Alder Meadow Limited

The Knoll

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

We inspected The Knoll on the 20 and 21 September 2017. The Knoll provides accommodation and personal care to 34 older people and people living with dementia. At the time of our visit 24 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 28 and 29 June 2016 and found one breach of the legal requirements. We asked the provider to take action to make improvements in relation to protecting people from the risks of infection. During this inspection we found that improvements had been made to ensure people were protected from the risk of infection.

There was a registered manager in post. The registered manager was also the provider of the service. 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.

People did not always receive their medicines as prescribed. Effective systems to manage and monitor people's medicines were not continually in place.

People enjoyed living at The Knoll. People told us they were safe at the service and enjoyed active and social lives. People had access to activities and discussions from staff which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their on-going healthcare needs. Care staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills. The registered manager had implemented a number of changes to the environment which had made the service more dementia friendly. People and staff positively discussed these changes.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager had systems to assess, monitor and improve the quality of service people received at The Knoll.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this 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 always safe. People did not always receive their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people. People felt safe living at the home.

The environment was maintained, clean and staff were aware of how to protect people from the risks associated with their care and the risk of infection.

Is the service effective?

Good

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Care staff were supported to develop professionally.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their care.

People received the nutritional support they needed. People were supported and often escorted to attend healthcare appointments.

Is the service caring?

Good

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people's wellbeing.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and people received care that met their needs. People's care plans had been rewritten and were personalised to their needs.

People enjoyed living at The Knoll. People were supported with activities which reflected their individual needs and interests.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not continually well led. The registered manager had improved the systems to monitor the quality of service being delivered, however they had not always identified concerns in relation to the administration of people's prescribed medicines.

People and their relatives' views regarding the service were sought and acted upon.

Staff were supported to develop and take on additional responsibilities within 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 was planned to check whether the provider was 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 20 and 21 September 2017 and it was unannounced. The inspection team consisted of one inspector. At the time of the inspection there were 24 people living at The Knoll.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. 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 took this into account when we inspected the service. We also reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with nine people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine staff members; including four care staff, two maintenance staff, the chef, the registered manager and a representative of the provider. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

The systems operated by the registered manager and the provider to manage and administer people's medicines were not robust. For example, three people had not always received their medicines as prescribed, however care staff had recorded that they had administered these medicines. When we checked the stocks of these people's prescribed medicines we found more doses of the medicine than we would expect to find had the medicines been administered as per their prescription and recorded staff signatures. Care staff would therefore not know from people's medicine administration records whether they had received their medicines as prescribed which increased the risk of medicine errors occurring.

Care staff did not always ensure people received their medicines as prescribed as care staff had not followed good practice in relation to maintaining a stock of people's prescribed medicines. For example, one person had not received one of their prescribed medicines as the stock balance of their medicines had not been depleted. This had not been identified by the care staff who were responsible for checking the stock balance of the home's medicines.

Care staff did not always check the manufactures expiry date of people's medicine's before they were administered. For example, we found that two people had prescribed medicines which had passed the manufacturers expiry date. One of these people had received doses of this expired medicine; however this had no negative impact on their well-being. The registered manager took immediate action in relation to this concern and also contacted the supplying pharmacy to help reduce these concerns as well as taking action to reduce the risk of people not receiving the medicines as prescribed

People did not always receive their medicines as prescribed. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

We observed one member of staff assisting people with their prescribed medicines. They clearly communicated what the medicines were for and asked the person if they wanted to take them. The staff member gave the person time and support to take their medicines. The person was in control throughout, and was offered choice by the member of care staff and given a drink with all their medicines. The registered manager assisted with the medicines of one person as they had refused their medicines from a staff member.

At our last inspection in June 2016 we found that people were not always protected from the risk of infection as care staff did not always follow infection control practices. This was breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the

provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection completed in September 2017 we found improvements had been made and the provider was now meeting the requirements of this regulation.

People could be assured the home was clean and that care staff followed recognised safe practices in relation to infection control. The home was clean and there were no distinguishable odours within the home. People felt the home was clean. Care staff wore personal protective clothing when they assisted people with their personal care. Care staff told us how they protected people from the spread of infection. Comments included: "We have all had training and completed booklets based on our knowledge" and "Cleaning is not just down to domestic staff. We are always stocked with PPE, I have no concerns."

People felt safe living at the service. Comments included: "I am very safe living here"; "Oh, definitely safe"; "I feel safe" and "I am safe as far as I'm concerned". Information regarding safeguarding was available for people and their relatives to access on noticeboards within the home.

