2 Care

The Knowl

Inspection report

52 Stert Street
Abingdon
Oxfordshire
OX14 3JU
Tel: 01235 521850
Website: www.2care-rsl.org.uk

Date of inspection visit: 21 December 2015
Date of publication: 10/02/2016

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?	Good

Overall summary

This inspection took place on 21 and 22 December 2015. The inspection was unannounced.

The Knowl is registered to provide accommodation for up to 15 adults with mental health needs who require personal care. At the time of the inspection there were 10 people living at the service.

The service had 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.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

Summary of findings

People told us they benefitted from caring relationships with the staff who knew how to support them. Staff were supported through one to one meetings with their managers and training to enable them to provide a high degree of care.

Staff understood the needs of people, particularly those living with mental health needs, and provided care with kindness and compassion. People spoke positively about the service and the care they received. Staff took time to talk with people and provide activities.

There were sufficient staff to meet people's needs. The service had robust recruitment procedures in place which ensured staff were suitable for their role. Background checks were conducted to ensure staff were of good character.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was assessed appropriately.

People said they were able to raise issues and concerns. They told us they were confident they would be listened to and action would be taken.

The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care. People's opinions were sought and their preference respected and acted upon.

People were supported to maintain good health. Referrals to healthcare professionals were timely and appropriate and any guidance was followed. Healthcare professionals spoke positively about the service.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the service. People knew the registered manager and spoke to them openly and with confidence.

The service maintained links with the local community through police community support officer's local groups and businesses. People had access to volunteering opportunities that were supported by the service.

Summary of findings

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. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink.

The service worked with health professionals to ensure people's physical and mental health was maintained.

Is the service caring?

Good

The service was caring.

Staff were very kind and respectful and treated people and their relatives with dignity and respect.

People benefitted from very caring relationships with the staff who respected their preferences regarding their daily care and support.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences.

Complaints were dealt with appropriately in a compassionate and timely fashion.

Is the service well-led?

Good

The service was well led.

The service was well led. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first.

The Knowl

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 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 the on 21 and 22 December and was unannounced. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR, previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with five people, two relatives, five care staff, the registered manager, one healthcare professional and two police community support officers. We reviewed four people's care files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included "Yes I feel safe here", "It's a nice place here", "I do not worry about not being safe here", "They look after you here", "I must say this care home is safe compared to some of the homes I have been in" and "Yeah it's alright here they look after you". Relatives comments included; "People are defiantly safe there" and "Seeing the way they are with [person] I have no concerns about safety".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Comments included; "I would go to my manager, and if I wasn't satisfied with the response then I would go to their manager", "I would speak to my manager" and "I would notify my manager". Staff were also aware they could report externally if needed. Staff comments included; "I would make a referral to Oxfordshire safeguarding", "I would go to the police, social services or the CQC (Care Quality Commission)", "I would contact the CQC", "We will liaise with the care team", "I would call safeguarding", "I would make a safeguarding alert" and "I would definitely phone the police if someone was at immediate risk of harm". Safeguarding procedures were visible throughout the home.

People were protected from risks. Individual risks to people were managed and reviewed daily. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of falling whilst being supported with personal care. Guidance for staff included 'do not wash [person] whilst standing' and 'staff to work in pairs'. Staff we spoke with were aware of these plans and followed this guidance. One member of staff we spoke with told us "We carry radios at all times and if we are concerned about someone's stability we will use them to request support" and "If we are concerned about someone then we will work in pairs".

Another person, who may present a risk if they did not take their medication, had a risk plan in place that included scenarios staff may be faced with. Guidance on what remedial action staff should take to take to mitigate risk was provided. One staff member we spoke with told us it was important they had this guidance because "We need to be consistent as a staff team" and ""It's there to keep people safe". During our inspection we observed all staff had portable communication devices and individual safety alarms on their person. We observed evidence the provider carried out daily room and health and safety checks to ensure people were safe.

There were sufficient staff on duty to meet people's needs. Staff we spoke with told us there was enough staff. One staff member told us "There is always enough staff around". During the day we observed staff were not rushed in their duties and had time to chat with people and engage with them. The registered manager told us "Staffing levels are matched to individual need". The staff rota confirmed planned staffing levels were maintained.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with a new member of staff who told us "I wasn't allowed to do anything until my checks came back".

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

Medicines administered 'as and when required' included protocols that identified when medicines should be administered. Staff had a clear understanding of the protocols and how to use them.

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person we spoke with told us "The staff are alright, they help me a lot". One relative we spoke with told us "The staff are very well trained with great interpersonal skills".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. One member of staff we spoke with told us "There's quite a lot of induction training", "New staff have to shadow other staff first", "(The induction) was very good" and "I had an induction pack for my first week, it was quite in depth". Training included: Safeguarding adults, manual handling, diversity and equal opportunities, mental health awareness and motivational interviewing. We spoke with staff about the training they received. Comments included; "The training is very good", "The training is good, I like how you get to share your experiences", "I have recently completed safeguarding and Mental capacity Act (MCA) training" and "It's a great opportunity to share case studies with peers from other parts of the organisation".

