

The Knowle Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

A scheduled inspection took place on 21 February 2017 and was announced. The registered provider was given short notice of our inspection. We did this because this was a small service and the registered manager was sometimes out of the office and we needed to be sure that a senior member of staff would be available. The service was last inspected on 13 October 2015.

The Knowle Limited is registered to provide accommodation for up to 13 people, some of whom may have mental health problems or learning disabilities. The main building was formerly two Victorian villas that have been renovated to form one large house. All bedrooms are single. Communal areas and bathing facilities are provided. At the time of the inspection there were nine people living at the service. One person was in hospital at the time of our inspection.

There was a registered manager for the service in post at the time of 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan telling us about the action they would complete to reach compliance. At this inspection we checked to see if sufficient improvements had been made. We saw some improvements had been made at the service to safeguard people from harm. However, we found one safeguarding concern had not been reported appropriately to the local safeguarding authority. This showed that further improvement was required.

We found a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

We found a few people's risk assessment and care plans would benefit from containing more information about their early warning signs of a potential relapse and becoming unwell.

We saw the process in place to ensure incidents were reported appropriately to the Care Quality Commission required improvement.

People and staff we spoke with did not express any concerns regarding the staffing levels at the service.

We saw that appropriate pre-employment checks had been carried out to ensure staff were of good character and suitable to work with vulnerable adults.

The service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

People we spoke with were satisfied with the quality of care they had received and made positive comments about the staff.

People we spoke with told us they had been fully involved in their care planning and actively involved in any reviews.

In people's records we found evidence of involvement from other professionals such as doctors and community psychiatric nurses (CPN).

People's individualised diets were being met. We received positive comments from people we spoke with about the quality of the food.

Staff were supported to deliver care safely and to an appropriate standard.

Staff had undertaken training to give them the skills and knowledge to carry out their roles effectively.

People we spoke with said they were treated with dignity and respect.

People we spoke with were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

The service actively sought the views of people living at the service to continuously improve the service.

There were processes in place to monitor the quality and safety of the service. However, we saw some processes required improvement.

We saw the system in place to ensure policies were reviewed so they reflected key legislation and guidance required improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe in some areas.

Although people told us they felt safe, we found that people were not always safeguarded from the risk of harm. During the inspection we saw that one safeguarding concern had not been reported appropriately.

We found there were arrangements in place to ensure people received medicines at the right time.

Is the service effective?

Good ●

The service was effective.

People we spoke were satisfied with the quality of care that had been provided.

People were supported with their health and dietary needs, where this was part of their plan of care.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

There was a range of information available in the reception area of the service including details of advocacy services available for people to contact.

Is the service responsive?

Good ●

The service was responsive.

People we spoke with told us they had been fully involved in their care planning and actively involved in any reviews.

People were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Is the service well-led?

The service was not well led in some areas.

There were processes in place to monitor the quality and safety of the service. However, we saw some processes required improvement.

The system in place to ensure policies were reviewed so they reflected key legislation and guidance required improvement.

The service actively sought the views of people living at the service.

Requires Improvement 

The Knowle 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.'

This inspection took place on 21 February 2017 and was announced. The provider was given short notice of our inspection. We did this because the service was small and the registered manager was sometimes out of the office and we needed to be sure a senior member of staff would be available. The registered manager was on annual leave so we spoke with the deputy manager. The inspection was carried out by an adult social care inspector and a specialist advisor. The specialist advisor was a registered nurse who was experienced in the care of people with mental health issues.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make."

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with two people living at the service. Some people living at the service chose not to speak with us. We spoke with the deputy manager, the finance officer and two care workers. After the inspection we contacted the registered manager to obtain some further information about the service. We looked around different areas within the service, the kitchen, communal areas, bathroom, toilets and some people's rooms.

We reviewed a range of records including the following: four people's care records, three people's medication administration records, three people's financial administration records, three staff records and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan telling us about the action they would take to reach compliance. At this inspection we checked to see if sufficient improvements had been made.

We found some improvements had been made. For example, we saw there was a process in place for staff to record any incidents that occurred at the service. Staff had undertaken safeguarding training since the last inspection. Staff we spoke with were knowledgeable about their roles and responsibilities in keeping people safe from harm.

However, we found further improvements were required. Whilst reviewing the service's incident records we found one safeguarding concern had not been reported appropriately to the local safeguarding authority and the Care Quality Commission. This showed that further action was needed to ensure the service followed the local safeguarding protocols and people were safeguarded from harm. We also saw a few examples that when an incident occurred this was not always reflected in the person's risk assessments. We shared this feedback with the deputy manager.

