

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Knole

The Knole, 23 Griffiths Avenue, Cheltenham,
GL51 7BE

Date of Inspection: 17 February 2014

Date of Publication: March
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Langley House Trust
Registered Manager	Mr. Malcolm Gardiner
Overview of the service	The Knole provides rehabilitation services to men aged 30yrs and over who have offended or are at risk of offending. The service is located in the suburbs of Cheltenham.
Type of services	Care home service without nursing Residential substance misuse treatment and/or rehabilitation service
Regulated activities	Accommodation for persons who require nursing or personal care Accommodation for persons who require treatment for substance misuse

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they were happy with the care they received at the Knole. We spoke with four people who told us they felt they were treated with respect by staff. One person said; "all staff treat us equally, no one gets superior treatment, we are all treated the same way which is good." People told us staff asked for suggestions about day trips and activities, which were then arranged. Staff were able to demonstrate how they treated people with dignity and respect and supported to maximise their independence.

The provider had systems in place to cooperate with other services and professionals. This enabled appropriate and safe care to be planned for people on admission to the service. Care records showed other professionals and services were regularly consulted when care was reviewed or risk assessments devised. People were supported to access appropriate health care service to meet their individual needs.

Staff told us they felt supported in their roles and managers were approachable. The provider had induction process which ensured new staff were supported to provide appropriate and safe care to people. Systems were in place for staff to access training, supervision and annual appraisals and to attend regular team meetings. There were opportunities for staff to gain additional qualifications relative to their roles.

We spoke to people and staff to see how safely medicines were managed in the home. Each person completed an assessment to see if they were able to safely self-medicate. During our visit we observed medicines being administered to one person. We found the providers processes and staff training needed improving. We saw medicines were stored safely and checked regularly.

People told us they knew how to make a complaint. The provider had suitable arrangements in place to process and monitor complaints. This included how people could make complaints to external agencies and processes to monitor complaints for potential service improvements.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 22 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People told us they were treated with respect and able to make decisions about their care. One person said "I have been here a long time. It's not bad, I go out on trips and staff look after me properly." Another person said "I like to go out and do things like gardening but there are things for me to do in the home that's what I want." One person told us "the food is nice. I get my own breakfast and choose what I want to eat every day." People told us a weekly menu was planned by the cook with two choices for each meal. If people wanted an alternative to the menu, other choices were provided.

People were offered opportunities and choices to engage in activities within the home and local community. We saw two rooms were dedicated to arts and crafts and snooker. People showed us art work they had completed which was displayed throughout the home. One person told us during the week they worked on a farm and went to a gym. Others told us about trips and events they had attended. People told us they were asked about places they would like to visit and other activities such as college courses and then staff made the arrangements. One person told us; "I always tell staff where it is I want to go, and when, and they always go where I want."

We spoke with all three staff on duty on the day of our inspection and they described how they treated people with dignity and respect. Staff said; "I show respect to people by always speaking civilly. I treat people as I would want to be treated myself. I make it clear with people if I need to share conversations with other staff, but not with other residents." Another staff said; "we provide person centred care, so people have to be involved fully with their care plans. We have to go over things with people if what they want to do presents risks. So we might have to find alternatives for some things, but we work with people to clearly explain why." We observed people appeared relaxed in their surroundings and were spoken to politely and calmly. We saw staff included people in conversations and discussions and checked how they were feeling.

People were supported to maintain and develop their independence. We saw hot and cold drinks facilities were provided for people to access independently at all times. We

observed a 'training kitchen' for people. Staff told us learning to cook was a popular choice with people and this helped develop skills and increased people's independence.

People were encouraged to express their opinions and participate in discussions and decisions relating to their care. One person told us about the twice monthly residents meetings. This person said meetings gave all people living at the home an opportunity to discuss anything that was bothering them. For example; some people found some of the internal doors loud when they closed. This was discussed at the residents meeting and people thought about ways to reduce the noise. We were shown minutes of the last meeting which were on a notice board. These included planned dates and times of future meetings. We saw service user newsletters and an annual report were also on the notice board for all people to access. These documents detailed information regarding changes and updates and plans within the wider organisation.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People were supported to access appropriate health care to meet individual needs. People told us they saw their doctors when they needed to, by making appointments themselves or with support by staff. This included attending health screening and health review appointments. The manager told us if people made their own appointments, staff asked for the date and time, which was recorded in a diary. The manager said this enabled staff to support people by reminding them of their appointments and reduce other risks by alerting staff to when people were out independently.

The provider worked with other agencies and professionals when planning the admission of people to The Knole. We looked at four care records for people and saw numerous reviews had taken place and information shared between services, professionals and staff at The Knole. This included information from different funding authorities, police and probation services and mental health services. Staff said this information enabled them to understand people's needs and establish appropriate ways to meet needs as soon as people arrived.

The provider had systems in place to cooperate with other services and professionals to review and plan care for people. Staff told us each person had a key worker. Staff said people had allocated time each week with their keyworker which ensured people were appropriately supported with their care and personal aims and goals. The keyworker role included arranging care reviews with people. This involved ensuring other professionals or services working with the person were invited and kept updated with any relevant information. The manager told us they oversaw this process which ensured reviews were not missed and information was shared appropriately which reduced risks for people.

