

Edge View Homes Limited

Knoll House

Inspection report

The Avenue
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Tel: 01902330559

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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 25 April 2017 and was unannounced. This was the first inspection completed at this service since it was registered with CQC in 2016.

Knoll House is a residential home and supported living service which provides personal care and support services to adults with autism, learning disabilities and mental health conditions. The service can accommodate up to eight people in supported living apartments and nine people in residential accommodation. The residential accommodation within the service includes two specialist flats for those living with complex needs in addition to three 'moving on' flats. The moving on flats are designed to assist people in developing independent living skills and prepare them for moving into their own accommodation. At the time of the inspection there were two people living at the service; one person in supported living and one in the residential service. Three further people were living at the service on a part-time basis as they transitioned to living there full time.

There was a registered manager in post. 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 supported by a staff team who could recognise potential signs of abuse and knew how to report any concerns. Staff understood how to minimise risks to people they supported, including the risk of injury. People were supported by sufficient numbers of safely recruited staff members. People received their medicines safely and as prescribed.

People were cared for by a staff team who had the appropriate skills and training to support them effectively. People were encouraged to make decisions about their own care and their consent was sought before support was provided. People received sufficient amounts of food and drink that they were enabled to choose. Where people had special dietary requirements these needs were appropriately met. People were supported to maintain their day to day health and access healthcare professionals when needed.

People were supported by a staff team who were kind and caring in their approach. People felt valued and important and enjoyed living at the service. People were encouraged to make choices about their day to day care and how they spent their time. People's privacy and dignity was respected and upheld. People's independence was promoted.

People received care and support that met their individual needs. People were involved in the development of their own care and support plans and participated in regular reviews. People were supported to pursue leisure activities and personal activities of their choosing. People felt able to make a complaint or raise any concerns if they needed to.

People were living in a service that was well-led and managed. They were supported by a staff team who were committed, motivated and felt supported in their roles by the management team. People were involved in making decisions about the service and the support they received. The provider and registered manager completed effective audits and quality assurance checks. This meant that they were identifying any areas of improvement required and taking action to ensure any required improvements were made.

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 were protected by a staff team who knew how to recognise and report potential abuse. Staff understood how to minimise risks to people they supported, including the risk of injury.

People were supported by sufficient numbers of safely recruited staff members. People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had appropriate skills and training.

People were encouraged to make decisions about their own care and their consent was sought before support was provided.

People received sufficient amounts of food and drink that they were enabled to choose. People were supported to maintain their day to day health and access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who were kind and caring in their approach. People were encouraged to make choices about their day to day care and how they spent their time.

People's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual

needs. People were involved in the development of their own care and support plans and participated in regular reviews.

People were supported to pursue leisure activities and personal activities of their choosing.

People felt able to make a complaint or raise any concerns.

Is the service well-led?

The service was well-led.

People were living in a service that was well-led and managed and were involved in making decisions about the service. People were supported by a staff team who were committed, motivated and felt supported in their roles by the management team.

The provider and registered manager completed effective audits and quality assurance checks. Areas of improvement needed were identified and action taken to make the required improvements.

Good ●

Knoll House

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.

This inspection took place on 25 April 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a qualified nurse who has experience working with learning disabilities and mental health services.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with two people who lived at the service. We carried out observations regarding the quality of care people received. We spoke with the operations manager, the registered manager and three members of care staff. We also spoke with one community healthcare professional. We reviewed records relating to people's medicines and three people's care. We also reviewed records relating to the management of the service; including recruitment records and quality assurance.

Is the service safe?

Our findings

People told us they felt safe with the care staff who supported them. Staff we spoke with could describe signs of potential abuse or mistreatment and how they would report any concerns. Where concerns had been identified, managers had reported these concerns to the local safeguarding authority. This enabled appropriate investigations to be completed and plans to prevent further harm to people to be put in place where required. Staff knew how to whistle blow if required. Whistle blowing is when staff may be required to report concerns directly to external organisations such as the local authority or CQC.

