

Alder Meadow Limited

The Knoll

Inspection report

335 Stroud Road
Tuffley
Gloucester
Gloucestershire
GL4 0BD

Tel: 01452526146

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

We inspected The Knoll on 4 December 2018. The inspection was unannounced.

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

The Knoll is situated on the side of Robinswood Hill and is situated in large grounds with views overlooking Gloucester. This was an unannounced inspection.

We last inspected the home on 20 and 21 September 2017 and found one breach of the legal requirements. We asked the provider to take action to make improvements so people would receive their medicines as prescribed. During this inspection we found that improvements had been made to ensure peoples medicines were administered as prescribed and the provider was meeting the requirements of the regulations.

The service did not have a registered manager. 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. There have been two previous registered managers since our last inspection in September 2017. The present manager took up post in September 2018. They had submitted their application to become registered manager and was being processed by CQC.

The manager had been proactive in identifying shortfalls in the service which had developed as a result of several management changes. They were taking action to address staff refresher training and supervisions as well as record keeping across the service. We found improvements were starting to take place, however these needed to be embedded across the service and sustained. More time was needed to evaluate the effectiveness of the newly implemented auditing processes and improvement plans.

There was a clear vision for the delivery of good quality care to people and a positive culture within the staff team.

People told us they felt safe living at the home and we saw there were effective safeguarding processes in place to protect people from the risk of harm. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing.

Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs

safely.

Risks to people had been assessed and managed appropriately. There were also systems in place to check and maintain the safety and suitability of the premises.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. People were encouraged to eat and drink well, and they were referred to healthcare professionals when required.

People who lived at the home were positive about the care provided. They were treated with kindness and compassion and they had been involved in the decisions about their care where possible. People were given respect and, their privacy and dignity was maintained and their independence promoted.

People knew how to make a complaint and these were responded to within the timescales in the provider's policy. Staff felt able to raise concerns or issues with the registered manager.

Staff induction training and mandatory training had been completed as required by the provider's policy. Plans were underway to ensure staff one on one supervision and refresher training were provided in line with the provider's policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Improvements had been made to the management of people's medicines. Staff followed safe medicine practices and people received their medicines as prescribed.

Staff were aware of the risks to people's safety and took appropriate action to keep people safe. Local safeguarding adults' procedures were followed to protect people from abuse.

Safe recruitment practices were followed and there were sufficient staff on duty to meet people's needs and keep them safe.

A safe environment was provided and regular safety checks were undertaken.

Staff adhered to infection control procedures and people lived in a clean, hygienic environment.

Is the service effective?

Good ●

Staff had the skills and knowledge to deliver effective care and support and had received a range of training opportunities.

People had access to a varied diet and their nutritional and hydration needs were met effectively.

People could access healthcare services and specialist services when required

People's needs were met by the design and adaptation of the building and people could move freely in communal areas.

Is the service caring?

Good ●

The service was caring

People were treated with dignity and respect

People were encouraged to be as independent as possible

Is the service responsive?

Good ●

The service was responsive.

Peoples needs were assessed and care was individualised

Complaints were managed effectively with clear actions identified where things had gone wrong.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People were supported by a service that used quality assurance processes to improve the service people received. However, improvement actions had only recently been implemented with the appointment of a new manager. Therefore, this work still needed to be embedded across the service and sustained.

The manager promoted a positive culture that was open, inclusive and empowering that achieved good outcomes for people.

Staff told us that the new management team were supportive and they were making improvements to the service.

People and staff were involved in the running of the service.

The Knoll

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 checked 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 the fourth of December 2018 and was unannounced. The inspection was undertaken by four inspectors.

Prior to the inspection we reviewed information held about the service including statutory notifications received about key events that occurred as required by law. We also reviewed the action plan submitted by the provider following our previous inspection outlining what action they would take to address the previous breaches of legal requirements. We also asked the provider for a provider information return (PIR) to be completed for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people using the service, one relative and six staff. We reviewed five people's care records and staff records relating to recruitment, training, supervision and appraisal. We reviewed records relating to the management of the service and medicines management processes. We undertook general observations focusing on the environment and interactions between people and staff.

