National Autistic Society (The)

Knoll House

Inspection report

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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

Overall summary

This inspection took place on 18 and 20 January 2016 and the first day was unannounced. We arranged the second day because the registered manager managed two homes and we wanted to be sure they were in.

There is 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 told us they were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Summary of findings

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required checks were undertaken before staff began work. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe. Monitoring the safety of these systems was thorough.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Staff told us the registered manager was accessible and approachable. Feedback on the quality of the service was obtained from people, relatives and staff and used to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

There were sufficient numbers of staff to keep people safe. Staff recruitment was well managed.

People's medicines were well managed to ensure people received them safely and effectively.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good

Is the service caring?
The service was caring.

Staff were knowledgeable about the care people required and the things that were important to them. They were able to tell us what people liked to do and gave us examples of how they communicated with people.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

People were supported to keep in touch with their friends and relations.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People shared their views on the service. People's views and experiences were used to improve the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager checked the quality of the service provided and made sure people were happy with the service they received.

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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 18 and 20 January 2016 and the first day was unannounced. We arranged the second day because the registered manager managed two homes and we wanted to be sure they were in. It was carried out by an adult social care inspector.

At the time of the inspection, the registered manager was about to start the process to de-register as the manager. This was because The National Autistic Society had recently changed their policy about a registered manager being responsible for two homes; each manager was responsible for one home. We therefore met with the current registered manager, the deputy manager and the manager who will be taking over the registered manager role.

Before our inspection we reviewed information we held about the home, including notifications about important events which staff had sent to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

There were six people living in the home on the day of our inspection. Some people were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for three people. During the inspection we spoke with the current registered manager, deputy manager, three care staff and the manager who will be taking over as registered manager. We also spoke with three people using the service. We looked at records about the management of the service such as staff files, minutes of meetings, complaints and quality audits.

Good

Is the service safe?

Our findings

Three people told us they felt safe at the home and with the staff who supported them. People said, "I tell staff if I'm worried", "Everything's alright" and "I'm happy."

Risks of abuse to people were reduced because there was a thorough recruitment procedure for new staff. Staff told us about the recruitment process and explained how they felt supported when they started work. We looked at the recruitment records for four members of staff including the registered manager. These showed the provider had carried out interviews, obtained references and a full employment history and carried out a Disclosure and Barring Service (DBS) check which checked people's criminal record history and their suitability to work with vulnerable people before they commenced employment. At the time of the inspection, there were no staff vacancies in the home.

Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. Staff told us information was available to them on a safeguarding flowchart and explained they could speak with any manager. Staff said, "It's important to report it as soon as possible" and "I can phone safeguarding myself if necessary." This meant staff were aware of their responsibilities to report any safeguarding concerns and knew how to escalate their concerns outside the organisation if necessary.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staffing rotas showed there were always four staff on duty between 9am and 3pm and two or three staff at other times. There were four care staff, one senior and one deputy manager on duty during the inspection. This meant staff had access to guidance and information immediately they needed or required it. Staff told us additional staff could be brought in as needed. Where agency staff were used, we saw the same staff were brought in so they knew people's needs. Staff said, "This is like a family home to staff as well."

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments were personalised for people's needs and covered topics such as swimming, hot surfaces in the kitchen and road safety. The care plans gave guidance for staff on how to minimise the risks. One person's care plan identified staff needed to make sure drinks were the correct temperature before they gave the drink to them, because they would drink it straight away and might scald themselves. Staff we spoke with were aware of this and we saw they were also careful to watch other people's drinks in case these were picked up accidentally. Guidance was also available for staff about anything that might cause people to become aggressive. Staff explained the training they had been given about how to deal with this. This meant risks to people had been identified and staff were given guidance to reduce or eliminate these risks.

People's medicines were administered by registered staff who had annual refresher training and their competency assessed every six months to make sure their practice was safe. There were suitable secure storage facilities for medicines which included storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. Where medicines were supplied in boxes instead of the blister packs, they were counted twice daily and signed for.

We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. Some people were prescribed medicines on an 'as required' basis. Care plans gave staff information how to support people with their medicines. This meant peoples medicines were well managed to ensure people received them safely and effectively.

Good

Is the service safe?

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. People had individual evacuation plans to follow in the event of a fire within the home. Training records showed staff received fire safety training. This meant staff knew the processes to follow in the event of an emergency.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff told us, and records confirmed that staff completed a range of training which included first aid, food hygiene and medicines. Staff also completed specialist training in autism, dementia and sensory training. Five members of staff had been trained to use" Makaton", which is a communication method using signs and pictures. Staff told us their training gave them the skills they needed to do the job and said, "The training covers everything and we can print out what learning we've done" and "Most training is done annually." Other comments included, "I have a personal supporter for training, they give me help when I need it" and "We use our training in day to day situations." The results of the last staff survey done in October 2015 showed that all staff felt their induction and training enabled them to perform their role. Staff told us, and records confirmed they had undergone a thorough induction programme which gave them the basic skills to care for people safely.

