

Brighton and Hove City Council

Brighton & Hove City Council - Knoll House

Inspection report

Ingram Crescent West
Hove
East Sussex
BN3 5NX

Tel: 01273296443

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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

About the service:

Knoll House provides personal care and support for up to 20 people. Care and support is provided to adults, but predominantly to people over 65 years of age.

Knoll House provides short term rehabilitation for a period of usually two to three weeks but can be up to six weeks. People primarily stay at Knoll House following discharge from hospital, or to prevent an unnecessary admission to hospital. People were supported as part of a rehabilitation programme to help them to regain independence which enabled them to return home. There were 11 people receiving a service at the time of our inspection.

People's experience of using this service:

Knoll House was going through a period of change and uncertainty. Previously daily support had been provided on site by the multi-disciplinary team consisting of, GPs social work team, social care staff and medical and nursing staff including occupational therapy staff. The registered manager told us recent changes to the service meant, "People were not being referred to the service, therefore beds are remaining empty. I don't know the future for the service."

People at Knoll House received an individualised and effective caring service. People were treated with exceptional kindness and compassion. We received positive feedback about the support that staff provided and how people were encouraged to regain the skills to continue to live independently. Staff worked positively to promote people's health and ensure good outcomes for their physical and mental wellbeing.

There was a strong recognition that people were individuals and the care and support provided ensured that their needs were met which resulted in positive and improved outcomes for people. Respect for people's privacy and dignity was at the heart of the service provision.

Staff were well trained and skilled and encouraged positive risk taking. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to regain essential life skills. Risks associated with people's care needs had been assessed by the management team, and informed plans of care to ensure people's safety

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

People were supported to make choices and staff supported people in the least restrictive way as possible. Staff were aware of the legislation to protect people's rights in making decisions. This practice was kept under review.

Accidents and incidents were monitored to identify and address any patterns or themes. Learning from

incidents was shared with the staff team. Records demonstrated that when an incident or accident occurred staff reported these to their management team to monitor.

Staff received supervision in line with the provider's policy, staff felt supported and able to request a supervision if they needed one. Staff told us they were able to speak to their management team as they operated an open-door approach.

People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care.

Rating at last inspection: Good [report published 26 September 2016]

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Brighton & Hove City Council - Knoll House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was unannounced. The inspection site visit activity started on 22 May 2019 and was completed on 23 May 2019. We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local

authority and professionals who work with the service. We assessed the information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with five people who used the service We spoke with six relatives and two health care professionals. We received feedback from one health professional via email.

We spoke with the registered manager and assistant operations manager, two service support managers and three support workers, two kitchen staff and two domestic staff. We reviewed three people's care files, two Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at two staff files, the recruitment process, complaints, and training and supervision records.

We observed care practice and interactions between staff and people.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People were protected from discrimination in relation to the Equality Act and staff were able to discuss and demonstrate how they had worked with people to protect them from discrimination.
- People told us they felt safe at Knoll House. One person told us, "They [staff] answer the bell so quickly I feel really safe as I know I can get support when I need it. Staffing is good, and at night too."

Assessing risk, safety monitoring and management

- There was a positive approach to risk taking to enable people to maintain their independence. One person told us, "Brilliant team from the word go. They have encouraged my independence, it has only taken me two weeks to get back on my feet".
- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. One health professional told us, "Knoll House is very well run and provides a good, safe service for the people who are staying there."
- People told us they knew how to operate the call bell system and staff responded quickly when they used it. People at risk of falls wore pendants to enable them to alert staff when required.
- The environment was well maintained. Equipment was regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- At the time of the inspection the service was going through period of instability. Although people remained confident in their needs being met by sufficient staff, morale was low as staff were unsure of the future of the service. Knoll House was not receiving new referrals at the time of the inspection, therefore with planned discharges there were more than sufficient staff to meet people individual needs.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security. However, although medicines were generally safe a medicine was observed being disposed of. This was not in accordance with the providers medicine policy. We discussed our concerns with the

registered manager who assured us this would have been an isolated incident and took action to address the concern raised.

- People were given their medicines safely. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs). However, one MAR sheet had a medicine changed from morning administration to lunchtime. There was no signature to show on whose authority this had been changed. A pill cutter had not been cleaned after use which potentially put people at risk of cross contamination. The registered manager took immediate action regarding the concerns we highlighted.
- Each person had their medicines stored in their room and where possible were encouraged to self-medicate.
- Where people were able to manage their own prescribed or over the counter medicines risk assessments were in place to ensure people remained safe. One person who administered their own medicines told us they were happy to do this and valued keeping their independence.