Is the service safe?

Our findings

At our previous inspection in September 2017 we found staff had not always followed safe medicine management practices and people did not always receive their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. At this inspection, we found improvements had been made and the service met the requirements of this regulation.

Following our previous inspection, staff checked and recorded people's medicines stocks daily to ensure people would receive their medicines as prescribed. Senior staff also checked medicines stocks and completion of administration records daily. We checked these on the day of the inspection and saw the stocks of medicines were as expected and medicines administration records (MAR) were maintained correctly. We observed people receiving appropriate support to take their "when required" medicines safely. Protocols were in place instructing staff when to provide people with their 'when required' medicines and people could inform staff if they were in pain and required pain relief.

The manager was working with the community pharmacy to ensure medicines would always be delivered to the home in time for people's use. Medicines were securely stored in accordance with the manufacturer's guidelines. Following our previous inspection, staff had reviewed the expiry dates of all medicines to ensure only medicine within their effective use date was kept in the home. Appropriate procedures were in place for the return and disposal of any unused medicines. Staff who administered medicines had received training and their competency was checked. The manager was working at ensuring all staff would always complete people's topical cream charts.

Staff had received training to keep people safe from abuse and knew how to report any concerns. One member of staff said, "We all know that we need to report any concerns about people's safely to the manager and complete an incident form."

Staff were also familiar with the term whistleblowing and staff told us if they were unhappy with the manager's or provider's response, they would speak to the local authority safeguarding team or the CQC. There was also a confidential email contact to the directors of the service. This enabled staff to raise concerns to people in more senior positions if required. Where whistle blowing concerns had been raised these had been acted on promptly by the manager.

Risks to people's safety had been identified and plans were in place about what action to take to reduce risk. For example, risk assessments were in place to help support people at risk of their blood glucose levels become unstable, at risk of falling and for those who took blood thinning medications. Staff understood and told us about their responsibilities to protect people's safety. Where risk was identified, staff knew what action they should take such as using moving and handling equipment safely. Staff could describe how they would identify when people living with diabetes or epilepsy were becoming unwell and the action they would take to keep them safe whilst waiting for medical treatment.

We observed staff using a standing aid and hoist safely and ensuring people had their walking aids to minimise the risk of falls. We found people were supported to remain safe whilst also maximising their independence when at the premises and when accessing the local community. People told us they felt safe living at The Knoll. One person said, "I used to fall when I lived at home but since I have lived here I have not fallen again. I am safe here." They also told us staff encouraged them to remain mobile and "will always come and ask if I am ok." Records confirmed staff completed hourly welfare checks on all people to ensure they remained safe.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks, the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. There was a stable staff team in place to provide consistent support to people and the registered manager told us staffing levels were based on people's needs. All the staff we spoke with felt there was enough of them on duty. The registered manager told us they had not needed to use agency staff for some time and was looking at increasing part time staff to cover at short notices. Staff were well organised, communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach, spent time chatting with people and responded to their requests for assistance in a timely manner. One person told us "when I need staff they come quickly."

People were cared for in a clean environment. We saw that the home was clean. Housekeeping staff were carrying out cleaning tasks and completing the cleaning schedules to show that tasks had been completed. Arrangements were in place to prevent cross contamination. Staff wore personal protective equipment when required and soiled laundry was kept separate from other laundry. The kitchen had been inspected by the local authority in July 2018 and was awarded the highest five-star rating.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. Where areas of improvement had been identified, clear timescales for improvements had been set and met by the provider. Weekly door and fire alarm checks were completed to ensure that doors with alarms fitted activated correctly. This is important as it helps ensure people are kept safe in the event of a fire. Other checks such as ensuring that people were on the right mattress and that pressure relieving mattresses were set up correctly were also completed.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency, and each person had a personal emergency evacuation plan. All staff we spoke with were aware of recent incidents and the appropriate response that was needed when for example, people experienced seizures.

