

Langley House Trust

The Knole

Inspection report

23 Griffiths Avenue
Cheltenham
Gloucestershire
GL51 7BE

Date of inspection visit:
21 August 2019
28 August 2019

Date of publication:
23 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Knole is a residential care home providing care and support to 13 people at the time of the inspection. The service can support up to 15 people in one adapted building.

People's experience of using this service and what we found

Through implementing a person-centred model of therapeutic care and support the service had developed an outstandingly caring person centred culture which placed a strong emphasis on developing positive relationships with people and supporting them emotionally. Staff excelled at supporting people, regardless of their history and life choices as individuals worthy of respect and compassion.

The service was responsive to people's individual beliefs, preferences and needs.

People were safeguarded from the risk of abuse and those associated with their care. People were supported by sufficient numbers of staff.

We found the environment of the care home was clean, had been well maintained and was adapted for its purpose.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People were involved in the planning and review of their care. People were supported to maintain contact with their friends and relatives.

Within the structures and boundaries of therapeutic care, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality monitoring systems were in operation. The registered manager was visible and accessible to people and their visitors.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our responsive findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our responsive findings below.

Good ●

The Knole

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Knole is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one person who had previously used the service about their experience of the care and support provided. We spoke with the registered manager, the deputy

manager, the third in charge, two support workers, the chef and the area manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought the views of health and social care professionals involved with people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Two people told us how they felt safe living at The Knole and emphasised the importance of this.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures using the providers dedicated whistleblowing telephone service. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments included risks relating to people's mental health, leaving the premises and outings into the community, they had been reviewed on a regular basis. Staff we spoke with were aware of the risks to people and how these should be managed. A professional told us, "The staff are very much now aware of risk and how to manage such risk."
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks. A recent fire drill had been carried out during the evening to test staff responsiveness when managers were not on site. One person had fire alarm devices adapted for their sensory needs. People had received fire training and health and safety issues were discussed in client meetings.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans where the need was identified and information had been prepared for use in the event of people going missing.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. The registered manager explained how staffing hours were calculated. Since our previous inspection, waking night staff had been increased to two. Where agency staff were used they were deployed at night to ensure consistency of support during the day.
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. We examined four staff recruitment files. For one applicant information had not been sought about their conduct and reasons for leaving previous employment providing care and support. We raised this with the registered manager. They acknowledged this should have been done and immediately put measures in place to obtain this information and ensure this practice would be followed with future

applicants. People were involved in the selection of staff through the interview process.

Using medicines safely

- People received their medicines as prescribed. People told us they were satisfied with how their medicines were managed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures.
- Staff responsible for administering medicines and had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example, pain relief. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation.
- Some hand-written directions for giving people's medicine had not been signed or checked for accuracy in line with the provider's medicines policy. We raised this issue with the registered manager who took action to ensure all staff would follow the policy and checks would be made through the audit tool to ensure this was being followed.
- To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels. Since our previous inspection there had been changes to how people received their medicines. This was now carried out on an individual basis using an office to provide a quiet and private place for people to take their medicines. Subject to risk assessment some people stored their medicines in their own rooms and managed the administration of these independently.

Preventing and controlling infection

- When we visited we found the care home was clean. People told us it was kept clean and they were involved in cleaning their individual rooms.
- The latest inspection of food hygiene by the local authority in October 2018 had resulted in the highest score possible. Staff had completed food safety training.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. Incidents were analysed and any lessons learned recorded and acted upon. One incident resulted in a person being referred to mental health services for review. Other incidents analysed confirmed the service had used an effective response. Support was available for staff including professional support following incidents they were involved with.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed which included their involvement and that of relevant professionals.
- People were able to visit the service before moving in as part of their assessment to ensure suitable placement.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, first aid, equality and diversity, managing challenging behaviour and nationally recognised qualifications such as the Care Certificate.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. Staff also attended meetings to support their therapeutic work with people. Staff told us they were "well-supported".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals provided. People were supported by a chef to maintain a balanced diet beneficial to their needs. It had been recognised the medicines some people took may have an effect on their physical health and diets were planned to compensate for this. Positive outcomes for managing people's health had been reported.
- People had input into creating menus. These changed on a weekly basis and included a vegetarian option. World food nights enabled people to try dishes from different countries.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health, they were registered with a local GP and a dentist. Records showed where people had attended appointments and received treatment.
- People's care plans included actions for staff to follow to support people's mental health. A professional commented, "There is always an open flow of appropriate information between agencies which allows there to be a joined up approach in the management of such challenged clients."

