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Knightwell 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 ●

Summary of findings

Overall summary

What life is like for people using this service:

- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. 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 treated with kindness and compassion. People's rights to privacy were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

Rating at last inspection: Good. The last report for Knightwell House was published on 5 July 2016.

About the service: Knightwell House is registered to provide care for 13 people. The service cares for people with learning disabilities and at the time of our visit they were providing care and support for 11 people.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated as Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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.

Knightwell 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 checked 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.

Inspection team: The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of experience were mental health and autism.

Service and service type: Knightwell House is registered to provide care for people with learning disabilities and autistic spectrum disorder. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during 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: This was a comprehensive inspection which took place on 6 December 2018 and was unannounced.

What we did when preparing for and carrying out this inspection: When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

Inspection site visit activity started on 6 December 2018 and ended on 6 December 2018. It included discussions with people who use the service, their relatives, members of care staff and the registered

manager. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally. We visited the office location on 06 December 2018 to see the manager and office staff, and to review care records, policies and procedures.

During our visit we looked at the care records of three people and three staff files as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- People told us they were confident care staff kept them safe and secure. One person told us that they felt safe and could talk to staff if they were worried or concerned about anything.
- We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff told us they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff said, "If I thought anyone was being abused or in trouble, I'd go to [registered manager's name]".
- Staff understood their responsibilities for reporting safeguarding incidents if they suspected someone was at risk of harm or abuse.
- The provider had a recruitment policy in place and staff told us they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- The registered manager told us people's risk assessments were reviewed regularly, although informal observations were carried out daily and any changes were added to people's care plans.
- Risk assessments were reviewed on a regular basis, demonstrating that staff were aware of the risks that each person might be susceptible to.

Staffing levels

- A person we spoke with told us there were enough staff around to support them during the day. They said, "Yes there are enough staff, seven I think".
- The provider had processes in place to cover staff absences. They also had systems to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely. The registered manager told us they never used agency staff and that all staff were extremely supportive, covering colleague absences when required.
- We saw there were sufficient numbers of staff to meet people's needs. A member of staff told us, "There's

plenty of staff around at all times, we're never really stretched that much".

Using medicines safely

- People received their medicines safely and as prescribed. A person told us, "I get them [medicines] morning and evening, they [staff] put them out with my food in a cup".
- We saw staff administering medicines to people. They spoke to people throughout, explaining what medicines were being given and ensuring they were taken as prescribed.
- The provider had systems to ensure medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines. Staff had received training on how to manage and administer medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A person told us, "Yes it's [location] clean".
- A member of care staff gave us some examples of how they maintained a clean environment, "We [staff] all wear gloves and aprons and we have the proper cleaning materials".
- The provider had monitoring systems to ensure the location and people using the service were protected from the risk of infection.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained that all accidents, incidents or 'near misses' were analysed.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

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

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

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. A member of staff told us, "We [staff] get loads of training. I feel I know all I need to know for the job I'm doing".
- The provider had training plans in place which were reviewed and updated on a regular basis. The registered manager responded to training requests made by staff and was aware of the knowledge and skills that staff needed to support people who used the service.
- Staff told us they had regular supervision meetings with the registered manager to support their development. A member of staff told us, "We [staff] have supervision whenever we need it, but it's such a small place [location], I can just have a chat with [registered manager's name] if I need to". The registered manager told us, that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- The registered manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- The provider had processes in place that involved people in how they received personalised care and support.
- From looking at people's care plans we saw that their care needs were supported and they were involved in the assessment process.
- Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs.

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 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).

- All the people living at Knightwell House had capacity to make informed decisions about their care and

support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

- Members of staff told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

Supporting people to eat and drink enough with choice in a balanced

- People told us they were happy with the support they received from care staff with meals and drinks. One person said, "It's [food] alright, we [people and staff] have a weekly meeting to choose food and I had Weetabix and a coffee for breakfast".

- Staff were aware of how to ensure that people maintained a nutritious and healthy diet. A member of staff told us, "The food's really nice, there's a good choice and it's all home cooked".

- Staff supported people to maintain a healthy weight by ensuring that they ate a balanced diet. Dieticians were consulted to provide advice on health and nutrition.

Staff providing consistent, effective, timely care

- The provider supported people with their health care needs. A person told us, "There's a doctors [surgery] just up the road, I see [doctor's name] and the nurse comes here sometimes".

- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff said, "They [people] get to all of their [health] appointments, and when [person's name] was in hospital [registered manager and deputy manager's names] went 'above and beyond', they were there [hospital] all the time".

- We saw that information regarding people's changing health needs was shared between staff during shift handovers.

- People's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises. We saw rooms decorated to people's individual tastes which reflected their personalities and interests. A member of staff told us, "They [people] all have their rooms decorated how they like them, it's wonderful".

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- People told us that staff treated them with kindness and compassion. One person said to us, "[Deputy manager's name] is nice to me, she takes me down the football matches".
- People were encouraged to express their views on how they preferred to receive their care and support.
- We saw caring interactions between people and staff throughout our visit. Most people and staff had been at Knightwell House for a long time and there was a genuine family environment within the home.

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

- The provider supported people to express their views so they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service and personalised care plans with people's input documented.
- A person we spoke with told us, "Yes, we have meetings about problems, food and if we are happy".
- Care plans were reviewed and updated on a regular basis to ensure that people's care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff all knew the importance of respecting people's privacy and dignity. A person we spoke with said, "When I'm in the toilet they [staff] don't come in". A member of staff said, "If anyone wants to talk to me in confidence, I take them to one side so that we can talk in private".
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were encouraged to be as independent as practicable. A member of staff told us, "They're [people] encouraged to be as independent as possible, [person's name] has a job at [job location] and others go out shopping, or do things around the house".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People received personalised care that was responsive to their needs. A person we spoke with said, "They [staff] take me out, we went to buy new shoes and a coat for winter last week".
- The provider responded to people's individual needs as and when required, for example; we saw a person, who used to be incontinent, responding to a personal alarm to inform them when to go to the toilet. This enabled them to take control of their own movements and they were no longer incontinent.
- Staff told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found that staff knew people well and were focussed on providing personalised care. A member of staff told us, "We [people and staff] know each other so well, we've all been together for such a long time, we're a real little family".
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff told us how they offered people the same opportunities and did not discriminate on the grounds of gender, culture, race, sexuality or ability. They said, "Everyone should have the same opportunities in life".

Improving care quality in response to complaints or concerns

- The provider had procedures which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service. There were currently no complaints that needed to be dealt with.

End of life care and support

- The provider had processes to support people who required end of life care and support. There were no people living at Knightwell House that required this level of support at the time of our inspection visit.

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff were involved in making decisions about how the service was run. A person told us, "Sometimes we fill out questionnaires. It asks all sorts of things".
- We saw copies of meetings with people and staff which showed they were consulted on how the service was run.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other through the day, sharing jokes and enjoying each other's company. A person told us, "I go and talk to [registered manager's name], he's always around".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A member of staff told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests.
- Staff told us they felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- Staff told us that they felt they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.
- The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.
- Staff told us they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- 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 receive. The provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff

- The provider regularly engaged with people and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussions and used to develop service provision.
- Staff told us they were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The registered manager had developed close working relationships with other health and social care professionals, which ensured that people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had systems for reviewing care plans, risk assessments and medicine recording sheets.
- The provider used feedback from people and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provided. They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.