Care plans gave information for staff about the skills people needed help with to be able to maximise their independence. For example, one person was developing their kitchen skills. This activity had been broken down into small activities and the person was encouraged to take their plate to the kitchen, scrape leftovers into the bin and put the plate in the dishwasher. Another person was being supported by building a portfolio to show their progress towards improving their independence, and their skills were being recognised with a qualification and a certificate. This meant their activities were linked to promoting their independence and their communication skills.

People told us they liked the food and said, "It's good food." People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Eating and drinking guidelines were in place and people were supported at mealtimes to access food and drink of their choice. Staff told us how they gave people as much choice as possible. For example, some people liked to make their choices using picture cards and others liked to have the choices put in front of them. We saw that one person's care plan recorded how they changed their mind about the food they liked and disliked. Risk assessments identified any risks to the person such as a risk of choking. Where people were at risk of choking, we saw most food and drinks were prepared in line with guidelines from a Speech and Language Therapist. One person's care plan had omitted information from a Speech and Language Therapist, however, the deputy manager corrected this omission immediately it was pointed out to them and we saw all staff were made aware.

Theme nights were held where the menus had been chosen by people living in the home. We saw people were involved in menu planning when they discussed their choices with their key workers. The provider had assessed people and were able to show that no-one required specialist diets such as vegetarian, sugar free or gluten free meals. We saw staff were trying a variety of ways to encourage one person to eat their meals. Care plans recorded where staff sought guidance from dieticians and G.P's. This meant people were supported to make choices around their meals and professional guidance was available as necessary.

The home arranged for people to see health care professionals according to their individual needs. Seizure records were kept for people living with epilepsy, which also gave important information about activities and events which may trigger a seizure. This meant health care professionals had information they needed to be able to monitor and treat the person effectively.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on

Good

Is the service effective?

authorisations to deprive a person of their liberty were being met. The manager was aware of the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DOLS). These safeguards are used when it is necessary to deprive someone of their liberty in order to keep them safe. Two people had standard authorisations in place and these were reviewed when necessary. Staff told us, "We always assume capacity" and "We have best interest meetings where necessary, and people's capacity can change."

Each person had a best interest profile and each situation which required a decision was looked at separately. The profile gave information for staff about how they should gain consent, such as explaining things to people, asking them, contacting social workers and holding best interest meetings. For example, one person had capacity for most things but would not be able to consent to hospital treatment. A capacity assessment, best interest decision and information about an advocate were available in their care plan. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us, "We involve the individual, parents and social workers in meetings. If people can make the decision themselves, they do." This meant people who lived in the home were involved in decisions about what care or treatment they received.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. People told us, "It's good here", "I like it here" and "I'm very happy I'm in this house." Staff told us about things that were important to people. For example one person's care plan identified, and staff confirmed, they had to have a cup of coffee first thing. Staff told us, "I'm loving my work, it's better than I expected" and "We make a difference, people here are amazing." Family comments on the last survey done in October 2015 showed that relatives felt staff communicated with them very well and one relative said, "Staff are very friendly."

People's privacy was respected and all personal care was provided in private. Staff said, "When people leave their door closed we respect their choice, if they want us they'll ask for us" and "We're observant of where people are, but we're not in their space." Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Staff told us they felt they had good relationships with parents. We observed one carer phoning a parent to tell them about the activities their relative had done that morning. The parent was very pleased the activity had been a success.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. We observed one member of staff reading a story to one person. The person knew the story well and they were encouraged to contribute some of the words. When they wanted to stop, the member of staff immediately responded to their request. Staff told us, "Everything is people's own choice" and "We ask them what they want, it's their home and their decision."

One person's care plan identified the need to use a plate guard to stop food falling on to the table. However, the information for staff said the person did not want to use plate guards when eating outside of the home, so staff were to push their food to the centre of their plate. This meant the person's choices and dignity were respected.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Annual reviews were held when people could invite anyone they wanted to the meeting, including staff, relatives and social workers. The decisions made at these meetings were reviewed six months later. Feedback from relatives in the October 2015 questionnaire showed that families liked the annual and six month reviews.

The home had an Equality and Diversity policy and we saw staff had completed training in line with this policy. People's life histories, culture and religion were recorded in their care plans and staff we spoke with knew about these. The home had made good links with local churches. Three people were able to attend church services and staff supported them to take part in 'bring and share' lunches. The home used to have access to a minibus and recognised that some people were struggling getting into the vehicle. Staff discussed the problems with people and a different vehicle was obtained which was easier for older people to use. Staff said, "We give everyone equal opportunities to do things. Just because someone is getting slower at doing things doesn't mean they don't want to do it." This meant staff recognised and responded to people's changing needs and preferences.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. We saw people had been supported to decorate their rooms according to their own tastes and preferences. People told us, "Staff help me with my room" and "I had my room redecorated; I went out with staff to choose what I wanted." Staff told us, "This is a fabulous house" and "Everyone is different. We use different communication methods such as pictures to give people the opportunity to make decisions themselves."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans gave guidance for staff how to meet people's daily needs such as personal care. Care plans also gave staff information about how the person liked to be given information, for example using photographs, gestures or objects of reference. Staff confirmed this and told us about people's likes and dislikes and how they communicated. We observed staff putting this information into practice when they were giving people choices about the activities they wished to do.

