

Alder Meadow Limited

The Knoll

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Knoll is a 'care home' and provides accommodation and personal care for up to 34 older people living with dementia. At the time of our visit 21 people were using the service.

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

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.

People's care was based on an assessment of their needs and their choices. People were supported to regularly access health care services to maintain their wellbeing.

People's dietary needs were met. People told us they enjoyed the food and drink at the home. We observed staff supporting and encouraging people with their meals and where needed give them assistance to eat and drink.

People's care plans were person centred and contained details about how they should be supported. We witnessed staff following this guidance. Staff we spoke with understood people's support needs and how to communicate effectively with them.

Staff reported feeling happy in their roles and told us staff morale was improving. They told us communication was getting better and that they had handovers at the start of each shift to discuss key information.

Systems of governance were robust. We saw evidence of improvements made and learning from any actions identified. Systems used to monitor the quality of care delivered by staff were effective.

People, relatives and staff were engaged in the running of the home. Staff told us they felt supported and said managers were always available.

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

Rating at last inspection

The last rating for this service was Good (published 16 January 2019).

Why we inspected

We received concerns in relation to the management of people's care needs (person centred care). As a result, we undertook a focused inspection to review the Key Questions of Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Knoll on our website at www.cqc.org.uk.

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 effective? Good

The service was effective.

Please see our effective findings below.

Is the service well-led? Good

The service was well-led

Please see our well-led findings below.

The Knoll

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 and an assistant inspector.

Service and service type

The Knoll 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

The inspection was unannounced.

What we did before the inspection

We reviewed all information we held about the service including past inspection reports and information the provider had sent us about incidents which had occurred. We asked the registered manager to send us some information about the service when we received concerns around peoples care. We used all of this information to plan our inspection. We also received feedback from a local authority commissioner.

During the inspection

We spoke with two people who used the service. We spoke with eight staff including, the registered manager, the deputy manager, the area manager, a domiciliary worker, a maintenance worker and three members of care staff. We looked around the premises to check on maintenance and cleanliness. We

reviewed a range of records including three people's care plans. We looked at records relating to staff recruitment, staff training and support and records in relation to the involvement of health professionals. We also looked at the systems in place to monitor the care and support delivered by staff and those used to monitor and improve quality in the service. We reviewed records in relation to concerns and complaints and reviewed a range of compliments left by relatives of people using the service with the registered manager and online.

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 good. 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

- There was a holistic approach to assessing, planning and delivering care and support. Best practice guidance had been referred to. People's oral health was fully assessed on entry to the care home in line with current guidelines and there were detailed oral health care plans in place.
- The service had implemented an electronic care plan and recording system since our last inspection. The registered manager told us this was more effective in planning people's care and treatment. The new system provided staff with daily prompts for tasks such as maintaining a person's fluid intake or supporting them to brush their teeth.
- The registered manager demonstrated how the electronic system was being used to ensure people's care and support was provided in line with their assessed needs and personal preferences.
- Staff we spoke with clearly knew the needs of the people they were supporting. We observed a variety of staff interacting with and supporting one resident with very specific needs throughout our inspection. All interactions were person centred, caring and met the person's assessed needs as detailed in the persons care plan.

Staff support: induction, training, skills and experience

- People thought the staff were effective in their roles. Comments included, "Staff are very good, they are very nice." and "We are well looked after, it's a lovely place." We observed care workers supporting people to transfer from one position to another using specialist equipment. These transfers were completed safely and effectively whilst maintaining peoples dignity.
- New care workers were supported with an effective induction and to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers. One member of staff told us, "My induction was spot on, it's been explained in full detail what my role is and what I will be doing."
- The registered manager told us staff received ongoing support and supervision from the managers at The Knoll. We viewed a variety of records in relation to staff support during our inspection which confirmed this. Staff told us they received regular supervision from the managers.
- Training was provided in subjects such as moving and handling, fire safety, medicines, infection control, end of life, oral health, safeguarding adults and skin care.

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

- People's dietary needs were met. People told us they liked the food and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is very good." Another

person told us, " We always get a cooked lunch and have a choice of sandwiches or soup at teatime."

