met their individual needs.

We spoke with one person who told us that they managed all aspects of their medication themselves. The person's records included a risk assessment which had identified any potential risks to the person managing their

Is the service safe?

medication, whilst recognising their ability to manage their own medication with consideration to the promotion of their independence and choice. We saw staff administering medication at lunchtime safely and noted that staff gave people the opportunity to decline to take their medication.

We looked at the medication and medication records of three people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication.

People's plans of care included information about the medication they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received medication consistently. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

The provider had a policy and procedure for the administration of medication, which detailed the systems to be followed by staff. We identified that the policy and procedure did not include information as to the process for the destroying of controlled drugs. This was amended by the assistant manager during the inspection. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.)

Supported Living

We spoke with one person who used the service and asked them whether they felt safe. They told us "Yes, I am safe here." A person we spoke with told us they knew who they would contact if they were unhappy or had concerns. They told us they would speak with the staff or telephone the appropriate person, the person told us who they contacted would be dependent upon the issue of concern they had. Information was provided for those using the service as to staff and agencies they should contact if they had concerns.

The provider's safeguarding and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people as soon as they began working with them unsupervised. Staff we spoke were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.

The records of the three people we viewed showed that their relatives supported them with the management of their finances. Policies and procedures to support people with their finances were in place and staff kept a record of people's spending and the receipts. The team leader who worked within the supported living service undertook regular audits to ensure people's money was being managed safely.

Staff we spoke with were able to tell us how they supported people individually, which included supporting people with personal care, the management of their finances and accessing the community. People were supported by plans of care that provided clear guidance for staff to follow when people accessed the community. This promoted a consistent approach to care that enabled staff to provide support to people with their day to day lives.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service. Records showed that the provider followed its staff disciplinary policy and procedure. This ensured that any unsafe practice was investigated and that staff received the appropriate support and training to improve their practices for the benefit of those using the service. Staff records we viewed confirmed this.

We found there were sufficient staff to meet people's needs and keep them safe. People in some instances received 24 hours support, whilst others received support for an allocated number of hours each day dependent upon their needs. People were provided with the support as required by the person's assessment, which included support with personal care, daily living activities and accessing community resources. All aspects of a person's support were documented within a plan of care. Where potential risks had been identified risk assessments had been undertaken which detailed how the risk to the person was to be minimised whilst supporting the person's independence and choice.

We looked at the medication and medication records of one person who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication.

Is the service safe?

People's plans of care included information about the medication they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received

medication consistently. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

Is the service effective?

Our findings

Care Home

We spoke with staff who told us about their induction when they commenced working at the service. They said it had included working alongside experienced staff, becoming aware of the provider's policies and procedures and reading the plans of care for people. Staff told us their induction had included practical training in the safe use of equipment and that they had continued to access training on an on-going basis. They told us they had received training in a range of topics, which was confirmed by information we viewed within staff records and minutes of meetings.

Staff told us how their training enabled them to support people effectively and discussions with staff showed that they were knowledgeable about the individual needs of people and how they supported people effectively on a day to day basis.

Information provided within the training matrix detailed the training staff had received, which was consistent with the information provided by staff we spoke with. Training topics reflected health and safety issues, the management and recording of information, training specific to the needs of people using the service and professional development which included diplomas in care.

Staff said that there was good communication between the assistant manager and management team. We asked staff how information was shared, and they told us daily through 'handovers' which involved all staff, and were used to update staff on people's health and well-being. Staff also told us they attended regular staff meetings where issues were discussed. Minutes of staff meetings showed staff were updated as to training available and the minutes of one meeting had recorded that staff had found training in epilepsy to be informative and had given them greater confidence in the recording of people's seizures. We noted throughout our inspection that staff communicated effectively with each other to ensure people's needs were met. Records of staff handovers were in place to show the issues discussed by staff.

Staff advised us that they were regularly supervised and appraised by the management team, which included one to one meetings. These focused on their personal development and the needs of people using the service.

The assistant manager told us that they had recently introduced practical supervisions to assess staff's competency to deliver appropriate care and support, which took the form of observing staffs interactions and supporting people. Records showed that staff received regular supervision.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the assistant manager and staff about the (MCA) 2005 and the (DoLS) and what that meant in practice for the people who used the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

We found that there were 10 people with a DoLS in place at the time of our inspection. We looked at the records of two of these and found that the staff were working consistently with the information recorded within the DoLS authorisation.