Some people living at the service were supported to manage their monies. We saw that a balance check for each person's spending account was regularly completed by the deputy manager. At the last inspection we noticed that a bank reconciliation was not undertaken; this check compares the amounts withdrawn to those deposited into a person's bank account. It can also highlight any unusual activity in an account. The service's finance officer told us a bank reconciliation was not completed on a regular basis. We reviewed a sample of bank records for people living at the service. We saw one person's bank records showed a withdrawal which had been refunded for the same amount on the same day. The finance officer was unable to provide an explanation for these transactions. This showed the auditing processes in place to safeguard people from financial abuse required improvement. After the inspection we contacted the registered manager, they told us this had been an error. They assured us a regular bank reconciliation would be completed for each person supported to manage their monies.

We saw the service's policy and procedure for managing service user's monies required updating. For example, there was no guidance in place for staff to follow regarding the use of store point's cards when purchasing items for a person living at the service. Staff should not obtain points as they have a monetary value.

Our findings showed the provider had not ensured they have, and implement, robust procedures and processes that make sure people are protected.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

We found a few people's risk assessment and care plans would benefit from containing more information about the early warning signs of a potential relapse 'a relapse signature' and becoming unwell. We spoke with the deputy manager who assured us they would contact each person's community psychiatric nurse to obtain this information and guidance on how staff should respond. Some people may display behaviour that can challenge others when they are becoming unwell. It is important that staff have clear guidance in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety. The deputy manager told us they would also speak with people to ask them how staff should support them if they were becoming unwell.

People we spoke with did not express any worries or concerns about their safety and told us they felt safe. People and staff we spoke with did not express any concerns about the staffing levels at the service. We checked the staff rota for the month prior to this inspection and found no concerns in relation to the staffing levels at the service.

Whilst not observing the administration of medicines we looked at the medication administration records (MAR) charts for people using the service. We saw the medication administration records (MAR) sheet was complete and contained no gaps in signatures for the administration of oral medicines. We saw that medicines were stored safely at the service. We noticed that one person was refusing a medicine to help them sleep on a regular basis. We spoke with the deputy manager; they told us the person often refused the medicine as they felt they did not need it all the time. The deputy manager told us they would contact the person's GP to seek advice regarding changing the prescription to being taken only 'when required'.

The service had not recruited any new staff since the last inspection in 2015. We looked at the service's recruitment and selection policy which had been reviewed in 2016. We saw it needed to be updated so it identified all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We shared this information with the deputy manager. After the inspection the registered manager assured us that the policy would be reviewed.

We looked at the safety of the building. We found the registered provider had up to date certificates for all aspects of the building, including fire equipment, legionella checks and the servicing and safety of equipment which was in use in the service. At the last inspection we saw that some of the windows on the higher level floors did not have a restrictor in place to minimise the risk of a person falling out the window. At this inspection we saw the provider had made improvements to the property by ensuring window restrictors were in place.

At the last inspection the registered manager told us a sheltered smoking area was going to be available in the garden, this would help encourage people not to smoke inside the building. At this inspection we saw a sheltered smoking area was not available for people to use. We saw some people had become accustomed to sitting on the steps at the front of the building to smoke. People we spoke with told us they would like a sheltered smoking area to be available for them to use. We shared this feedback with the deputy manager; they assured us this information would be shared with the registered manager.

People we spoke with did not raise any concerns about infection control. The service was clean and we did not identify any concerns in regards to infection control during the inspection.

Is the service effective?

Our findings

People we spoke with told us they were satisfied with the quality of care they had received. Their comments included: "I would rather be in my own house, but everything is okay living here" and "It's very nice here because I can smoke when I want to outside. It's not as strict as it was when I was in a care home. I also like it because it's less intrusive because there's less people here and I can have my own key."

People were supported with their health and dietary needs, where this was part of their plan of care. In people's records we found evidence of involvement from other professionals such as doctors and community psychiatric nurses (CPN).

Staff told us they were supported to extend their knowledge and develop new skills. Staff received ongoing training. We saw that staff would benefit from receiving specialised training in mental health conditions such as schizophrenia to extend their knowledge. We shared this feedback with the deputy manager.

We saw that people's individualised diets were being met. During the inspection we saw people coming into dining/kitchen area to make themselves drinks. People we spoke with were satisfied with the quality of the food provided at the service. People told us they use to cook for themselves when they lived at home. They told us staff cooked the meals at the service. We saw people could be more actively involved and encouraged to participate in the preparation and cooking of meals at the service. We shared this feedback with the deputy manager.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People we spoke with told us they had a key to the front door and their bedroom and they were free to come and go as they chose. If they were planning on staying overnight with family or friends they just let the staff know.

