

Langley House Trust

# The Knole

## Inspection report

The Knole  
23 Griffiths Avenue  
Cheltenham  
Gloucestershire  
GL51 7BE

Date of inspection visit:  
21 December 2016

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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?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 December 2016. The inspection was unannounced. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

The Knole is a home run by a Christian charity working with men who have offended or at risk of offending. Their aim is to provide assistance and support for people so that they can lead crime free lives. The service is registered to provide care and accommodation for up to 9 people. At the time of our inspection the service was providing support to 8 people.

A registered manager was in post at the time of 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.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk. People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People received effective support from staff who had the skills and knowledge to meet their needs. Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where appropriate people's support plans held information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review.

People were supported by a small experienced team. Enabling relationships had been established between staff and the people they supported. Support plans were in place to enhance people's independence and this ethos was promoted by the service and staff members.

A number of positive comments were provided by people about the level of care they received; "I was wary at first as it was a new environment. This location is a transition and is helping me to adjust. I have no problems with the staff. They listen and do not rush you"; "All the staff are good. I felt welcomed. I've been

given a second chance"; "We're well looked after"; "They help me with my finances. I'm motivated and they encourage me. We can go to the staff anytime. They give us something to look forward. They're always here for us 24/7."

People received care that was personal to them and staff assisted them with the things they made the choices to do. People told us they were content living in the service and received the support they required.

The registered manager was passionate about their role. They played an integral role in promoting the provider's ethos of establishing positive foundations so that people can lead crime-free lives and become contributors to society. There was a positive culture within the service between the people who lived there, the staff and the registered manager.

To ensure continuous improvement the registered manager conducted regular compliance audits. They reviewed issues such as; health and safety, client file and risk management and client activity. The observations identified compliance rates and areas where improvements were required.

## 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.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

### Is the service effective?

Good ●

The service was effective.

People received effective support from staff who had the skills and knowledge to meet their needs.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005.

People were supported to maintain good health and had access to external health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

Enabling relationships had been established between staff and the people they supported.

Support plans were in place to enhance people's independence and this ethos was promoted by the service and staff members.

A number of positive comments were provided by people about the level of care they received.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People received support that was personal to them and staff assisted them with the things they made the choices to do.

People told us they were content living in the service and received the support they required.

The provider had systems in place to receive and monitor any complaints that were made.

### **Is the service well-led?**

The service was well-led.

There was a positive culture within the service between the people who lived there, the staff and the registered manager.

People were encouraged by the provider to provide feedback on their experience of the service.

To ensure continuous improvement the registered manager conducted regular compliance audits. Actions were taken forward, where necessary.

**Good** ●

# The Knole

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 December 2016 and was unannounced. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified. This inspection was carried out by one inspector.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with five people who lived at the service, three members of staff, the area manager and registered manager. We also briefly spoke with the chair of trustees, the operations manager and an external professional who were visiting the service.

We reviewed the care plans and associated records of three people who used the service. We reviewed the medicines administration records (MARs) of the people who lived at the service. We reviewed documents in relation to the quality and safety of the service, training and supervision.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk. Risk assessments included a wide range of issues. These included self-harm; risk of harm to others; risk to those in authority and risk of re-offending. There was detailed guidance for staff to follow. Where one person was deemed as being at high risk to others the risk management plan instructed staff to provide lots of encouragement and provide reassurance. Emphasis was placed on communicating in a calm and positive manner. If the person was demonstrating any inappropriate or unacceptable behaviour staff were instructed to challenge the person and provide a reason why the behaviour was unacceptable and maintain consistency. Staff were aware that any change in behaviour should be reported to a senior member of staff. Risk assessments were reviewed regularly and amended whenever needs changed. Each person using the service was involved in the assessment of their needs as much as they wished to be. Staff we spoke with demonstrated that they had an in-depth knowledge of how to manage individual's risks and they followed the principles of the risk management plan guidelines.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. The service provided 24 hours support cover and there are a minimum of two staff on duty at all times. One staff member told us the staffing levels are "manageable, some people come and go but there's a real sense of teamwork." Volunteers also work for the service. In order to enhance people's life skills one volunteer teaches numeracy and literacy in order to enhance people's life skills.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The subject was also discussed regularly at staff meetings. Staff told us they felt confident to speak directly with the manager and that they would be listened to. An external professional who has been working with the service reported; 'The team are professional and proficient in ensuring safeguarding strategies are adhered to at all times and the fluidity of shared information is paramount in the area I work, if they did not support me in their role then there would be serious public protection implications.'