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would report it to (the registered manager) immediately". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "We can go further, to local authority safeguarding. The number is around the home and you can google it". Care staff told us they had received safeguarding training and training records held by the registered manager confirmed this.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans was kept alongside fire safety documents in the event of an emergency.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had been assessed as being at risk of falls when mobilising, and their care plan had clear detailed information on how they should be assisted with their mobility, including how they should be supported to walk with close supervision for short distances if they felt able to. We observed care staff supporting this person and promoting their independence by giving them the confidence and reassurance they required, rather than using a wheelchair.

People told us there were enough care staff deployed to meet their needs and they were able to seek the attention of care staff when required. Comments included: "They're always asking if I'm alright. They come and spend time with me. Always someone coming by" and "Staff are lovely and they've always got time for us".

Care staff felt there were enough staff to meet people's day to day needs. Comments included: "Definitely

have enough staff around. We don't use agency, we never feel rushed and we can do activities and one to ones with people"; "I think it's alright, we have no problems" and "The staffing is good. We're not rushed and it's nice to be able to sit and chat to the residents". The registered manager discussed how they arranged staffing at the service and had identified the amount of staff required to ensure people were cared for safely.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day. People enjoyed sitting with staff in communal areas of the home and discussing current events, things they loved or assisting them with manicures.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Good

Is the service effective?

Our findings

People were supported by care staff who had received effective training and support to meet their needs. People felt care staff were skilled and trained. Comments included: "I don't think you could get better staff, they are kind and know what to do" and "The staff are really good, I think they are well trained."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "We have loads of different training courses, I have the skills I need"; "We have lots of training which really helps us. Training from the Care Home Support Team has really helped and informed how we provide care for people" and "Yeah, there are lots of training. I am doing my NVQ 2 (National Vocational Qualification in health and social care)."

Staff told us they could request additional training and qualifications including diplomas in health and social care and management in care and felt supported to develop in their role. One member of staff told us, "We have lots of support. I had done my NVQ 2 and (the registered manager), thought I was capable of doing my level 3. They put me on this. I feel I'm valued and my needs and training are promoted"

One member of care staff discussed how they had requested more training around end of life care. They told us that the registered manager had supported them with this and they both were carrying out a course in relation to the Gold Standard Framework (recognised training in relation to end of life care). They said "I asked for more training for end of life care. From this we have provided training to staff in the home. It's definitely changed how I work in the home, doing the course I feel more comfortable." They also explained they had identified this as an area of development both professionally and emotionally. The registered manager informed us that if care staff can demonstrate a reason for the training their request would be acted upon.

Care staff had access to supervisions (one to one meeting) and appraisals with the registered manager. All staff told us they had regular supervision sessions which were helpful and that they felt supported. Staff's comments included "We have good support from the (registered manager). They've helped boost my confidence"; "We gets lots of support, we have a good manager, I talk to her a lot" and "I am really supported by the (registered manager) they've really improved the home."

The registered manager and care staff ensured people's mental capacity to consent to their care had been recorded in accordance with the Mental Capacity Act 2005. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where staff were concerned that a person did not have the mental capacity to make a specific decision, they had completed a mental capacity assessment. These assessments clearly documented if the person had the assessment of their mental capacity to make the decision. For example, one person's mental capacity had been assessed in relation to the placement of a sensor mat in their bedroom to maintain their safety and alert staff if they had fallen from bed. The person

was assessed as not having the mental capacity to make this decision and a best interest decision had been carried out. With the outcome of the assessment and discussions with the person's power of attorney, it was decided that the use of sensor mat was the least restrictive way of maintaining their well-being. Where people had mental capacity they were involved in planning their care and had signed to show they consented to their care.

One person was unable to leave The Knoll without supervision, as they were at risk of harm and neglect if they left the service. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This application had been approved as the care they received in The Knoll had been assessed by healthcare professionals to be in the person's best interest.

Care staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. Comments included: "For one person I sit down with them, give them the information they needed to make a decision and then respect that decision" and "We respect people's choices and never assume they can't make a choice. When they can't then we work in their best interests with their relatives and healthcare professionals." One person said, "They never force me to do anything."

We observed and people told us they were always offered choice and were in control of their care. For example at meal times, people were shown the options they could have regarding their food and drinks. One person required a specific healthy balanced diet to meet their healthcare needs; however they liked full choice of a menu. Care staff told us how they supported this person to enjoy a diet of their choice and encouraged the person to have a healthy diet; however staff respected their choice as they had the capacity to make a decision regarding their dietary needs.

Staff explored causes and triggers of people's anxiety to find ways to support them without the need for sedation. For example, one member of care staff told us how one person could be agitated particularly when trying to express their views. They said, "They can be anxious, and be intimidating. You need to know their personality, they love talking about Manchester United, Elvis Presley and Carry On Films. They like being spoken to and respected."

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, one person was living with type 2 diabetes; there was a clear detailed care assessment in place which detailed the support they required regarding their condition.