People were protected from the risk of harm such as injury caused by accidents or behaviours that could challenge. Staff we spoke with were able to describe the potential hazards to people safety and how they protected them from these risks. For example, where having certain day to day items on a person may cause the risk of increased harm to themselves or others. Staff understood how to manage risks associated with behaviours that could challenge or increase the risk of harm to others. They could describe the potential triggers for individual people living at the service and how they used this information to reduce the likelihood of harm. We saw risk assessments were in place which provided clear guidance to staff around how to keep people safe. We saw there were also systems in place to support staff with the management of behaviours that can challenge. Guidance was in place to outline indicators that someone's behaviour may be escalating and increasing risks to themselves or others along with guidelines as to how to manage this behaviour. We saw accidents and incidents were recorded and reported by staff members. The registered manager reviewed these incidents to ensure measures were put in place to reduce the likelihood of further harm to people. We saw staff meetings and staff handovers were used as an opportunity to discuss how the staff team could ensure people were safe and risk was effectively managed.

People told us there were sufficient numbers of staff available to support them. Staff also told us there were sufficient numbers of staff available and this reflected what we saw during the inspection. We saw the registered manager had a formal system for assessing how many staff were needed to support people safely. We also saw they were planning future staffing requirements based on the number of people planning to move into the service and their individual support needs.

People were supported by a staff team who had been recruited safely for their roles. We saw a range of pre-employment checks were completed with potential staff members. These included a face to face interview, identity checks, reference checks and a Disclosure and Barring Service (DBS) check. DBS checks enable employers to review a staff member's potential criminal history to ensure they are appropriate for employment. We saw all required checks were completed before a staff member was able to start working with people living at the service.

People were supported to receive their medicines safely and as prescribed. Where people were able to administer their own medicines, this was supported and encouraged by the registered manager and staff team. A monitored dosage system had been introduced to assist staff with the staff management of people's medicines. Medicines were stored safely and were audited regularly to ensure people had sufficient quantities of medicines available to them and that any errors could be identified promptly and corrected.

We saw staff were recording the administration of people's medicines and these records reflected this was being done appropriately and accurately. Where appropriate, risks associated with people's medicines had been identified and measures were in place to safely manage these risks.

Is the service effective?

Our findings

People told us they felt care staff had the skills needed to support them effectively. One person told us, "I think they're [staff] well trained. They take care of me". Staff told us they received regular training and were confident they were given the skills they needed for their roles. One staff member said, "'It's [training] really good". We saw from training records that staff received regular training. Where training had not yet been completed, we found staff did not yet complete associated tasks. For example, one staff member told us they had not completed their medicines training therefore they did not yet administer people's medicines. We found the registered manager ensured comprehensive training was made available where needed. For example; all staff were required to complete MAPA training at the beginning of their employment. MAPA is a technique used to safely manage challenging and potentially aggressive behaviour. A staff member told us, "They do the five day [MAPA course] here so you learn everything". Staff were given appropriate training to ensure they had the skills to support people safely.

Staff told us they received regular one to one meetings with their line manager. They told us they were able to access support from the registered manager and could seek advice and guidance when it was needed. Staff told us they received a thorough induction when they started their employment and that they were well supported by the staff team. One staff member said, "Everyone was really friendly. I felt part of the team even though it was my first day". We saw a formal induction plan was in place for new staff members. We also saw care staff were required to complete the Care Certificate. The Care Certificate is a recognised national standard for the skills and knowledge required by care staff.

People told us care staff always offered them choices and sought their consent before providing support. One person said, "They do ask before they help me. I like to make my own choices". Another person said, "They always ask and always explain". We saw this reflected in staff interactions with people during the inspection and people's care records.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

While care staff understood the principles and requirements of the MCA, people currently living at the service had capacity to provide consent and make their own decisions. Staff understood that if people had capacity they should respect their decisions even if these were seen at times to be unwise. We saw one person who had previously lived at the service had lacked capacity. The registered manager had followed the principles of the MCA while supporting this person. They had also been required to submit an application to the local authority to deprive them of their liberty in order to protect their health and well-

being.

People told us they were able to choose what they ate and drank. They also told us they chose where they ate their meals. One person told us, "I can choose what I have. I can eat it here in my room but I like to eat in the dining room as it's more sociable. I like a full breakfast and I've got drinks and snacks here". They told us there was no restriction on the time they ate and if they went out staff would save their lunch for them. Another person said, "[The food's] very nice. I asked for sausage and mash and I got it. I eat in the dining room, they chat with me". Staff we spoke with understood people's preferences around their food choices and this was also recorded in people's care plans. Where people had special dietary requirements staff understood these requirements and how they needed to be met. One person's care plan included a goal to gain weight and we saw this had been achieved. Where people required support to learn about making health choices this was provided. Staff provided education while respecting people's right to make their own choices.