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. For ease of reference the safeguarding and whistle-blowing policy was displayed on the staff notice board.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate

arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so.

Each person held a medicines profile which included the medicines taken; the dose required; why they were needed, how they should be taken and potential side effects. Medicine Administration Records (MAR) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were completed accurately. PRN (as required) protocols were in place so that staff could clearly see when and why people might require additional medicines, such as changes in mood or behaviour. Stock checks of all medicines were undertaken and these had been clearly documented. When we spot checked some medicines, we found the balances to be accurate.

Staff told us they received training so they could administer medicines to people in a safe way. Training records confirmed that staff had been on this training. External and internal medication audits were undertaken and actions were taken where required.

The service is committed to promoting independence for people. Where appropriate and safe to do so they actively promoted self-administration of medicines. This is used as a tool for increasing independence and responsibility to support people and prepare them for independent living. Thorough risk assessments were in place to manage people's self-medication. People would pick their medicines up on a weekly basis and complete their own Medicines Administration Records (MARs). People who self-medicated had their medicines audited on a weekly basis and were checked and signed-off by the person, their keyworker and the registered manager.

We saw that incidents and accidents were recorded and analysed by the area manager to identify any trends. This helped the registered manager to prevent reoccurrences. Where action was required to prevent reoccurrence, this was recorded. In one case, a person was expressing anxiety regarding moving away from the service. In order to alleviate their anxiety steps were taken to review the person's needs and capabilities regarding their life and socialisation skills. Staff were also instructed to be careful with their use of language in front of the person when discussing moving on.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included, fire safety equipment, gas safety checks, water and electrical testing.



## Is the service effective?

### Our findings

People received effective support from staff who had the skills and knowledge to meet their needs. Staff confirmed they had regular training to support them in their role and felt this had given them the skills to carry out their role effectively. New staff to the service undertook the Care Certificate. The Care Certificate is a set of recognised standards that care workers are expected to meet in carrying out their role. Training records showed training was completed in essential matters to ensure staff and people at the home were safe. For example safeguarding, emergency first aid, food hygiene, health and safety training had been completed. Training that required up-dating was booked in the training planner. Additional training specific to the needs of people who used the service had been provided for staff, such as mental health awareness, personal safety and managing challenging behaviour.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager to discuss their work and development. Issues discussed included; equality and diversity; quality and level of work; training and development. Conducting regular supervisions ensure that staff competence levels are maintained to the expected standard and training needs are acted upon.

The competence levels of staff have recently been complimented by an external professional. They stated in their report; "The Knole stands out as being very different as they are a close team who can be working under difficult restrictions to manage individuals, but it has been noted they do this very well and are very professional in their management of offenders within the community and they have a wealth of knowledge and experience to ensure they are able to continue their on-going success with working with public protection matters.'

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where appropriate people's support plans held information about their mental capacity and Deprivation of Liberty Safeguards (DoLS) being applied for. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Two DoLS applications had been processed.

Staff demonstrated a sound understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent had been agreed by the person regarding their level of care and the areas of consent were documented in their support plan. In some cases where people had difficulties managing their finances a mental capacity assessment had been conducted. Where people did not have a full understanding of how to manage their finances a best interests meeting was held to discuss the assistance required. The meeting involved the person, staff members and health professionals to decide on the least restrictive strategy to assist the person. People also had access to an Independent Mental Health Advocate (IMHA). An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

Some people were required to adhere the terms of their license agreement. Being released 'on licence' means that for the rest of their sentence the released person must adhere to certain conditions. The terms of the license could include a curfew arrangement. When leaving the building people need to approach a staff member. This is due to staff having control over the entry and exit system. The registered manager told us that people were free to leave the building at any time even if it was in breach of their license agreement. However, staff would inform people of the potential consequences if they breached the terms of their licence agreement. This could involve them being sent back to prison.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy. Specific dietary requirements were catered for, such as food consistency needs. The service provided people with a choice of meals, drinks and snacks and assisted with providing a healthy balanced diet. People were provided with a weekly fruit bag. One person wanted to maintain their current weight. Their keyworker was supporting this person to eat healthy food and snacks. However, if the person chose to consume unhealthy snack choices their decision was respected. People told us they really liked the food and alternatives were offered, if requested.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. We saw people had received input from their consultant psychiatrist, social worker, mental health nurse and forensic psychologist.