One person's care plan identified they were unable to communicate when they were unwell but would be very upset; staff we spoke with confirmed they knew what to look for. Another person's care plan identified they needed time to process details and staff should wait for them to do this. Information in care plans was also in an easy read format, so people could be involved with their own care plans. Triggers which may cause people anxiety and ways to help people reduce anxiety were also identified. Staff confirmed they were aware of these. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed.

Health action plans identified the support people needed to be able to stay healthy. G.P's and other healthcare providers were involved, such as dentists and dieticians. We saw people were supported to follow guidance from healthcare professionals, for example, one person walked around the grounds regularly following advice from a G.P.

Where people chose to refuse treatment, their decision was respected. One person chose not to see an optician or chiropodist, their choices had been recorded. Information which would help staff look after people who may need hospital treatment was also readily available. This gave information hospital staff must know, information which would help and information which was not essential. This meant the stresses involved with hospital treatment could be reduced because hospital staff knew what was important to people.

People were able to take part in a range of activities according to their interests. Activities available included day trips, theatre and cinema outings, visits to the pub and other venues. People were supported to take an annual holiday. We saw all activities were personalised to meet people's individual preferences; one person gave their calendar to staff and told them what they wanted to do each day. People told us, "I like going out" and "There's lots of things to do."

People's activity planners had photos of the staff who would be supporting them for that activity, so they knew who would be there with them. Staff helped people keep a journal with photographs of their activities; this meant they could be reminded of activities they had enjoyed. People told us, "I'm going to the pub later", "I like bike rides and go on holiday; I've been to Portugal." One person had been supported to obtain employment. Staff told us, "We've got a good mix of characters" and "It's nice to see what people can do." Comments from families on the last survey done in October 2015 showed that families were happy with the timetables and activity rotas provided and felt the home provided a good range of activities.

Keyworkers wrote newsletters for relatives to keep families informed about activities and other topics of interest to families. Staff had completed a sponsored walk to raise funds to provide a sensory room in the home. The deputy manager told us staff had plans to continue fundraising to provide additional facilities for people, these included providing a special bike suitable for people who otherwise couldn't ride one and changing the garden. Feedback from relatives in the latest questionnaire, October 2015 showed that relatives thought the newsletters were good. People were supported to maintain contact with friends and family. Where people were able, they were supported to go home at weekends to stay with their families.

Good

Is the service responsive?

The registered manager sought people's feedback and took action to address issues raised. We saw the results of the last questionnaire completed in October 2015 which showed everyone was happy, felt safe and felt the staff communicated well. Relatives rated the communications between them and staff as very good. Relatives also said they felt the home met people's individual needs and were happy with the level of support provided. Staff were asked their views as well, and results of the staff questionnaire showed staff felt supported, felt the training was effective in giving them the skills they needed to do the job and the manager was easy to talk to.

Each person received a copy of the complaints policy when they moved into the home. We saw the complaints records which showed only one informal complaint had been received in April 2015. Agreement had been reached between both parties and actions had been taken as a result. This meant the service listened to complaints and made changes to improve the service.

Good

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Everyone we spoke with told us there was an open door policy in the home and they could go to the managers at any time. Staff said, "The deputy is the best manager I've ever worked with, she's always looking to improve things" and "With a strong manager, everything else falls into place." Other comments included, "I can go to the managers at any time, they'd listen", "I'm able to raise any concerns with them" and "I'm very much supported. If I have a problem I know it will be sorted."

The registered manager had a clear vision for the home. They told us they expected staff to support people to be as independent as possible; we saw this was achieved through the way people were supported to access community activities. Staff confirmed this and told us, "We make sure everyone has opportunities to go to clubs and be involved in the community." The manager's vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The deputy manager encouraged staff to take part in reflective supervisions, where staff chose what they wanted to discuss. Staff told us, and records confirmed that supervisions were held regularly. Staff said, "It's my opportunity to discuss training and opportunities and to say how I feel."

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. A senior management team completed audits of the house environment and we saw action plans where improvement work had been identified and carried out. A senior carer completed audits of care records. The deputy manager was involved in audits checking the quality of staff development. We saw that where shortfalls in the service had been identified action had been taken to improve practice.

We saw minutes of team meetings which showed any identified actions from audits were monitored until they were completed. The deputy manager told us how team meetings were used for team building events and role play to help staff understand the communication difficulties people experience. Staff confirmed they attended team meetings regularly and told us, "We also have the communications book which we read every shift, this give us daily updates" and "Every team meeting we highlight one person and go through their needs, it works really well."

All accidents and incidents which occurred in the home were recorded and analysed. Staff had the opportunity to speak with a senior member of staff to be de-briefed and supported following an accident or incident if necessary. We saw the incident record which showed staff recorded everything, including if, for example, one person who chose to drop to the floor on some occasions did so. This meant staff were able to identify any trends or changes and were able to respond quickly, thereby keeping the person, themselves and others safe. The accident records were not available to us at the time of the inspection, because they were recorded electronically and the computers weren't working. The registered manager assured us the accident records were scrutinised by senior managers and any issues were acted on immediately.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.