- Staff were aware of people's dietary needs and preferences. During the inspection, we observed people being given choices of food and drinks. Food was presented in portion sizes that reflected people's appetite.
- The kitchen was clean. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.
- The electronic care plan system ensured that people's nutritional and hydration needs were kept under constant review. The registered manager told us how they were able to review a person's nutritional and hydration intake over a set period. This ensured that when people were referred to other health professionals such as a GP they had access to up to date and accurate information about the person.
- The registered manager ensured staff were aware of current best practice in relation to people's nutritional needs. The head chef at The Knoll was leading on training in the use of fortified food for people who needed extra calories, thickened drinks and the importance of supporting people with any modified diets.

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

- The service worked together and with other healthcare professionals to achieve positive outcomes for people. Staff recognised changes in people's health and sought professional advice appropriately. Records showed staff contacted the local GP and health care professionals promptly and had followed their advice.
- Communication in relation to people's changing healthcare needs was effective. Heads of every department met daily to provide an update of their area of work and to discuss any changes in people's needs and agree any actions required.
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.
- Records showed that people had support to access nail and foot care. One person told us, "Someone comes in and does our nails."

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

- People's bedrooms were individualised with pictures, paintings and small items of furniture.
- The service had adapted a bedroom for the specific needs of people who were admitted for short-term care. The room had been redecorated and adapted so, if needed, two people could stay in the same bedroom as they may do in their own home.
- We spoke with the staff member in charge of maintenance at The Knoll. They guided us around the home and showed us areas that had recently been refurbished and those areas that were next to be decorated.
- People told us that The Knoll was a homely place to live. One person told us, "We are well looked after, it's a lovely place" and another person said, "It's cosy enough."

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The provider had made appropriate applications for DoLS when these were needed. Staff understood the individual ways people gave or withheld consent when they were not always able to communicate verbally.
- The electronic care plan system gave staff clear information in relation to a person's capacity to make a decision in all key areas such as what to wear, what to eat and consenting to personal care. Access to assessments in relation to people's decision making capacity was available electronically.
- People were encouraged to make choices about how and where they spent their time, what they may want to eat and when they had snacks or drinks. Care plans contained information to help staff understand how each person might communicate their needs and choices whilst using the service.
- When people could not easily express their needs, care plans used information from those who knew the person well, for example, family members, primary carers and professionals involved in the person's support.

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 Requires Improvement. At this inspection this key question has improved to Good. 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

- The registered manager worked alongside other staff to make sure their ethos was put into practice. Staff commented on how much they appreciated the 'hands on' approach of the registered manager. One staff member said, "She's [registered manager] helped me a lot."
- Staff we spoke with said they thought there was good teamwork at the home and everyone worked together to support people. The registered manager and provider were open and approachable. One member of staff said, "You can go and talk to [name of registered manager], she'd help you out. She said to us, "if you ever struggle, come and talk to us." Another said, "We work as a team. Some people are new to working in care, but it's okay."
- We saw how staff had built up positive relationships with each other and with the people who lived at The Knoll. One member of staff regularly brought in sweet "treats" for other staff and people to boost morale. The registered manager told us how staff, in all roles, had built up rapport with people. This had led to a better understanding of people's needs and preferences. Information about this was effectively shared to promote consistent and person-centred care.

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

- People lived in a home where there was a clear management and staffing structure. There was always senior staff on duty or on call, which meant people's care was consistently monitored. The registered manager told us their role was to make sure high standards were maintained.
- People benefited from a provider who had clear systems to monitor quality and plan on-going improvements. There was a series of audits completed each year and an annual quality and compliance audit completed by the provider. An action plan was implemented to highlight and plan any improvements needed. Progress on the action plan was monitored by the operations manager to ensure improvement actions were made in a timely way. We saw that the operations manager had checked the completed actions and signed the action off as completed.
- The registered manager was very visible in the home which enabled them to constantly monitor the standard of care received by people and address any shortfalls. Since taking up their post the registered manager was arranging additional training and competency checks for all staff.

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 registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. They ensured information was given to local commissioners and safeguarding teams when there was a serious injury to someone.

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

- The registered manager had a good knowledge of the people who lived at the home and their preferred routines. They worked alongside other staff which enabled them to constantly seek people's views, and ensure the staff worked in accordance with people's preferences and lifestyle choices. Staff worked with people's families to make sure everyone's views were listened to.
- People received a good standard of care and support because staff worked with other professionals to make sure people's needs were met. Staff told us they had excellent relationships with local healthcare professionals which enabled them to seek advice and support for people.