Care records showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make decisions. We saw that mental capacity assessments had been carried out for people in relation to their care and the decisions the person had made. This included the self-administration of medication, the management of finances and the self-restriction as to the number of cigarettes a person smoked. The MCA (2005) is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. This showed that people's independence and choices were promoted.

A person's record we looked at included a nutritional assessment which had identified that the person was at risk of choking. A Speech and Language Therapists (SALT) had been contacted who had assessed the person's needs and had provided a plan of care for the staff to follow. Plans of care reflected the support people required, which in some instances included a soft diet to reduce the risk of choking or specialist diets to support people's health such as a diabetic diet. We spoke with the cook who told us any changes to people's diet were communicated to them by a member of the management team. The cook was knowledgeable about the diets and preferences of people who used the service.

Is the service effective?

It has been recommended by the Government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health care needs which included medication information, likes and dislikes and communication needs.

We saw people being supported by staff to access health appointments during the inspection. Records showed people had timely access to a range of health care professionals, which included doctors, chiropodists, opticians, dentists and dieticians. Specialist services such as diabetic health screening also supported people within the service in the assessment and development of plans to enable staff to provide good and safe care.

A visiting health care professional advised us of their observations when visiting the service to provide support to staff with regards to someone who used the service. They stated that they found the staff to follow up on their recommendations for the person's care. They told us that staff showed enthusiasm and were keen during informal training and discussion around how to meet the needs of the person using the service. In addition they told us that their observations between people using the service were positive with staff using effective communication, through visual support, objects and signing.

Supported Living

We spoke with one person who used the service and asked them how the staff and the service they used had supported them. They told us "It's better here, I'm more capable and independent. I can cook chicken now, and do the ironing and do the cover on my duvet." They went onto tell us that they wanted to undertake voluntary work and that the staff were supporting them in looking for something they would like to do. They told us that they were supported by staff to shop on line for groceries and that their [relative] helped them manage their finances.

We met a second person who was unable to share their views with us, however we saw that they were supported by a member of staff in accessing the community and were encouraged to take part in activities within the service for example helping with the baking of cakes. We spoke with the member of staff who was providing support and found that they had a good understanding as to the person's

needs and told us how they supported the person to access community services, stating that they particularly enjoyed going out to parks. They told us that a relative supported them with the management of their finances.

A member of staff told us about the training they had received, they told us that the training enabled them to meet the needs of people. Information provided within the training matrix detailed the training staff had received, which was consistent with information provided by staff we spoke with. Training topics reflected health and safety issues, the management and recording of information, training specific to the needs of people using the service and professional development which included diplomas in care.

A member of staff we spoke with told us they were regularly supervised and appraised by the team leader, which included one to one meetings which focused on their personal development and the needs of people using the service. Records showed that staff received regularly supervision. Minutes of staff meetings showed staff were updated as to training available. Minutes also showed that staff were able to discuss the needs of people using the service and to discuss any changes which needed to be introduced to ensure people received support and care that met their needs.

People's plans of care and support plans provided information about the person, which included their hobbies and interests along with information about their lifestyle choices. People's assessment of need had been used to develop plans of care which were regularly reviewed and updated. Plans of care included information as to the role of staff in providing effective care and support which met people's needs, which included supporting people to access the community and to maintain or gain greater levels of independence. People plans of care also provided information as to how people's behaviour, which when challenging, should be managed to ensure people received the appropriate support in the least restrictive manner, whilst recognising their rights and freedom. People's records included assessments where potential risks had been identified and clear guidance provided staff as to how those risks were to be managed to reduce potential risks whilst promoting people's independence and choices.

Care records showed that the principles of the MCA Code of Practice had been used when assessing people's ability to

Is the service effective?

make decisions. We saw that mental capacity assessments had been carried out for people in relation to their care and the decisions the person had made. The MCA (2005) is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. The provider was aware that any applications to restrict a person's rights and choices would require a Court of Protection order. This would be necessary to ensure that legal authority had been sought for the delivery of care.

People's dietary intake was flexible based on people's individual needs and preferences, for example shopping for ingredients on a daily basis and choosing what they wished to eat. People who used the service purchased their

groceries, either independently or with the support of staff or relatives. People's involvement in the preparation and cooking of meals was dependent on their individual needs and where appropriate staff support was provided. People's records included assessments of risks to reduce the potential for risk in the kitchen, whilst recognising the promotion of people's independence.