People told us staff recognised if they were unwell and provided support if it was needed. One person told us, "If I feel unwell they [staff] ask if I want to see the doctor and they [staff] look after me". People also told us they were supported to make their own medical appointments where possible. They told us that staff would provide support to enable them to attend and understand any information given to them by healthcare professionals where necessary. Care plans outlined the level of support people required to manage their own day to day health. Where people had concerns or anxieties about attending appointments or dealing with healthcare professionals this had been identified. Guidance was in place around how to support people and people told us this was provided. People's daily care records demonstrated that regular healthcare intervention was sought where appropriate, for example with people's doctors and dentists. A community healthcare professional told us they felt support provided by the staff and management team was very good. They told us people were supported effectively while living in the service.

Is the service caring?

Our findings

People told us they felt comfortable with care staff. They told us staff were kind and caring towards them and valued them as individuals. One person told us the best thing about the service was that staff allowed them to be themselves. They also told us, "They [staff] ask me throughout the day if I'm alright". Another person told us, "Staff are welcoming" and "Very caring". They told us, "I do speak to staff and they listen". They told us this approach by staff had made a valuable impact on their life and well-being. They told us, "I'm more relaxed, more comfortable and I sleep better". Staff we spoke with demonstrated a good understanding of the importance of making people feel valued. They had a good knowledge of the people they supported and understood how to manage any anxieties they may have. One member of staff told us how a person found talking about a specific subject difficult. They told us, "We respect that and allow [person's name] to talk about [this] if [they] raise the subject". People told us managers as well as care staff were caring towards them. One person said, "I've spoken to [the registered manager] in the past. She's been supportive and suggests different things". Where we had the opportunity to observe interactions between staff and people during the inspection, we saw staff were kind and respectful towards people. People using the service had a good rapport with the staff team and appeared comfortable with them.

People told us care staff encouraged them to make their own decisions and choices about their care and how they spent their time. One person told us, "I can make my own decisions". Staff we spoke with understood the importance of promoting choice wherever possible. One staff member told us, "The staff promote choices wherever possible. They told us, "We will guide people but ensure people know it's up to them". Another staff member said, "If they want to do something that's their choice". Staff told us how they worked with people to educate them and fully enable them to make their own choices. For example, they had worked with one person on how they could more effectively manage their finances while ensuring the person retained control and choice. We saw this approach reflected in the care records that we reviewed.

People told us staff respected their privacy. One person told us, "I get time alone". Another person told us, "I stay in the flat by myself, I'm getting there". Staff were able to outline steps they took to ensure people's privacy was protected in every aspect of their care and support. For example, they were able describe how they ensured people living at the service respected each other's space and privacy. This involved educating people about certain behaviours and boundaries including not looking through other people's windows and making excessive noise late at night.

People also told us how care staff promoted their independence and helped them to develop independent living skills. One person told us, "I feel safe when I'm out in the community with them [staff] and they help me in the house with chores". They also told us, "I stay by myself for periods of time. I've got the buzzer if I need it". Another person told us how staff encouraged them to go for walks and they knew this was something they liked to do. One member of staff told us how they promoted people's independence by encouraging them to do as much for themselves as possible. They told us, "If they can do it themselves we'll help them do it". They told us they would show people how to do something and encourage them to do it for themselves. They said they would then prompt and observe where possible rather than doing things for people. We saw the service was designed to develop and promote independence. The flats within the

service were designed to promote people's independence. Staff helped people learn skills that would enable them to potentially live in their own accommodation in the future. For example, cooking, cleaning, accessing the community and managing their own finances.

People told us they were supported to maintain relationships with those who were important to them. Staff were able to describe the contact individual people had with their relatives and other people who were significant to them. We saw an importance was placed on people maintaining relationships. People's care plans reflected their needs in this area and we saw from daily care records that people had regular contact where appropriate in line with their care plans.

Is the service responsive?