Is the service effective?

Our findings

People's immediate and ongoing needs were assessed using recognised assessment tools. Care was planned and delivered in line with advice and best practice guidance from specialist health care professionals. Staff worked in collaboration with a range of external health and social care professionals to meet people's needs. These included for example community speech and language therapists (SLTs) to manage swallowing and choking risks, specialist mental health practitioners to support positive behaviour management, community nurses when managing skin concerns and social workers to support people's social needs. Staff respected people's choices and their diverse preferences when planning their care.

Staff were trained to carry out their roles and had the skills and knowledge to meet people's needs. New staff completed a twelve-week induction period during which they completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff had received training in for example, safe moving of people, infection control, food hygiene and safeguarding.

Staff we spoke with showed good knowledge about people's health conditions and how they were to be supported to remain healthy. The manager had identified that refresher training to support staff to remain up to date with their knowledge had not always taken place when needed. Plans were in place to ensure staff received this training and staff told us that they had experienced an increase in training opportunities.

Staff were supported in their role. Staff felt they had sufficient support and that supervisions were starting to take place. Staff spoke positively about the support they were receiving. One staff member told us "It was the first time I felt I had received feedback about how I could do things differently or better and this has really helped me develop." In the interim they felt they had support from the manager and it was a stable staff team that supported each other. Staff meetings were held and the manager worked alongside staff to support with practice development until refresher training and supervisions were again embedded in the service.

People's nutritional and hydration needs were met and people were offered a balanced diet. During lunch time, staff offered people a choice of main course and dessert by showing them sample meals on a plate to support them to make their meal choice. People were offered a choice of drinks to remain hydrated. The cook told us that the menus could be amended to reflect people's likes, dislikes and dietary needs. The cook made one person a cheese omelette when they did not want either of the main dishes. The people we spoke with told us that they liked the food and they always had enough to drink. A relative told us that the food always looked very good.

The cook said that they planned to meet with people to learn more about their needs and preferences and to modify the menus further to meet people's individual choices and preferences.

People were supported to access healthcare services as and when needed. Care plans showed that people had access to a variety of healthcare professionals such as; GP's, dentists, chiropodists and opticians. Staff

supported people's health needs in a timely manner. For example, staff had noted one person had become more agitated and had contacted the GP who diagnosed an infection promptly.

We found the building was appropriately adapted for the needs of people who used the service. For example, there was sufficient space in bedrooms and a passenger lift. The premises were well-appointed and pleasant throughout and people's bedrooms were personalised. People had access to a garden area backing on to a country park that was pleasant and inviting.

People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had a good understanding of the principles of the MCA. Mental capacity assessments and best interest decisions were made when appropriate. For example, one person's care plan contained an assessment about night time support. The person had requested not to be monitored during the night. Following this assessment, it was agreed the person had capacity to make this decision and the person was not monitored at night in accordance with their wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people at the home were subject to some restrictions to support them to remain safe. DoLS applications were detailed and decision specific to ensure people were supported in the least restrictive way possible.

Is the service caring?

Our findings

The service continued to be caring.

Staff had a caring approach towards people. Throughout our inspection visit, people living at the home were relaxed with staff who were supporting them. People smiled when approached by staff who interacted with them in a positive, kind and tender way.

Staff told us they enjoyed their job role and supporting the people who lived at the service. They spoke with affection about people. One staff member said "We are proud of the homely feel of The Knoll. We work hard to make it feel like home for people, we are like one big family". Staff had decorated the home for Christmas to make it more festive for people. One person pointed at a nativity scene and told us "Is that not the most beautiful thing you have ever seen."

Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. Throughout our visit, staff treated people with dignity and respect and were able to give us examples of how they promoted people's privacy.

We saw when staff supported people to eat they were patient and encouraged them to eat at their own pace. For example, by making sure they had finished one mouthful before offering another. Staff offered some people clothing protectors discreetly to help to protect their clothes while they were eating and to maintain their dignity.

Staff encouraged people to do things for themselves if they were safely able to do so. We observed two staff in the dining room encouraging one person to transfer from a dining chair to a wheelchair and then to a lounge chair independently. Later we saw one of these staff and another member of staff help another person transfer using a standing aid and they encouraged the person to grip the rail and push themselves up to standing. The person had trouble with their grip and one member of staff encouraged them to open their hand and grip the rail. Both staff were caring and patient.

Staff encouraged people to make daily decisions for example about what food and drink they wanted and what activities they wanted to take part in.

Is the service responsive?

Our findings

The service continued to be responsive to people's needs.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. For example, we observed a morning handover during which time night staff were sharing information with the day staff starting their shift. Information relating to people's weight, oral care and health needs was shared to ensure consistency of care across a 24-hour period. Care records provided information on what was individual and important to each person. For example, one care record stated that a person liked to be communicated to in French when possible and that they enjoyed knitting.

People's protected characteristics under the Equality Act (2010), such as their disability and sexual orientation were considered as part of their initial assessment, if people wished to discuss these.

People's care records contained information about their likes and dislikes. Two people told us that they each had a care plan and they had agreed the contents of their plan. One said that "It was good to have everything written down." The manager and staff told us they worked closely with relatives who were involved in their family member's care, and supported people to maintain important relationships.

We found staff knew people well and provided personalised care and support. For example, one person was ringing their call bell numerous times a day and staff realised the person was calling because they liked the flashing light of the call bell, not because they needed support. A staff member told us how they had put some flashing lights in the person's room which they enjoyed and they now only rang their bell when needed. We observed two members of staff supporting a person to transfer from their wheelchair into a seat at the dining table using a standing aid. Staff knew how to encourage and speak with the person to support them to complete the task.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The registered manager and staff team recognised people's different levels of communication. Detailed care plans described the way people communicated and how staff should engage with them.

We reviewed activities at the Knoll. The activities co-ordinator was no longer in post and the provider was actively recruiting to this post. The manager told us that in the meantime care staff were under taking activities with people. During our inspection, a person visited with a Pets as Therapy dog. The people at the home welcomed this visit and enjoyed interacting with the animal. Local churches also visited the home to support people's religious needs.

The Knoll had a complaints policy in place and all complaints were acknowledged within a 24-hour period. The home's policy clearly set out responsibilities for investigating the complaint. and there was information

available for people as to how they could raise further issues if they were not satisfied with the outcome of the complaint.

The manager kept a log of all complaints and a record was available to monitor whether the provider had taken appropriate action to investigate people's complaints. The Knoll had received five complaints in the past 12 months. We found that where complaints have been made they had been resolved to a satisfactory outcome.

The service had received a number of compliments. One person had written "I was so proud of you and the way you dealt with mum the night she died. You could not have shown more compassion". Another person had written "We wanted to let you know how much we appreciate everything you have and are doing, we will always be grateful for what you do."

The home was not supporting anyone with end of life care at the time of our inspection. However, the manager told us that if a person's health deteriorated, they would work with healthcare professionals to support their care. Staff were undertaking end of life training as e-learning. There is a plan in place for the local GP to support the service, residents and families to complete people's advance care planning. This would support staff to know how to provide end of life care that met people's need. People's current end of life care plans included their spiritual and cultural needs, some information around symptom management and their funeral arrangements.

Is the service well-led?

Our findings

The Knoll did not have a registered manager at the time of our 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. A new manager had started working at the service in September 2018 and was in the process of registering with CQC to ensure the provider met their regulatory registration requirements.