One person's records indicated they required a soft diet. A Speech and Language Therapist (SALT) had been contacted who had assessed the person's needs and had provided a plan of care for the staff to follow. Plans of care reflected the support the person received. Staff spoke to us about how they supported the person with their diet and how they followed the guidance provided.

Is the service caring?

Our findings

Care Home

People who used the service shared with us their views about the staff, including their attitude and approach to them. People's comments included. "I'm happy here, the staff are nice and they look after me." And "I like the staff here, a group of us moved in together and it was nice that we were able to stay together and the staff are good to us."

We observed people being supported by staff throughout our inspection and saw people being supported in a caring manner. We noted positive relationships between people and staff which included laughter and conversation as well as the provision of support for people in going out to attend appointments and to access recreational services.

Staff were knowledgeable about people's lives prior to their moving into the service and had in many instances developed good relationships with their relatives and friends. We saw that staff were able to provide timely reassurance to meet people's needs and reduce their concern when they became anxious. People were supported by staff to access health appointments during the inspection. We saw one person telling the assistant manager that they were going to the doctor's later that day but they were unsure as to why. The assistant manager reassured them that it was for a routine health check.

Staff told us that they encouraged people to make decisions for themselves and promoted their independence by offering people choice, which included asking people whether they wanted to wear and what they wanted to eat. We observed people at lunchtime being offered a choice as to what to eat and drink.

People's plans of care were person centred in that they were specific to the person's needs. Staff told us they were committed to meeting people's individual needs. People were supported in a sensitive manner by staff when they required support with personal hygiene. Staff were seen to ask people what assistance they required.

Daily records included information about each person's day such as their involvement in activities outside of the service and contact with other people such as relatives, friends or professionals. This showed that people's views

were recorded and showed how people were involved in making decisions. One person told us they enjoyed the voluntary work they took part in weekly as they "Felt useful."

The lounge area where a majority of people chose to sit was located off a corridor linking all areas of the service. This meant the lounge area was very busy, with visitors and staff walking through the middle of the area. This impacted on people's privacy as people using the service could not control who had access to their lounge. We discussed this with the assistant manager, who agreed with our observations and said they would speak with people who used the service to ascertain their views about this. We saw the service had alternative communal rooms which were not used by many of those using the service. The assistant manager told us they would explore these options as part of their discussions with people who used the service.

We saw people asking staff for personal items which were kept in the office, which included money and cigarettes. We noted these items were kept in the office with the consent of the person as documented within the plan of care. We saw staff responding to people's requests without restriction. People in some instances accessed the community independently and systems had been put into place to promote their safety and welfare which enabled them to be independent and go out without staff support. This included the use of a mobile phone to advise the person when it was lunchtime and for them to contact the service if they were delayed or required assistance. Another person used a mobile phone within the service to request assistance from staff as this was their preferred method of communication and reflected their individual needs.

People's bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests. We noted staff did not enter a person's bedroom until they had knocked on the door and introduced themselves.

Supported Living

We spoke with one person who used the service who told us, "Sometimes I like to talk about issues as and when I want too. I speak with staff and my [relative]." They went on to tell us that the staff were helpful and supportive towards them.

Is the service caring?

We asked the provider to contact the relatives of people who used the service to see if they wanted to share their views about the service. The provider told us that people's relatives had declined but that they had said they were happy with the service provided.

We spent time with one person who was being supported. The person was interacting with the member of staff and we noted that they were relaxed in the staff member's company. The member of staff told us about the needs of the person and how they supported them in going out to a range of events which was something that the person enjoyed. The member of staff told us how they enjoyed working with people within the supported living accommodation as it enabled them to provide support which was individual to the needs of the person. They were able to tell us how they communicated with the person by observing their behaviour and gestures.

We saw that a variety of communication methods were used in order to support people and to ensure they were

involved in decisions about their care. One member of staff told us how they used pictorial cards to enable a person to communicate their views. People's plans of care included information as to how they communicated. They contained information that enabled staff to provide support, for one person who had difficulty with sleeping. Sleep therapy was used to help relax and calm them and a night light was used to provide reassurance.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes. The records we read showed how staff recorded people's day to day decisions. For example one person who used the service had decided that they no longer wanted to attend college and this had been acknowledged by the staff team who were supporting them in accessing other services. This showed how staff respected people's views in a supportive manner.

Is the service responsive?

Our findings

Care Home

Discussions with staff and records showed that people using the service were supported to maintain and develop relationships with their relatives and friends. People were supported by staff to visit family and friends, and welcomed visitors to the service. Relatives were encouraged to take part in people's day to day lives and decisions of people using the service with the person's agreement.