## Is the service caring?

### Our findings

People were supported by a small experienced team. Enabling relationships had been established between staff and the people they supported. Support plans were in place to enhance people's independence and this ethos was promoted by the service and staff members. A number of positive comments were provided by people about the level of care they received; "I was wary at first as it was a new environment. This location is a transition and is helping me to adjust. I have no problems with the staff. They listen and do not rush you"; "All the staff are good. I felt welcomed. I've been given a second chance"; "We're well looked after"; "They help me with my finances. I'm motivated and they encourage me. We can go to the staff anytime. They give us something to look forward. They're always here for us 24/7."

A member of staff told us; "A big thing with these guys is listening. I can promise to acknowledge their frustration and how we can make things better." Staff enabled people to make positive life changes and live crime-free lives. One person told us about their voluntary work and how they were building credits towards buying work clothes and gardening tools. They told us that they were speaking to staff about their plans to set up a gardening project. They are also working towards gaining their Construction Skills Certification Scheme cards. The exam will be paid for by the service. The person told us; "I'm starting again. What I've done is very encouraging. They have given me more confidence and trust me to live as a law abiding citizen. I respect the staff absolutely. They respect me and I respect them."

Each person was allocated a keyworker. The keyworker's built up a working trusting relationship with the person. The key worker worked collaboratively with the person to develop opportunities that were personal to them. In response to one person showing a personal interest in learning new languages and trying new cuisines the service started 'World Food Nights'. The evenings are based on international cooking and learning a few words of the language or listening to regional music. So far they have hosted Japanese food with Origami making; Caribbean cooking with reggae music; Ugandan Night with a video showing local customs and living conditions; Indian Night with Chai Tea and learning how to pronounce the various dishes and Burns Night with Haggis and Scottish Music. People told us that they enjoyed the theme nights, particularly the food. One person told us about their keyworker experience; "We put our ideas to the keyworker. To make the relationship work you have to be 100% honest, otherwise it is not going to work. To make it work you have to work together. I have become more confident, staff give us encouragement. The barriers have come down and I've achieved a lot."

Staff are fully committed to the people they support and go the extra mile. A member of staff has personally raised £1,500 by doing a sponsored walk for their 50th Birthday. The money is being used for a Peace Garden for people to enjoy. People are bought a birthday and Christmas present and staff raise money towards these. Recently one person was purchased a mobile phone to enhance their coping strategies and enabled them to speak to their family and support organisations on a regular basis. Their previous phone, which was handed back on release from prison, was ten years old. Another person wanted to ride a bike for the first time since childhood. The service bought them a four wheeler trike which they currently ride around the grounds.

People are all supported in their own personal faith. Staff run a weekly Tea, Coffee, God session open to anyone who wants to discuss God and application into daily life. Each person is respected as an individual in their faith. Although the service is a Christian organisation, all faiths are welcomed. The service has devised a faith catalogue which enables people to explore all aspects of faith as well as humanist values.

Staff respected people's privacy. People's bedroom doors have locks and they only had access to their room. People were able to have time alone whenever they wanted and if they wished to stay in their rooms they could. Staff respected this and did not disturb them when they were in their room. Staff, with the agreement of the person, conducted weekly health and safety checks in the person's room. When a room needs re-decorating people choose their own décor.

## Is the service responsive?

### Our findings

People received care that was personal to them and staff assisted them with the things they made the choices to do. People told us they were content living in the service and they received the support they required.

Each person had their needs assessed before they joined the service. The service collected information from appropriate agencies to ensure that they could meet peoples' needs. People were required to adhere to the house rules of the service and the terms of their probation license agreement. Support plans were written and agreed with individuals and other interested parties, as appropriate. Care records were personalised and described how people preferred to be supported. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included detailed profiles which included what staff needed to know on how best to support them.

For one person, who tended towards high stress levels, staff were provided with potential triggers and guidelines on how to help the person stabilise their behaviour. One staff member told us about the techniques applied and they followed the care plan guidelines. This included; remaining positive, allowing space, not ignoring the person, providing simple instructions and encouraging the person to engage in activities. Owing to the staff knowledge of how to respond to their needs the person is currently more settled. They are better able to interact with staff and other people living in the service and actively engage in their chosen activities.