The provider had systems in place to assess and monitor service quality, on a weekly and monthly basis. Audits were made relating to the health and safety of the environment, all aspects of medicines management, progress of repairs and maintenance, cleanliness and maintenance of infection control standards. We spoke with a health and safety representative for the provider who showed us examples of audits completed and the actions taken as a result of these audits. For example, one audit had highlighted an issue with some of the doors in the home not meeting fire regulations. An audit was completed of all doors in the home and any issues identified were rectified as soon as possible. The most recent audit completed showed that all doors now met with the requirement of fire regulations.

Improvements had also been to the safe management of people's medicines following our previous inspection in September 2017 and the provider now met all the requirements of the regulations. We found some staff still needed to consistently record people's topical cream and blood glucose charts. The manager continued to check records daily to ensure this practice becomes embedded in the service.

The manager had been proactive in identifying shortfalls in the service that had developed as a result of several management changes. They were taking action to address staff refresher training and supervisions as well as record keeping across the service. We found improvements were starting to take place, however these needed to be embedded across the service and sustained. More time was needed to evaluate the effectiveness of these newly implemented auditing processes and improvement plans.

Although the manager of the home had an action plan and had begun to make positive changes in relation to this, the action plan had not been formalised and recorded. This meant it was difficult to clearly see what shortfalls had initially been identified, what progress had been made and how risks had been mitigated. This was an area for improvement.

There was an appropriate provider management structure in place and the manager told us they received sufficient support from an operations manager. Staff also told us they had regular input from the provider's representatives. One member of staff said, "We all know how to contact the head office and will feel comfortable discussing any concerns with them."

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.

Following our inspection in September 2017, there had been changes to the management team at the Knoll. A new manager had been appointed in September 2018 and a new Deputy Manager had been in post since January 2018. We found this new management team was having a positive impact on the culture in the home.

The manager told us staff were unsettled when they first started as they had already had two managers in the last year. The manager was promoting an open and collaborative culture where staff felt confident to challenge and make suggestions about how the service was run. Staff told us the culture in the home was improving and were positive about the new manager and the strong sense of team work. Their comments included, "The new manager is very approachable and has already made some improvements in the short time she has been here", "She is involving us in changes in the home and has taken our views on board" and, "We all work very well as a team. We all know what needs to be done on each shift, the communication is good and we support each other the whole time."

Stakeholders were also provided with an opportunity to provide feedback about the service. The Knoll had sent surveys to staff, residents, visitors and professionals. The last survey was completed in October 2018. The results were sent to the provider and the manager was waiting for this to be collated.

The provider's vision was to "have an enduring commitment to providing excellent care with integrity and giving the best possible standard of life to the hundreds of people who call a Redwood home their home." Our conversations with staff and managers supported this ethos. People were enabled to live rewarding lives and outcomes for them were good. People socialised in their local community and were supported with personal relationships and maintaining family relationships.

Staff were clear on their roles and responsibilities. All staff were aware of their individual responsibilities when it came to the management of risks and meeting the provider's requirements. The manager was looking at developing good practice champions to support the implementation of current good practice across the home. For example, establishing dementia care champions to further enhance the outcomes for people who lived with dementia. Staff respected peoples' right to privacy and information held about people was stored and only passed to other professionals as appropriate.

Links with local schools were promoted and supported integration between older and younger people. A visiting therapist providing light exercise classes and weekly visits from people from churches in the area ensured people living in the home could build meaningful relationships with other people from the local community.

The provider demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' when safety incidents occur. The provider had been open and transparent, recognising and explaining the shortfalls that had been found at the previous CQC inspection and the provider had communicated with people and their relatives about notifiable safety incidents. For example, we saw records that showed that when a person had a fall, despite there being no injuries to the person, the provider had informed their family of the fall and what action they had taken to keep the person safe in the future. The service worked openly and in partnership with external agencies, including the local authority's safeguarding teams and education providers.