Adapting service, design, decoration to meet people's needs

- The service was innovative in adapting the environment to meet people's individual needs. Listed building status meant there were restrictions on alterations to the premises. However, two people had been provided with ensuite toilet and bathroom facilities in response to their individual needs. One person had been allocated a room to engage in hobbies relevant to their personal identity.

- The service was undergoing accreditation with the Royal College of Psychiatrists enabling environments to ensure an environment was being provided to promote the wellbeing of people using the service.
- People were involved in choosing the décor of the premises and were involved in the work of redecoration resulting in more pride and care in the care home environment.
- The garden had been redesigned with a new layout, this had been achieved with money raised by staff. The Garden provided a space for social events and for people to grow vegetables which were used in the kitchen. People's work in the garden had been celebrated in a garden open day.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans reflected people's ability to consent to receiving care and support. At the time of our inspection one person had an application to deprive them of their liberty which was waiting a decision with the supervisory body. Staff had received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Through implementing a person-centred model of therapeutic care and support the service had developed an outstandingly caring person centred culture which placed a strong emphasis on developing positive relationships with people and supporting them emotionally. Staff excelled at supporting people, regardless of their history and life choices, as individuals worthy of respect and compassion.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were particularly sensitive to times when people felt distressed. People had detailed mental health and emotional well-being care plans for staff to follow. One person responded well when staff engaged them in activities when they were distressed. A professional told us "Staff are required to deal with complex emotional cases and they demonstrate appropriate empathy". Another professional commented on "the enormous respect shown to the people who are living there."
- Meditation and mindfulness classes had been introduced to help people manage anger issues and these were found to have been beneficial.
- The service was undergoing accreditation with the Royal College of Psychiatrists' Enabling Environments to ensure an environment was being provided to promote the wellbeing of people using the service.
- There was a creative and highly individualised approach to supporting people with bereavement. Where people were unable to attend family funerals staff would ensure people were supported through their bereavement. The use of the garden, as a place to remember family members through planting memorial trees, had helped some people to grieve.
- We saw how staff responded positively to a person who dressed according to their gender identity using a compassionate and non-judgemental approach. People told us staff were respectful and polite. A professional commented, "I have only witnessed good practice towards the client group when I have been in the building".

Supporting people to express their views and be involved in making decisions about their care

- The service was outstanding in enabling people to express their views about the care and support they received.
- One person had been selected as a client representative, as part of this role they attended a national conference organised by the registered provider. In addition to reviewing policies and procedures, they informed key service decisions. One person described how people had brought a motion forward for replacing the description of them as 'service users' with 'clients' and this had been successfully adopted.
- People were involved in decisions about the care and support they received through reviews and weekly meetings with key members of staff.

- People were able to use the services of advocates with information available about an advocacy service. Advocates help people to express their views, so they can be heard.