To ensure people's needs continued to be met regular reviews were held with the person, their keyworker and health professionals. Issues discussed included; relationships and involvement in the local community; financial management; education; training; employment; physical and mental well-being; rules and expectations; housing and risk. The reviews offered a forum for the person to discuss their feelings, what was going well and what was not, and their areas of interest. Action plans were agreed and reviewed. One person told us; "I have a keyworker. I'm asked if I need anything and what I would like to do and if I have any issues. I get help with the paperwork. I get on great with my keyworker. She helps and listens. I have been on a computing course and learning new skills like spreadsheets. Coming out was another world and getting used to new technology. They have helped me to adjust to the environment and access voluntary work."

An external professional told us about the support provided to people living at the service; "The team visit and tell inmates what they have to offer. They talk to the men and give them hope. They offer something that prison cannot offer. Some people have to start again. Knole offers dedicated support. I can see the benefit to the prisoners. They understand the prisoners and boundaries and deal with their anxieties. Prisoners get the support they need."

The registered manager told us that virtually all the people when first living at the service are institutionalised and have poor socialisation skills. In order to enhance peoples' skills the service have started sessions which address fundamentals such as going into a café for a coffee for the first time in years and how to approach other's socially and how to deal with feeling angry and frustrated.

People undertook activities personal to them. The activities undertaken enabled independence and enhanced peoples' life skills. Activities included; arts and crafts, cooking, educational courses, trips, swimming, working on the grounds and voluntary work. People were also encouraged to help with household chores such as cleaning and doing their own laundry. Where people required assistance with household chores and personal care staff provided support, whilst encouraging people to do as much as they could themselves.

People had the opportunity to go on trips organised by staff following suggestions put forward by people at their monthly Residents meetings. This provided people the opportunity to visit places they have never been to before. In recent months trips have included: The Black Country Museum, Kenilworth Castle, Batsford Arboretum, Gloucester Cathedral, the Dr Who Experience in Cardiff and the Cotswold Wildlife Park.

Where appropriate people maintained contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made. Where complaints had been received the matter was investigated by the registered manger and was processed in accordance with their complaints policy. Where appropriate actions had been taken to resolve issues of concern. People told us they would feel confident to raise any concerns with the registered manager.

## Is the service well-led?

### Our findings

The registered manager was passionate about their role. They played an integral role of promoting the provider's ethos of establishing positive foundations so that people can lead crime-free lives and become contributors to society. There was a positive culture within the service between the people who lived there, the staff and the registered manager. Staff were confident and knowledgeable of all aspects of the service. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular staff meetings were held and agenda items included people they support, medication, safeguarding, key-working and business continuity. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities. These actions were actively supported by the registered manager. One member of staff told us; "I'm very happy working here. [Registered manager's name] is very proficient, professional, thorough, care and an excellent communicator with staff and people. She goes the extra mile and leads by example. I'll be quite happy to work here for the next few years under her leadership. She wants to create a happy place to work and live."

We received a number of positive comments from people and external professionals about the registered manager. Comments included; "I have no issues with the manager. They're here when I need them. They're patient and understanding"; "Since [registered manager's name] took over everyone has changed. The attitude has changed"; and "I have only positive things to say about the Knole. There have been some changes of personnel in recent times which I think has been an improvement. The current staff seem to me to be of a high standard and important from my perspective, the manager and key workers have good understanding of risk factors, are vigilant and communicate well with the relevant probation officers. The level of care and support to the residents that the National Probation Service supervises is always of a high standard. From my point of view I see good practice, professionalism and good communication with other agencies notably ourselves and the police."

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

The people we spoke with spoke positively about their experience of the service and how their confidence and skills had been enhanced. People's involvement was encouraged at the service. One person told us they were making a speech about how good the service is at the Christmas carol service being held on the day of our inspection.

The service actively sought the views of people through regular house meetings. The meetings were well-attended and commenced with an icebreaker. A talking stick was used to ensure that those speaking were not interrupted. Issues discussed included; repairs, health and safety issues; house rules and anti-social

behaviour, education and volunteering opportunities. The minutes viewed highlighted people's views on the food theme nights and whether people would like a house pet. A request was made to put the mail board outside the office. An elected representative of the people who also lived at the service also attended staff meetings. They provided people's feedback on their views of the service. This ensured that the service was fully aware of people's views on the level of service and directed plans of action to further enrich peoples' experience.

To ensure continuous improvement the registered manager conducted regular compliance audits. They reviewed issues such as; health and safety, client file and risk management and client activity. The observations identified compliance rates and areas where improvements were required. An example of this included the need to ensure that people's personal electrical equipment was tested to ensure their safety.