Preventing and controlling infection

- The premises were clean and free from malodours. Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The management team took action following any accidents and incidents to minimise the risk of adverse events reoccurring.
- There was an open culture of learning from mistakes, concerns, incidents and accidents. Staff told us they were confident to share information if mistakes had been made and learn from them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. One person told us, "Very well led service I have been consulted every step of the way."
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- The registered manager and management team worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff told us they felt well supported. They were provided with regular supervision and an annual appraisal to discuss their further development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy and enjoyable meals. Comments included, "Lovely food but too much of it." "Not only has my physical health improved my mental health has too. I would give this service the highest star rating it is excellent, the nutritional food we are given has helped me on my recovery."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to other health professionals in a timely manner and nursing support from the outreach team.
- The Management team worked with external healthcare professionals to deliver care in line with best practice. Health care professionals spoke highly of the service. One health professional told us, "We were having daily meetings which really supported patient's recovery to ensure we had a smooth transition to move them back to their own homes. It is different now, I am not sure what will happen next. [Registered manager] is very good at communicating any concerns, they always has the patient's wellbeing at heart."

Adapting service, design, decoration to meet people's needs

- The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.
- The premises provided people with choices about where they spent their time. Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet and their preference for the gender of the carers that supported them.
- Staff were kind and affectionate to people. We observed staff taking time to sit with people and spend time chatting. People and relatives told us staff were kind and considerate, comments included; "Care in here is very good, really kind staff. They are kind to my [relative] as well, they can visit when they want." "Carers are lovely, I can tell [relative] is happy."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and had control over their daily routines. One member of staff told us, "We are guided by the people who use the service. What time they wish to go to bed or get up. We try to give our service users one to one. Sometimes they are scared as they don't know if they are going home or into a home. It nice to sit and chat and reassure them."
- Some people needed aids to help them communicate effectively. This was recognised and supported. The registered manager told us, "We meet different communication needs, we use different fonts, have access to interpreters. Were lucky the staff team are diverse. For example, when we had someone who spoke Hindi, we supported them with staff who could also converse in their language."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a dignified and respectful manner. One person told us, "The staff always knock and ask permission before entering my room."
- People's privacy was respected. When providing personal care to people in their rooms, staff put a notice on the door to make sure they were not disturbed.
- Interactions were positive, and person centred. People were treated with respect. Promoting independence was important to staff and supported people to live fulfilled lives. People's personal beliefs were known and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs had been assessed before they moved into the service and a detailed care plan had been developed to ensure these needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care. The registered manager told us, "Reviews of care plans are consistently done. We have a very fast turn over. People arrive with their assessment, we create the care plan with all the information we have. We used to meet every morning at 9 am to discuss each person with our multi-disciplinary team who were on site, such as nurses, GP O/T [occupational therapists], we had the support to ensure people had a timely discharge to get them back on their feet and home" The registered manager told us they were still able to access the support from other health professionals when needed.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. For example, how many staff to support a person to move safely.
- People were supported to regain independent skills such as making a drink. One person told us, "It's the little things I need to get right to go home., I was making a coffee but struggled with the milk, so staff helped with the top. I need to practice." A member of staff told us, "We adapt where we can to help people regain their skills, like use a smaller kettle. A normal size kettle can be heavy if you have weak wrists."
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Any complaints were logged, and the actions taken recorded. The registered manager proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to the management team or other staff if they were unhappy.

End of life care and support

- The registered manager told us they were able to support end of life care if required. They gave examples of previous experience. They informed us they had ensured good links with a local hospice and GP services.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness;

- Knoll House was going through a period of change, however they continued to promote a person-centred approach. The registered manager told us, "We will continue to provide the best level of care with the in-reach team and the service users we have."
- Staff told us consultation was poor and they felt morale was low. Comments included "We are worried about the risks to our jobs". The registered manager told us they did not feel they had a good oversight of what was happening in the service, to reassure staff at the time of the inspection, however they were engaging with the provider to gather as much information as possible. They told us they remained confident that the needs of people were still being effectively met, and their team remained committed to delivering a high quality service.
- The registered manager and assistant operations manager spoke with us about individuals living at Knoll House and demonstrated a good understanding of people's needs, likes and preferences.
- Staff, people, relatives and professionals were positive about the management of the service. Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- There were clear lines of responsibility across the staff team. Effective systems were in place to monitor the standard of care provided at the service. A clear staffing structure was in place and staff were aware of their roles and responsibilities.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The area manager completed regular visits to the service.
- A range of audits were carried out by the registered manager and the provider. Where risks were identified in the service the provider had responded and put actions in place to address these. Action plans were regularly reviewed and updated.
- Statutory Notifications had been made as required. Statutory notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Health professionals visited the service daily.
- The registered manager and staff told us staff meetings had not been held on a regular basis. The registered manager told us, "We stopped the meetings due to poor attendance and introduced a staff bulletin instead. However, this has not worked well, staff have told us they wanted the meetings back. We therefore have started to hold staff meetings again on a regular basis."

Continuous learning and improving care

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- People had completed a survey of their views; the feedback had been used to continuously improve the service. When people left the service, they were offered the opportunity complete a feedback questionnaire. The registered manager told us, the comments on the forms enabled them to learn and improve on the service provided.