Staff received regular meetings with their line manager (Supervision). Staff we spoke with told us these meetings were useful and supportive. Comments included, "Supervision is regular, we are asked about issues and given goals to reach", "[Staff member] is my supervisor and (they) put a lot of effort into supporting me", "You can talk about concerns, request extra training and discuss things that are going well", "We discuss every point of everyone's care", "We have good communication" and "We discuss workload and how you are getting on with clients".

Records showed staff also had access to development opportunities. For example, we saw two staff members had recently started a national qualification. We spoke with these staff members and they told us "I have recently completed my level 3 (National qualification)" and "I am doing a level 5 (National qualification) in management".

One staff member we spoke with had requested specialist training. This was supported by the service and as a result this person had been booked onto a course. The member of staff told us "I'm interested in CBT (Cognitive Behavioural Therapy), I have been booked onto a course".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest. Records showed that staff had been trained in the Mental Capacity Act (MCA).

All staff we spoke with had a good understanding of the principles of the (MCA). Comments included; "It's about supporting people to make the right choices and decisions", "We have to respect the fact that people know what they want", "It's there to protect people", "It's there to promote independence and people's human rights", "We should not judge or presume that people don't have capacity", "It's there to protect people who are vulnerable", "It's important to remember that people can regain capacity" and "It's about the ability to make decisions that are safe".

We found that the registered manager was knowledgeable about the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in a person's own best interests. At the time of our inspection no one was subject to DoLS, however the registered manager and staff had a good understanding of when and how to make a referral to the authorising body and monitored people's situations.

People had sufficient to eat and drink. People we spoke with told us "The foods beautiful, it's always home cooked" and "The foods alright you get plenty of it". People were invited to participate in the planning of menus on a Thursday for the rest of the week. We observed that people were given a choice. We spoke with the registered manager about this who told us "We have a food group every Thursday, and we discuss what they want and who wants to cook it". Where people decided they wanted an alternative on the day they had access to a kitchen and

Good

Is the service effective?

were able to select a meal of their choice. One person we spoke with told us "I like cooking and one day a week I get to cook for the house, you get help if you want to learn how to do something new".

People's healthcare needs were regularly monitored. People had access to health care professionals where needed, such as doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans.

Good

Is the service caring?

Our findings

We observed and people told us they benefitted from caring relationships with the staff. Comments included; "You get nurtured here" and "They are good people and their dedicated, they make your life comfortable" One person we spoke with told us "My door wasn't shutting properly. I get scared of it does not shut properly. I told staff and they fixed it immediately, they were on it straight away".

Relatives we spoke with told us "You can tell they are caring because [person] always has nice clean clothes on", "They are great at listening, "The staff are caring", It is always about [persons] choice" and "The staff have really gained [persons] trust" One staff member we spoke with said "We are here for the guys, we never give up on someone".

Staff spoke with people in a warm, respectful and patient manner. Staff listened to what people were saying and gave them time to express themselves. One staff member we spoke with told us "If you want a quick result then you're in the wrong job, to work here you need to be person centred and patient".

Interactions were kind and caring. People were treated as individuals. For example, we observed how one person had been referred to an independent mental health advocate in order to support this person with their individual needs surrounding personal care. We spoke with a member of staff about this and they told us "Everyone here is an individual".

Staff treated people with dignity and compassion. When staff spoke about people to us or amongst themselves they were respectful. All the records we looked at used respectful language. Staff knocked on people's doors and waited to be invited in before entering. Where they were providing personal care, doors were closed. One staff member told us "We treat people in the same way as we would want to be treated".

People had their own rooms which enabled them to maintain their privacy. Staff we spoke with told us people were encouraged to personalise their rooms. Every person's room had been personalised and made to look homely.

People were involved in the day to day running of the home. The home had established residents meetings. The registered manager told us these meetings were focused on "Resident check in's, household and community updates from local PCSO's (Police Community Support Officers)". The registered manager told us the aim of these meetings was "To discuss items that bring the community together" and "Incorporate service user involvement" into the service.

These meetings also supported and encouraged people to discuss changes and improvements they would like to make in the home. For example, we looked at notes from a recent meeting were people had asked for maintenance work to be carried out on carpets, blinds and curtains. People had also requested a radio be put in the kitchen area. We observed this had been actioned by the service.

Information relating to people and their care was held in a cabinet in the office. The cabinet had a locked door ensuring people's information remained confidential.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. We saw evidence that prior to moving into the service people were encouraged to visit.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. Care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively whilst responding to people's needs. For example, one person's care plan highlighted that the person was aiming towards administrating their own medication independently. Details of how the service was supporting this person to achieve this, alongside different options for equipment that could further support this, was available in the person's care records.

Another person's care records highlighted additional support the person would need at different times of the year. Staff we spoke with were aware of this person's changing needs and the significance of certain dates and what these meant to the person.