Our findings

People told us they received care and support that met their needs. They told us they were also involved in developing and reviewing their own care plan. One person told us, "Yes, I've seen it. I was involved in it". They also told us, "It's [a review] happened twice in five months. They [staff] took two things off the list I'd mastered. Cleanliness and showers. Then they added two more". Staff we spoke with knew people well and understood their support needs and preferences. Staff understood the importance of focussing people's support around the individual. One staff member told us, "We make it all about them. We ask them things that helps us care better for them". Care plans reflected the support people received and care staff were able to describe people's care plans in detail. We saw care plans were written around people's specific individual needs. They were easy to understand yet contained a good level of detail around people's needs, preferences and any risks to them or other people in the service. People's needs for the present were considered and met. Staff also worked with people to set future goals and monitored their progress against achieving these goals.

People's changing needs were monitored with care being delivered changed in accordance to meet these needs. We saw that care plans were regularly reviewed and updated when needed. Staff told us that monthly care plan reviews were also used to gain feedback from people about the service. We saw handover meetings were used as an effective opportunity to ensure staff understood people's needs including any changes or risks that needed to be monitored.

People told us they were able to pursue any hobbies or personal interests they had. They told us they could decide how they wanted to spend their time and staff supported them with this. People told us the time they spent in their own home was enjoyable. They told us lounge areas were comfortable and relaxed. They also told us they were supported to access activities in the community and had many personal goals that they wanted to work on with staff. One person told us, "I'm going to join the library so I can take out as many books as I want". Staff we spoke with were able to describe people's interests. We saw during the inspection that staff supported people to access the community and respected their choices. We saw staff levels in place meant that one to one support was available wherever it was needed to assist people in accessing the community who may not be able to go out alone due to safety issues.

People told us they had no complaints about the service and had not previously made a complaint. They told us they were comfortable speaking with the staff or registered manager if they did have any concerns, worries or complaints. We saw while no complaints had been received, the registered manager had a system in place to respond appropriately should any concerns be received.

Is the service well-led?

Our findings

People told us they were happy living at the service and they felt it was well-led and managed. People said they knew who the registered manager was and felt they could talk with them if they had any concerns. They told us they felt involved in the service and that they could share their views and would be listened to. People were not able to think of anything they would want improved and felt the service was very good. We saw people's views about the service had been sought through their monthly care reviews and appropriate steps were taken to meet people's wishes. We also saw the registered manager was preparing to start to issue feedback surveys to all people living at the service. Surveys had been prepared in a range of accessible formats to ensure everyone would be able to participate and share their views.

Staff also told us they felt the registered manager was very supportive and that the service was well-led. One staff member told us, "The managers are really supportive. If you have a problem you can go and talk to them. The staff are really supportive as well". They told us, "It's a really great place to be". Another staff member told us, "[The registered manager] is really good. She'll explain everything". They said, "I've only worked for her for [several months] but she's spot on". Staff told us the registered manager was very 'hands on' and would ensure they were available to provide support when needed. We saw the staff team understood their roles and responsibilities and communicated with each other effectively about people living in the service. The registered manager also told us they felt they had developed a strong, effective team. They told us, "I'm very proud of the team!". We saw where staff had been involved in challenging and possibly distressing situations, the registered manager had ensured appropriate 'de-brief' opportunities were available to staff. Staff told us they felt this was important to them and it demonstrated that effective support was in place for the staff team.

We found the culture of the service was open and transparent. People and staff were encouraged to share concerns and problems with the management team. The registered manager told us they felt it was important to ensure everyone could talk openly in order for improvements to be made and for learning to come out of any mistakes made. We found the registered manager understood their legal responsibilities. They also understood when statutory notifications needed to be submitted to CQC. Statutory notifications are required by law to inform us of significant events such as serious injury or allegations of abuse.

We looked at how the provider and registered manager reviewed the quality of the service provided to people. We saw a range of checks were completed on the care delivered to people. These checks included reviews and audits of accidents, incidents, safeguarding concerns, the environment within the service and infection control. We saw, where appropriate, an analysis of incidents was completed to identify the potential actions required and to make the appropriate improvements. For example; we saw graphs had been produced to analyse the nature of critical incidents involving behaviour that could challenge. This information was used to communicate with relevant healthcare professionals and to identify ways in which the support provided to a person could be improved. We saw a representative of the provider completed unannounced monthly visits. These visits checked on quality across a range of areas within the service, including, staffing levels, care records, staff interaction with people, training and audits completed by the registered manager. We found the provider and registered manager were successfully identifying any areas

of improvement required within the service and taking appropriate action where it was required.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to continually improving the quality of service provided to people living at the service.