Where people were at risk of choking or malnutrition they were provided a diet which protected them from these risks such as soft meals and high calorie diets. Care staff knew which people needed this support. For example, one person was assessed as being at risk of malnutrition and dehydration. There was clear guidance in place for staff to support this person including how much fluid they required on a daily basis and that they should be supported to enjoy a fortified milkshake. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People spoke positively about the food and drinks they received in the home. Comments included: "The food is okay, thank you"; "'Food is very good and there is plenty of it" and "Really happy with the food." People had access to food and drinks throughout the day. People were supported to enjoy meals and

snacks which included milkshakes, biscuits, crisps and fruit. Drinks were in communal areas and people's rooms and were refreshed daily or more often if required.

People's dietary needs and preferences were documented and known by care and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if there dietary needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet.

Following our last inspection in June 2016, the registered manager had made many changes to the environment of the home, with the aim of making the home dementia friendly. At the time of the inspection, redecoration work was still on-going, however a number of changes had occurred, which people and the staff were positive about. They had arranged for corridors to be decorated to specific themes. For example one of the home's corridors had been decorated to a seaside and nautical theme. One person spoke positively about this and told us that they lived by the seaside. One member of staff said, "The home is decorated as residents liked. They have had input."

Good

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I feel really well looked after"; "It's a very good home. The staff are kind and caring" and "The staff are very kind and caring. They are all really good with you."

People enjoyed positive relationships with care staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person often become disorientated and required prompting in relation to their dietary needs. Care staff supported the person in a gentle and positive way. When the person left the table, staff supported them to have a pudding in a comfortable chair. They provided a range of options to support the person included offering them a dessert from the menu and then a yoghurt. Throughout they respected the person's choice.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, people enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other. Two people had formed a firm friendship in the home and they enjoyed talking with each other as well as the inspector throughout our inspection.

People were supported to maintain their personal relationships. For example, one couple were living at The Knoll. Care staff supported the couple to spend time together, however due to the emotional needs of one of the couple, staff provided them with the reassurance and the support they needed to discuss their thoughts and feelings. For example, we observed care staff comforting them when they had become upset and spent time talking with them and meeting their emotional needs.

Another person was being supported by staff to settle into The Knoll and to live alongside a relative who also lived at the home. Care staff were supporting both relatives with the change. One of the people told us, "I hadn't seen (relative) for years. I'm a bit anxious about them settling in." They told us they were being supported by care staff and we observed care staff supporting them to sit together in the home's lounge.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. One staff member told us how they assisted someone and talked with them about their interests. They explained how they supported the person to enjoy going for walks. They said the person likes spending time outside and enjoys walking around the home's garden and enjoying the wildlife. We observed people were supported to go for walks and enjoy their surroundings.

People told us their dignity was respected by all staff at the home. Comments included: "I feel comfortable and respected" and "They respect me and how I like to spend my day. My dignity is respected; they shut the

door when they help me, but leave it open when they've finished which is important to me." Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We always explain what we're doing. Make sure they are comfortable and in control" and Everything is person centred here and how they liked to be cared for. We use the products (shampoo etc) they prefer and we make sure care is in private."

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. One member of care staff told us how they had changed the décor of one person's bedroom who was cared for in bed. The person had expressed a wish to see Tower Bridge in London. Care staff and the registered manager arranged for a canvas of Tower Bridge to be put up in the person's room. One staff member said, "They loved it. They told us where they worked. It was really nice to see."

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans. Other people had completed advanced care plans which documented how they wished to spend their final days and what things were important for them to have at the end of their life, such as family and specific music.

Good

Is the service responsive?

Our findings

Since our last inspection, the registered manager had reviewed people's care plans and updated them to ensure they were current and reflective of people's personal needs and preferences. The registered manager informed us they had taken this action in response to our last inspection. They had reviewed the care assessment templates to ensure people's care records were personalised. They also ensured people's care records were regularly reviewed so they reflected people's ongoing needs.

Care plans had been updated and provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care, anxiety and nutrition. Where people's care plans had been updated there was clear personalised information regarding that person, including their life history and preferences. For example, one person's care plan provided clear details on how they should be supported with their personal care, what they liked to do by themselves. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices. Care staff told us that the care plans had improved and provided them clear information on people, their preferences and histories. One member of staff said, "The care plans are pretty good, very person centred."

The registered manager had implemented a resident of the day scheme within the home. During this day the person's care was reviewed, their bedroom was cleaned and they were able to choose a meal of their choice. One person had chosen chicken and chips as their meal. Staff explained that this day enabled them to focus on each person and make them feel special for the day.

People's care records showed where staff had contacted family members to ensure they were updated on their relative's well beings and also informed of the review meetings. For example, one person's relatives visited and spoke to the registered manager to see how their relative was settling in the home. They spoke positively to the registered manager about how they and their relative had been supported with the move into The Knoll.

