

Langley House Trust

The Knole

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Knole is a residential care home providing personal care to up to 15 people in one adapted building. At the time of our inspection there were 15 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: We received mixed feedback from professionals about the assessment and management of risk for people with more complex and profound needs. We found the provider had measures in place to mitigate risk and ensure, where appropriate, lessons were learned, and action was taken.

The environment did not meet the principles of Right support, right care, right culture as there were more than 6 people living in one communal home. However, despite the large environment, consideration had been given to the principles and people's care and support was provided in a safe and clean environment with consideration to their sensory and physical needs.

People were supported to take part in activities and gain voluntary and paid employment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take their medicines in accordance with their individual needs and preferences.

We received mixed feedback from staff about staffing levels within the home on a weekend. The registered manager provided examples of how staffing levels including skills and numbers had been adjusted in accordance with people's needs. This remains an area for improvement.

Right Care: Staff actively promoted equality and diversity in their support to people. They understood people's cultural needs and were able to provide culturally appropriate care.

Right Culture: We received mixed feedback from staff about the culture of the home. Some staff told us they did not feel respected, supported and valued by the management team. Measures were in place to make the necessary improvements and an agreed timeline for improvements had been implemented.

Quality assurance processes included a variety of audits. The registered manager had an oversight of the service, but more time was needed to make the necessary improvements in relation to the staff and professional feedback.

People received good quality care, support and treatment from trained staff who were able to meet their needs.

The registered manager regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection

The last rating for this service was good (published 23 October 2019).

Why we inspected

We received concerns in relation to the management of safeguarding concerns, staff skill, training and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Knole

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Knole is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Knole is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) from March 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and gathered feedback from 3 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, a care team leader, 10 project workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included a sample of 3 people's care records and a variety of records relating to the management of the service, including a review of some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Professionals gave positive feedback about the support provided to the majority of people living at the home. However, we received mixed feedback from professionals about the assessment and management of risk for people with more complex and profound needs. As a result of this feedback we gathered feedback and supporting documentation from the registered manager and nominated individual in relation to the specific concerns and their systems and processes for assessing and monitoring risk. They provided evidence of the support and actions they had taken and how they intended to continuously learn and develop to provide the best possible outcomes for people living with more complex and profound needs.
- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.
- People's care and support was provided in a safe and clean environment which met their sensory and physical needs. Due to the age of the building refurbishment and renovation work had been scheduled for some areas of the home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.

Staffing and recruitment

- We received mixed feedback from staff about staffing levels within the home. Some staff told us they felt the home would benefit from more staff working at the weekend. We explored this with the registered manager who provided examples of how staffing levels including skills and numbers had been adjusted in accordance with people's needs. The registered manager assured us that staffing levels would be under constant scrutiny to ensure staffing levels remained appropriate.
- Staff had been recruited safely. Disclosure and Barring Service (DBS) checks had been made before new

staff started at the service. The checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Agency staff had been used to ensure safe staffing levels had been maintained. A booklet had been created with key information about people's needs for agency staff to follow when they arrived at the service.

Using medicines safely

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People were supported to take their medicines in accordance with their individual needs and preferences.
- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed to make sure their practice was safe. One staff member said, "They are really good with medicines. I used to get anxious [administering people's medicines] and so they devised a medicines routine for me which has really helped."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were receiving visits from their friends and family in accordance with government guidance.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff had attended safeguarding training and understood their responsibilities around reporting concerns.
- Staff were knowledgeable about people's needs and knew how to keep them safe. One relative told us, "I think staff at The Knole have the required training to keep my [relative] safe."
- The registered manager investigated incidents and shared lessons learned with the whole team and the wider service. They told us, "We have a blame free culture. We always ask what we can learn and what we can do better."
- The provider and registered manager were open to feedback from people, relatives, staff and professionals, and learning actions were implemented as a result of any concerns raised. We shared the mixed feedback from staff and professionals that we gathered on inspection with the nominated individual and registered manager. They provided a prompt and robust response and we saw evidence of a strong learning culture.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from staff about the culture of the home. Some staff told us they did not feel respected, supported and valued by the management team. We raised this with the registered manager and nominated individual who had already identified the improvements needed to promote a positive and improvement-driven culture. Measures were in place to make the necessary improvements and an agreed timeline for improvements had been implemented. More time was needed for staff to be positively impacted by the work being undertaken by the provider. This remains an area for improvement.
- People told us that staff put their needs and wishes at the heart of everything they did. Comments included, "The best thing about living here is everything"; "Staff here are fantastic; really nice people to be around" and "It's lovely here; it's my home." A staff member said, "We are encouraged to respect our clients and their unique differences, as well as trained on care principles such as dignity and diversity."
- People's communication and sensory needs had been assessed. Despite the large environment, consideration had been given to the principles of Right support, right care, right culture and people's care and support was provided in a safe and clean environment. Staff had explored environmental factors which positively supported individual's sensory perception issues and processing.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and positive behaviour support plans.
- There was individualised support such as tailored visual schedules and social stories to support people's understanding. Social Stories are a social learning tool that supports the safe and meaningful exchange of information tailored to a particular theme or event.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.
- The service had notified CQC of key incidents as required. Effective action had been taken following incidents, and the registered manager had shared information with all relevant parties.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear

understanding of people's needs/oversight of the service they managed.

- Staff were committed to reviewing people's care and support on an ongoing basis to ensure it remained appropriate as people's needs and wishes changed over time. One staff member said, "The people we work with have their own challenges, but we all work together to improve people's lives."
- Staff acted in accordance with best practice, policies and procedures and they understood the importance of quality assurance in maintaining good standards.
- Staff received support from an on-call system which was operated by the management team. This ensured they could seek out of hours support in the event they needed additional advice, guidance or practical support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were encouraged to practice their faith and develop their identities in accordance with their preferences. The registered manager said, "We are a very diverse team of staff and people. We are a Christian charity, but we fully embrace anyone with any faith or belief."
- People were routinely consulted about key areas of their lives and a 'client's' representative had been appointed to enhance people's voice. We spoke to the client's representative who lived at the home. They told us, "I sit in the client's meetings every 3 to 4 weeks. If there's any concerns [comments or suggestions] I take them to the managers meeting. I also take information to the [provider meeting] in Coventry. I'm supported by a member of staff."
- People had, where appropriate, been supported to gain employment and volunteering opportunities internally and externally. The registered manager spoke about one person who had recently been promoted within their employment and described the positive impact of, "seeing people achieve more than they believed they could achieve."
- Staff well-being had been considered and the provider had organised well-being information to be shared with staff on a weekly basis. There were weekly online groups organised to support people's well-being and the service had recently engaged with a local initiative to promote staff health and well-being.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The management team had identified that staff would benefit from increased knowledge around supporting people with a learning disability and further training and support had been instigated.
- The provider engaged in local forums to work with other organisations to improve care outcomes where possible for people using the service and the wider system.
- Relatives of people living at The Knole spoke positively about the service. One relative said, "I have met the manager and feel confident to talk to him about matters relating to [my family member]."