People's records included information as to their views, with reference to their strengths. These strengths and people's independence were promoted with people accessing community services independently, which included the use of public transport.

People's assessed needs and plans of care included information about people's preferences with regards to the lifestyle choices and the role of staff in supporting them.

One person told us that they enjoyed gardening and this had been something they had done when they moved into Knighton Manor Limited. They told us that they had grown a number of plants.

We observed some people going out into the community during our inspection, however we noted a number of people remained within the service. In the main people spent time in the lounge area with the television on, however we saw that a majority of people sat in chairs where their view of the television was obscured. Staff sat with people but there was minimal interaction by staff and those using the service. We did not see that staff offered people the option of taking part in activities. We discussed this with the assistant manager who told us staff were advised by the management team to engage people in activities and record their involvement. When we returned to the service as part of the supported living aspect of the inspection, we found changes had been made to the environment, which included additional pictures and items of interest for people to look at. Furniture had also been moved to enable people to have a clearer view of the television.

Minutes of 'resident meetings' showed people had expressed their views about activities. People had commented that they had enjoyed activities and events

which were provided by external entertainers who visited the service and had included musical events. People had enjoyed visits from the 'travelling zoo' with people commenting they particularly liked the dog and skunk, and visits from an entertainment company who provided a range of events to reflect seasonal events and themes. The minutes recorded people's participation in external events which had included trips to the theatre and cinema. Minutes recorded the discussion of forthcoming events which included festive celebrations. People's had asked for a 'games room' to include a snooker table and minutes had recorded this was being considered. Records showed that people's ideas were considered and acted upon.

Minutes of staff meetings showed that the views of people using the service were discussed. One meeting recorded that someone was not happy with the keyworker allocated to them and this had been changed. A second person had stated they wished to go shopping and staff discussed how this could be supported. Staff meetings were used to update staff on any changes to people's needs and the necessity for staff to read people's plans of care. Minutes also included information where outside health and social care agencies were involved which showed that the service responded to people's changing needs. The sharing and updating of information meant staff provided care and support which met peoples' changing needs.

People's assessments of people's needs had been carried out by a social worker prior to accessing the services of Knighton Manor Limited. Records also included an assessment which had been carried out by a representative of the provider. This enabled the provider to be confident that the service was able to meet the needs of the person whilst considering the impact a person moving into the service may have on those already receiving a service.

Plans of care had been developed from peoples' assessed needs and their views about their care had been incorporated, which included information on their personal history and preferences. People's needs were regularly re-assessed and the appropriate changes made to their plans of care.

One person who used the service had made a complaint. We saw that the person's comments had been documented as had the actions the provider had taken. Records showed that the provider had provided feedback to the person about their concerns and that the person was

Is the service responsive?

happy with the outcome. The service had not received any other information of concern. The complaints procedure was available in easy read and included contact details for duty social workers and the Care Quality Commission.

Supported Living

We spoke with a person who used the service and asked what they would do if they had concerns. They told us they would speak with staff and were aware of external agencies they could contact, which included Social Services. They told us who they would speak with would be determined upon the nature of the concern they had.

People's care and support plans provided information about the person, which included their hobbies and interests along with information about their lifestyle choices. People's assessment of need had been used to develop plans of care which were regularly reviewed and updated. People's plans of care included information about their day to day lives, hobbies and interests. Records showed people were supported to take part in activities of interest, which included visiting the park, swimming, going to college, visiting farms, painting and shopping.

Discussions with staff and records showed that people using the service were supported to maintain and develop relationships with their relatives and friends. People were supported by staff to visit family and friends, which included holidays with relatives and welcomed visitors to the service. People's relatives were encouraged to take part in their day to day lives and decisions of people using the service with the person's agreement, which included support with their finances.

People's records included information as to their views, with reference to their strengths and levels of independence. These strengths and people's independence were promoted with people accessing community services independently and with support, which included the use of public transport and services.

People's records showed that they were encouraged to undertake household chores, which included tidying their home, shopping, ironing and cooking, which meant people's independence was promoted.

People's plans of care included 'communication passports', which provided information as to how the person communicated. Where people did not have verbal communication skills, people's behaviours, facial expressions and gestures were detailed and information about what these meant and what the person was attempting to convey. This enabled staff to provide support and respond to people's requests.