Staff responded well when people's needs changed and had sought advice of healthcare professionals when required. For example, one person's wellbeing had recently deteriorated and they required more support to meet their daily needs. The registered manager had provided care staff with clear information so that they were able to identify changes in their health and wellbeing and the actions they wished to take.

People spoke positively about life in the home and told us there was always something to do. People enjoyed having discussions between themselves, with care staff and reading 'daily chat' newspapers (a small daily paper with articles on historic events and quizzes) throughout the day. Care staff also read with people and assisted them with manicures. People also told us they enjoyed time spent with the care staff and their relatives.

People also had access to activities, events and interests which they enjoyed. Activities were provided in accordance with individual preference and ability. On one day of our inspection people enjoyed a lively

discussion about the things they loved and enjoyed. People enjoyed a friendly laugh with each other and staff. Care staff explained the reason for the activity and how it was in line with activities they were providing for people about identifying what was important to people. Trips outside the home were available and people were supported to access the home's grounds and the local community by care staff.

People knew how to make a complaint if they were unhappy with the service being provided. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. One person told us, "If I was unhappy I would discuss this with the manager."

The registered manager kept a record of complaints and compliments they received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, when concerns were raised in relation to the service, the registered manager took effective action and implemented an action plan that they and care staff had worked towards.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in June 2016 we found that the registered manager and provider had systems to assess and monitor the quality of the service. However improvements based on people and their relative's comments about the cleanliness of the home had not always been made in a timely manner. Additionally at this time the manager had not yet registered with the CQC. Since this inspection the provider had implemented a system of quality assurance processes. However while a number of improvements had been made, the systems operated by the registered manager and the provider did not always effectively identify any shortfalls in meeting the regulations.

The registered manager and provider had implemented systems to monitor the management of people's prescribed medicines; however these systems had not always identified concerns in relation to the safe administration of people's prescribed medicines or identified when medicine had passed the manufacturers expiry dates. Following this inspection we have requested the provider inform us of the actions they will take to meet the regulations. We will follow up on these actions at our next inspection.

However, we found the registered manager and provider had acted on the shortfalls of other audits of the home such as care plans, laundry, dining experience and maintenance. Where shortfalls had been identified during these audits the registered manager implemented action plans to help drive improvements within the service. For example, the registered manager had identified the need for improvements regarding night time cleaning of equipment, these improvements had been implemented.

The registered manager had made a range of improvements since our last inspection and had a clear focus on improving The Knoll. They were committed to providing quality care and support to people who were at the final stages of their life as well as providing an environment which was stimulating for people living with dementia. They and the provider had started a programme of redecoration for the service to make it dementia friendly which enables people living with dementia to orientate themselves. People and staff explained how the redecoration had made The Knoll homely. One person said, "I think it's pretty, it's brightened the place up."

Care staff spoke positively about the support they had from the registered manager and provider and they clearly understood the aims and visions of the registered manager. One member of staff told us, "We have good support from (registered manager), she's already done a lot for the home. So much change all for the good. Most things have been decorated as the residents like. More sensory items. Definitely focused on working together and providing good care." Another member of care staff said, "Since (registered manager) has been here she's brought the place right up, right back up. I feel like you've got someone behind you the whole time. She explains things to us and helps us."

The provider was carrying out a new system to take on-board people, their relatives and healthcare professional's views. For example, a recent survey had been carried out in relation to "Is The Service Safe". The majority of responses were positive; however the registered manager and representative of the provider had identified some improvements that could be made to the survey to make it more effective. Where

concerns had been identified the registered manager was taking this forward, for example some comments had been made about a worn carpet in the homes lounge.

The registered manager also carried out monthly audits in relation to incidents and accidents and health and safety. People were protected from risk as the managers ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The provider carried out their own quality assurance visit of the service. Prior to our inspection a representative of the provider carried out a quality check of the service. This audit identified shortfalls around the quality of service people had received. The registered manager and the provider had identified a clear action plan in response to this audit.

The registered manager and provider sought the views of external healthcare professionals and worked with them to improve and develop the home. For example, the registered manager shared with us that they were working heavily with the local care home support team who were providing a suite of training for staff. Members of the care home support team provided positive feedback which included comments such as: "I am pleased to report that my team have all reported positive improvements at the Knoll. When I first met (registered manager) she had only been in post for 1 week, Debbie has consistently engaged with us" and "Yes I have been to the knoll quite a lot lately. I have delivered training in Delirium. (Registered manager) is always welcoming and embraces any advice I give. (Registered manager) is good at keeping me up to date and is quick to ring with any concerns. I have no worries about the home."

Additionally the home had acted on advice and guidance provided by local authority commissioners following a review of the home. The registered manager had implemented an action plan of how they planned to improve the service. These actions included reincorporating resident of the day, improving the quality of people's care records and providing a life history document for each person.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. Regulation 12 (1)(2)(f)(g).