Respecting and promoting people's privacy, dignity and independence

- The service placed a strong emphasis on supporting people to develop their independence and learn new skills. A professional commented, "The ability to balance the management of risk in a very personalised way while still supporting the development of independence is outstanding."
 - One person who had successfully moved on from the service described how the support they received from staff had enabled them to develop the skills to achieve independence, take up voluntary work and gain employment. Their achievements had been recognised in an award from the registered provider which they proudly showed us. They told us without the staff support "I wouldn't be where I am now". They also told us how their confidence had grown as they gained new skills, with staff using role play to prepare them for life in the community.
 - People could develop their independence with meal preparation, budgeting and healthy eating with staff support and the use of a separate dedicated kitchen. People had been helping to redecorate a church, learning skills in painting and decorating. People's individual achievements were celebrated with certificates awarded.
 - People were able to take responsibility for their own safety through fire safety training and discussing health and safety at client meetings.
 - Staff showed an awareness of respecting people's privacy. They checked with people if they were happy for us to view their rooms when we looked over the care home. People told us staff knocked on their room doors and waited until asked to enter.
 - People were enabled to have keys to their individual rooms if indicated by risk assessment and their agreement.
 - People were supported to receive visitors with a room available for people to meet their visitors in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was responsive to people's individual beliefs, preferences and needs.
- A system of care plan pathways recorded people's progress in meeting their intended goals which were celebrated through certificates. For example, one person had achieved their goal of visiting a wildlife park and feeding animals. Other people had attended dance classes and yoga classes and a gym. Staff could share information about people's goals with them by the use of electronic tablet devices, this enabled information to be discussed and shared with people on a flexible basis anywhere in the care home and the grounds.
- One person told us how staff had been supporting them with outings in the community taking this a step at a time and working with the goals the person felt comfortable with.
- Meditation and mindfulness classes had been introduced to help people manage anger issues and these were found to have been beneficial.
- Individual information was included in people's care plan folders for staff to reference, this included hobbies and interests, hopes and desires and people's important routines.
- Staff positively supported one person with their gender identity and had set aside the use of a room for the person to follow their interests related to this.
- In order to ensure people received enough support to take part in activities and pursue hobbies and interests, volunteers had been recruited to work with people in areas such as cooking, art work, social skills and attending church.
- People's religious needs and beliefs were known to staff who supported them to follow these. One person was supported to attend church on a regular basis. An area of the garden, known as the peace garden, had been used for one person's baptism. A quiet room was available for prayer for any faith.
- Recreational activities were organised such as trips out with destinations chosen by people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. Menus and activities information had been prepared and were in use in an accessible format. One person had a diary with their planned activities recorded which was suitable for their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to maintain contact with friends and family where appropriate. One person was supported to maintain telephone contact with a long term friend. Staff were aware of the importance of the relationship and supported the person by keeping a check on their mobile phone credit.

Improving care quality in response to complaints or concerns

- A system was in place to manage complaints appropriately but no complaints had been received since our last inspection visit.
- Information was available to people on how to raise a concern or complaint. People were able to raise concerns and issues for improvement through regular meetings. Minutes of meetings showed how people had raised issues about the maintenance of the care home environment and in turn, how they were updated about progress on previously raised issues.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. If a person required end of life care arrangements would be made for this to be provided at another service operated by the registered provider if this was appropriate. Information about people's end of life wishes and funeral arrangements had been recorded where this was known.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear vision for the delivery of the service which was clearly communicated to staff. A professional commented, "excellent, highly skilled and knowledgeable staff who have a clear set of shared values".
- The registered manager and senior staff were visible and accessible to people using the service, staff and visitors. A recent development had resulted in a management presence in the care home at weekends. Plans were also being considered to ensure the future leadership of the service with senior staff stepping up a role while the registered manager was on secondment at another service.
- People and staff were positive about the management of the service. Staff told us the registered manager and senior staff were approachable. Professionals described the registered manager as "approachable and knowledgeable" and "successful in achieving a positive shift in how the house is managed."
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The registered manager described recent challenges such as recruiting and retaining suitable staff.
- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. The area manager provided further scrutiny of the quality of the service through visits resulting in reports and action plans. Areas covered included health and safety, medicines management, risk management and staff training. Where we raised issues around staff recruitment and medicine records the registered manager swiftly introduced improvements to audits in these areas.
- The registered manager kept up to date with current practice through academic courses and involvement with the work of outside agencies including professional education courses.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- User friendly feedback forms had recently been developed for people using the service.
- People were involved in presenting the work carried out at The Knole at events aimed at other agencies. People had accompanied the registered manager and taken part in talks to local churches and lectures to professional training courses.
- The registered manager described areas of development for the service such as acknowledging the need for a service specific to the needs of people with gender identity issues.