We were introduced to someone who was moving into their home and we saw that the provider had allocated a member of staff to support the person, which showed how the provider responded to individual needs.

We asked the team leader how people who used the service influenced the service they received. They told us staff reviewed people's plans of care with their or their relative's involvement. We were also told that the provider sends out surveys seeking people's views. One person within the survey had stated they wanted to administer their own medication which had been supported by the provider, through the development of plans of care and assessments of risk to promote the person's independence.

Staff we spoke with told us how people using the service had developed friendships with others who used the service. They told us people invited each other to visit their homes for meals and to celebrate birthdays and other special events.

The complaints procedure was available in easy read and included contact details for duty social workers and the CQC. Complaints were recorded and there was evidence of comprehensive investigations of concerns. We were told by the team leader that any action arising from the complaint would be discussed within a staff meeting and used to develop and review policies and procedures. The team leader had written to staff to advise them of changes to policies and procedures and we saw evidence of the staff disciplinary policy being implemented.

Is the service well-led?

Our findings

Care Home

People who used the service had the opportunity to attend meetings to share their views about the service. Minutes of 'resident meetings' included a welcome to people who had recently moved into the service. Regular meetings had taken place and where people chose not to or were unable to attend meetings individual discussions were held with them. People's views were sought through quality assurance surveys. Minutes of meetings, quality assurance surveys and the complaints procedure were provided in pictorial form for the benefit of people using the service.

The assistant manager demonstrated their enthusiasm and commitment to those who used the service. They had a good understanding of people's needs and they demonstrated how they worked with other agencies. This enabled people receiving a service to have their needs met, with consideration to their rights and choices and the promotion of their independence.

Staff we spoke with told us they attended meetings which were regularly held and said they were actively encouraged to share their views about the service. A member of staff said "We talk about our ideas and they [provider and management team] listen and take on board our ideas. Minutes of staff meetings showed staff discussed the day to day running of the service, which included the importance of team work, health and safety issues and on-going training along with the needs of people who used the service. Minutes also acknowledged the effectiveness of team working and expressions of thanks were expressed to the staff team by the provider.

The minutes of staff meetings recorded how the provider had visited the service to identify where maintenance improvements were required. On the day of our inspection maintenance work, which included decoration was taking place.

Staff said that their supervision and appraisal by the management team provided them with an opportunity to discuss any issues of concern and to discuss their personal development. A member of staff said "The management team are supportive and happy to talk to us about any issues. Supervisions gives us the opportunity to talk about our training."

The assistant manager told us they had sent out questionnaires to people and we looked at the outcome of the most recent audit. People's views had been collated and shared with people who had been involved, the information included the actions the provider would take in response to people's comments, which had been addressed on an individual basis.

We asked staff for their views about the management and leadership of the service. They told us "They're always available if you need them." And "We get good support." Staff told us that they felt there was a good team of staff working at the service who worked together well.

The service had a registered manager in post, however they were not at work on the day of the inspection. The assistant manager facilitated the inspection. There was a clear management structure in place which included team leaders, senior support workers and support workers. The assistant manager was supported by the provider who regularly visited the service.

The provider advised us that they had recently entered into a contract with a company who would be providing support in relation to human resources, which included the reviewing and updating of policies and procedures as well as support and auditing of finances along with health and safety audits.

Supported Living

Staff had regular contact with the relatives of some of the people who used the service, which provided an opportunity for people's relatives to comment on the service. Records showed people were supported by their relatives and that their views were considered when developing and reviewing plans of care.

The team leader showed us the results from surveys which had been sent to people who used the service and/or their relatives. One person we spoke with told us they had requested that their home be decorated. The provider's records showed that they had approached the landlord of the property, this showed that people's views were listened to and where necessary relevant external agencies were contacted.

A member of staff we spoke with told us they attended meetings which were regularly held and said they were actively encouraged to share their views about the service. Minutes of staff meetings showed staff discussed the day to

Is the service well-led?

day running of the service, which included the importance of providing support to people, the need to maintain records and health and safety issues. Minutes also acknowledged the effectiveness of team working and expressions of thanks were shared with the staff team by the provider.

A member of staff told us that they were supervised and had appraisals which were carried out by the team leader.

They told us that the team leader was supportive and worked alongside them and those who used the service. They told us that the staff team worked well together for the benefit of people who used the service.

The service had a registered manager in post, however they were not at work on the day of the inspection. The assistant manager and team leader facilitated the inspection. There was a clear management structure in place which included team leaders and support workers.