The registered manager told us and we observed the service had in place daily handover meetings. These meetings were designed to review people's care and respond to changes in people's support needs. We saw evidence that actions from these meetings were recorded and distributed to staff straight after the meetings to ensure actions were followed up by staff.

Care records included guidance on how to support people who may demonstrate behaviour that challenges others. For example, one person's records highlighted potential barriers to receiving personal care. The care plan highlighted behavioural indicators and action staff should take to mitigate the risk. Staff we spoke with were aware of this information and guidance.

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. For example, one person's plan highlighted their favourite food, rock band and artist. The plan gave guidance on how staff could use these likes and preferences to engage further with this person. We saw evidence of how this had been achieved through creating collages and poems. One relative we spoke with told us "[Person] has had four medical reviews since (they) have been there, this hasn't happened anywhere else [person] has been".

People's care records demonstrated they were supported to avoid social isolation by engaging in a wide range of meaningful activities. For example, going to museums, attending karaoke events, shopping and going to the cinema. We also observed and people told us the service had supported them to engage with voluntary work within the area. One person we spoke with told us "I enjoy going (to voluntary work) it's very therapeutic for me". The planning of activities at the service was led by people with the support of staff during one to one meetings and 'tenants meetings'.

We saw evidence of how the service sought the advice from other professionals and took practical action. For example, one person's care records highlighted they had recently reported concerns of headaches and not sleeping. The service took action and arranged an appointment for this person to see their GP. The service then supported the person to attend the appointment and supported them to follow the GP's advice in reliving the symptoms.

We also saw evidence the service engaged with community agencies. Following concerns surrounding an incident that had recently taken place within the community the service had worked closely with the local PCSO's. A meeting was held for people on how to keep safe in certain situations. We spoke with one visiting PCSO who had dropped in for a catch up with the service and they told us "The service is responsive, they will contact us if they want our input".

The service had a complaints policy displayed throughout the home. There had been one complaint since our last inspection which had been dealt with compassionately and in line with the service's policy. We saw evidence of a piece of work that was recently carried out by the service to ensure that people who used the service knew how to complain. One relative we spoke with told us "I have not made a complaint but I am confident that it would be dealt with accordingly if I had to".

Good

Is the service well-led?

Our findings

People knew the registered manager. One person we spoke with told us "The managers good". Relatives we spoke with told us "The manager is approachable" and "They always get back to me".

Staff spoke positively about the registered manager and seniors within the service and felt supported by them. Comments included; "[Registered Manager] is an amazing manager and is always there to talk to and (they) listen.", "[Registered Manager] is good at highlighting the positives and negatives", "I haven't got a bad word to say about the managers", "[Registered Manager] is really good at showing you how things are done", and "[Registered Manager] is very supportive".

Staff also spoke positively about working in the service. Comments included; "I love it here", "I really enjoy the job", "I absolutely love working here", "I feel proud of what we have done here" and "I really like it here, there's so much to learn".

Staff were confident the management team and organisation would support them if they used the whistleblowing policy or raised a concern. Staff felt able to approach the registered manager and the senior at any time for help and guidance. One member of staff said "(The managers) are approachable". We observed that the registered manager was available and approachable. People knew who the manager was and we saw people and staff approach and talk with them in an open and trusting manner.

The registered manager told us that "Our vision and values are based on ensuring person a centred approach to what we deliver". These visions and values were on display throughout the service and staff displayed these values in their work during our visit. There was a positive and open culture in the home.

Accidents or incidents were documented and any actions were recorded . Accident and incident forms were audited to enable any trends or risks to be identified. For example, there had been an incident since our last inspection that involved a person being given an additional morning dose of their medicine. The service took immediate action by contacting the person's GP to seek medical advice. Following the incident the registered manager arranged for additional support for staff to prevent this from happening again. The registered manager also arranged a meeting to discuss this further with staff, where learning from the incident was shared.

There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, a recent audit identified areas to improve the practice of staff lone working, both in the service and in the community. We saw evidence the registered manager had taken actions to make this practice more robust by introducing a number of safety measures for staff and we saw these measures in practice during our inspection. The service was continually looking to improve. For example, we saw evidence of how the service had sought the opinions of people to make the tenant meetings more meaningful. The registered manager told us "We used to have tenant meetings bi weekly. We felt here were too many meetings and it was becoming un productive. So we asked the community for their views and they asked for a reduction. Now we go for every three weeks. This allows us to build on it, with more focus".

The provider carried out an annual quality satisfaction survey. The survey was sent to people and their relatives. The results of these recent surveys demonstrated that people who used the service felt supported and listened to. The provider sought to improve the service to deliver consistent, high quality care. Records showed the provider had put in place unannounced visits from a director. Records from these visits evidenced there was a clear focus on checking the welfare of both people and that the service was complying with it regulatory responsibilities. The registered manager described to us how learning from these visits was shared by the provider.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

The service worked in partnership with visiting agencies, particularly the NHS and local authority. The service had links with local community mental health teams. We spoke with one healthcare professional who spoke positively about the service saying "They are great, we've got a great relationship with (the service)".