The provider cooperated with other services and professionals to maximise independence and reduce risks for people. Staff told us new risk assessments had to be completed each time the person wanted to do something new or off site and this often involved consulting other agencies or professionals. Risk assessments had been devised in consultation with other agencies and professionals to support independence and minimise risks for people. We saw discussions and key information were documented in people's risk assessments

and care records.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not fully protected against the risks associated with medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

To see how safely medicines were managed in the home, we spoke to people and staff and looked at records. We observed how medicines were stored and dispensed to people and looked at the providers policies.

The manager told us each person had an individual assessment to evaluate if they could safely take their medicines independently. The assessment included the person being able to read their prescription and independently take the correct dose of medicine at the correct time. The assessment was evaluated with other factors which ensured people were supported safely and appropriately. For example; some people were legally required to be supervised taking their medicines. Other people were assessed as being able to take their medicines independently but chose not to as they were concerned they would forget.

We looked at the medicine cabinet stored in the staff room and saw it was clean and organised. Medicine was stored for people in individual blister packs provided by the pharmacist. Some medicines were not suitable to be stored in blister packs and some medicine was taken only when required (known as PRN). These medicines were stored separately in individual boxes labelled with the person's name. We looked at two people's PRN medicines and saw the boxes were tidy and organised and the medicines were in date. The temperature of the cabinet was recorded daily which ensured medicines were not adversely affected by heat or cold. The manager told us a medicine audit was completed every week by senior staff. We looked at records which showed stocks of medicine had been checked for all people

Each person's medicines were recorded on medicine administration records (MAR). We saw two people's MAR sheets and saw they had been signed correctly by staff. We observed none of the medicine records had photo identification of people. This was stated as a medicines administration requirement in the providers 'Procedures for the Storage and Administration of Medication 2013' policy.

People were not fully protected from the risks associated with the administration of medicines. We observed medicines being administered by staff. Staff closed the office

door and said this was done to provide the person privacy and prevent distractions that could potentially lead to medicine errors. We observed medicine was dispensed directly from blister packs and administered to the person without cross checking with the MAR sheet. The MAR sheet was reviewed and signed after the medicine had been administered to the person. The provider's policy states staff administering medicine must check medicine had not already been administered and that it correlates with the dose, quantity, day, time and date written on the MAR sheets.

People were not fully protected from risks associated with the management of medicines. We spoke to all staff and the manager who told us they completed training in order to handle, store, dispense and administer medicines safely. The provider's medicine policy states all staff should complete annual medicine refresher training. We looked at the medicine training records for all staff. One staff had not completed medicine training as they were still on induction. From the remaining 14 staff, three were in date with the medicine training. The medicine training for the remaining 11 staff was out of date by more than two years. People should have received support by appropriately trained staff, in order to minimise the risks of medicine errors.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff felt supported in their roles and told us managers were approachable and would listen to concerns. Staff told us they found supervision helpful and if they had concerns would immediately talk to senior staff. We looked at records and saw supervision had been provided or planned for most staff, in line with the provider's policy. The manager told us all staff had received an annual appraisal during the last year.

The provider had appropriate systems in place to support new staff. We spoke with one new staff on the induction programme. This staff told us they had to complete online training and read the provider's policies. These included; lone working, diversity and equality and care planning. This staff said they observed experienced staff providing care to people and read care files in order to understand how to best support people. The manager told us he met with new starters at the beginning of each shift they worked, which enabled any issues or concerns to be dealt with promptly. The manager confirmed the induction programme was based on the nationally recognised 'Common Induction Standards; Skills for Care.' The completion of this induction training ensured staff were not at risk by the work they did, or presented risks to people who use the service.

The provider might like to note; training records showed some staff had not completed training in line with the provider's policies. Staff were expected to keep in date with a range of mandatory training in order to support people appropriately and safely. Records showed nearly three quarters of staff were out of date with safeguarding adults from abuse training and just under a third of staff had not completed mental health awareness training.

Staff told us there were opportunities to obtain further qualifications relevant to their roles. This included Qualification Credit Frameworks (QCF) and Diploma's in health and social care. One staff told us they had recently completed training on personality disorders and offender behaviours. Staff said the training was 'interesting and good' and helpful to their role. For example; staff said training had provided alternative approaches and ways to work more effectively with people.

The provider had systems in place to support staff in their roles. Staff told us the manager provided a weekly team brief. This gave staff information on organisational and policy

updates. Staff meetings were organised every month, which staff said provided other opportunities to discuss any concerns or issues with managers.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with three people who all told us they knew how to make a complaint. Comments and complaints were completed on 'share your views' forms. People showed us where these forms were kept and said they would also discuss any complaints with the manager. The manager told us they had an 'open door' policy and people and staff were able to approach with any issues at any time. We saw people came into the office to check information and get advice office throughout the day of our inspection.

People were provided with information about complaints. One person showed us the complaints process which was kept on a notice board in one of the lounge areas. Another person told us he had previously made a complaint using the form. This person said there had been an investigation, they had been kept fully informed, and were happy with how the complaint was resolved.

The provider had appropriate systems and policies in place to receive, respond to and monitor complaints. The manager showed us the most recent 'share your views' forms and said the information was processed onto the providers IT system. We saw the provider's complaints policy included timescales for investigating and responding to complaints and how information should be communicated. The policy also included details of how people could be supported to make a complaint about the service to external agencies. The manager told us complaints were audited and reviewed by senior managers every month in order to look for potential service improvements. We saw complaints had been processed in accordance with the provider's policy.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Accommodation for persons who require treatment for substance misuse	How the regulation was not being met: Processes for the safe management and dispensing of medicines was not followed in accordance with the providers medicine policy. The majority of staff had not completed medicine update training in line with the providers policy. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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