Staff spoken with told us they felt supported to deliver care safely and to an appropriate standard. We saw staff working at the service received supervision and an appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff. Their comments included: "Staff are all nice here and I can talk to them if I want to" and "The staff are nice and they always listen."

The deputy manager told us people visited the service before deciding whether they want to come and live there. It was an opportunity for them to meet the staff and have a look round the building to see if it was suitable.

There was a range of information available in the reception area of the service including details of an advocacy service available for people to contact. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. There were also details of the dignity champion at the service, who was the deputy manager. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

People told us they were treated with dignity and respect. Staff respected their privacy and always knocked on their door. During the inspection staff were observed to knock on doors prior to entering and gaining consent to enter.

We overheard staff chatting with people whilst they were sat in the kitchen areas having a drink. Throughout our inspection the atmosphere within the service was calm, supportive and friendly. If a person became anxious, a staff member would stop the task they were completing and provide reassurance to the person.

People told us they could choose how to spend their time. One person described their plans to us for the week, which included visiting a friend. They also told us about what they were planning to buy, when they had saved up enough money.

People had personalised their rooms and they reflected their personalities and interests. One person showed us around their room and told us about the things they liked to collect. Another person told us they were asked what colour of paint they would like on the walls of their room. The deputy manager described how they had accompanied one person to a local store as they wanted to change the furnishings in their room. These examples showed that people had choices which were respected.

All the staff we spoke with told us they enjoyed working at the service. Staff knew people really well and were able to describe people's individual likes and dislikes and what community activities they like to do. One staff member told us they treated each person like they would a family member.

Is the service responsive?

Our findings

People's care records showed people had a written plan in place with details of their planned care. People we spoke with told us they had been fully involved in their care planning and actively involved in any reviews. We saw care plans were detailed and person centred, but they did not show how the person had been actively involved in their care planning. For example, the person had not been asked to sign and date their care plan. We saw a monthly review of care plans was completed with the person, but there was little evidence to show how care plans were evaluated to confirm why the care plan did not need to change. We spoke with the deputy manager, they assured us they would include more details in the monthly review record; care plans would be signed and dated.

We saw that significant dates were celebrated at the service. For example, people's birthdays and Christmas. There were no regular planned activities within the service, the service's focus was that people were free to participate in activities within the community and encouraged to maintain hobbies and interests. On the day of the inspection one person was out working. One person told us they went out every day and described their plans for the week. We saw some people living at the service would benefit from more planned activities within the service to get involved in.

The service's complaints policy and procedure was on display in the reception of the service. The complaints policy and procedure had been reviewed by the provider in 2016. We saw the procedure had not been sufficiently reviewed. For example, it did not include details of the ombudsman people could contact if they were not satisfied with the outcome of a complaint. We shared this feedback with the deputy manager. After the inspection the registered manager assured us the policy and procedure would be reviewed.

People we spoke with were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken. The service had received one complaint since the last inspection. We saw the concerns had been investigated and a written response had been provided by the registered manager. We also saw action had been taken to resolve the person's complaint.

Is the service well-led?

Our findings

We found the service was not well led in some areas and required improvement. At the last inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan telling us about the action they would complete to reach compliance. During the inspection we found the registered manager had not reported a safeguarding concern to the local authority. This showed the provider had not fully embedded these actions into service practice.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. However, we saw that we had not been notified about two incidents that had occurred at the service.

There were processes in place to monitor the quality and safety of the service. However, we saw the process in place to audit care plans requirement improvement. For example, we found that some care plans had not been signed and dated by people or staff. During the inspection we also found it difficult to read some people's daily records. It is important that records are legible and easy to read. We shared this feedback with the deputy manager.

We also saw the process in place to ensure policies and procedures were updated and reviewed so they reflected key legislation and guidance required improvement. These policies and procedures promote the safety of people living at a service.

Staff felt well supported and able to carry out their roles. Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

The service actively sought the views of people living at the service to continuously improve the service. The service had sent out a quality assurance survey to people living at the service in December 2016. The service held regular meetings with people living at the service. We looked at the minutes of the meetings held in September 2016 and January 2017. We saw that a range of topics had been discussed including adult abuse, respect and dignity, the menu and smoking inside the building. People had made suggestions for changes to the menu and as a group they had agreed for these changes to be made. People were invited to raise any concerns and also to comment on what was going well.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured they have, and implement, robust procedures and processes that make sure people are protected.</p>