Edge View Homes Limited

Knoll House

Inspection report

The Avenue
Penn
Wolverhampton
West Midlands
WV4 5HW

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

About the service
Knoll House is a residential care home and supported living service providing personal care and support services to adults living with autism, learning disabilities and mental health conditions. The residential care home can accommodate up to nine people and the supported living apartments can accommodate up to eight people in one adapted building.

Knoll House is also registered to provide domiciliary care in the community but no people are currently in receipt of this service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The residential accommodation within the service includes specialist flats for those living with complex needs in addition to '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. The supported living flats all have their own kitchen and laundry facilities to promote people's independent living skills further. At the time of the inspection there were eleven people living at the service; five in the residential service and six people in supported living.

There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home or supported living accommodation. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People were safe. Effective systems were in place to keep people safe and staff understood how to keep people safe. People's risks were assessed and staff understood how to manage risk. People were supported by a sufficient number of safely recruited staff. People were supported on a 1:1 basis when needed to maintain their safety. Medicines were stored and administered safely and clear protocols were in place to guide staff when to administer 'as required' medicines. Staff followed infection control procedures. When incidents occurred, lessons were learned and action was taken to reduce the risk of reoccurrence.

People's needs were assessed in a holistic way and people's choices were considered. Staff understood how to meet people's needs. People were supported by staff who were appropriately trained and had the skills to provide effective care. The service was proactive in engaging in further training where skills gaps were identified. People in residential accommodation were given a choice of meals and drinks. People in

supported living accommodation were supported to undertake shopping and prepare meals for themselves. People were supported by staff continuity where possible to meet their needs. People's weights and blood pressure was monitored when needed and people were supported to access health professionals. People lived in a home that was adapted to promote their independence and meet their needs. People were able to personalise their flats and rooms in line with their preferences.

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

People were supported by kind and caring staff who knew them well. People had a good rapport with staff. People were supported to make decisions regarding their own care. Staff promoted people's independent living skills and encouraged positive risk taking. People were supported by staff who promoted and respected their dignity.

People were involved in planning personalised care and were supported to design their own care diaries. People's diverse needs were considered in care planning including how to support people to appropriately express their sexuality. People's communication needs were considered and documentation was in pictorial form to support people's understanding. People's relationships with their families were encouraged and people had been supported to re-establish positive relationships. People were supported to engage in activities of their choice. A complaints policy was in place and complaints were addressed in line with the policy. People's end of life wishes and preferences had been discussed with them and documented.

The provider promoted an empowering person-centred environment which focused on people developing their independent living skills. Health professionals told us the provider was open and honest when things went wrong. Effective audit systems were in place to check the quality of the service. Multiple audits were undertaken at varying levels of management to ensure that action was taken to address any issues identified. The provider engaged people, professionals and staff in the running of the service and made changes in response to feedback provided. The provider was focused on continuous learning in order to improve care provided to people. The provider worked closely with health and social care professionals to promote a positive care experience for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection
The last rating for this service was good (published 24 May 2017).

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Knoll House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in eight 'supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is also registered as a domiciliary care agency but does not currently provide any domiciliary care to people.

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. On the day of inspection, the registered manager was not available.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the HR director, operations co-ordinator, support manager, deputy manager, support workers, seniors and a cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person told us, "I feel safe here."
- Effective systems were in place to keep people safe and staff understood how to keep people safe. Staff knew the different types of abuse and how to address safeguarding concerns. One staff member told us, "[Person's name] was self-neglecting and causing harm to themselves. I spoke with the care co-ordinator and then the registered manager and we raised a safeguarding to the local authority."
- Safeguarding referrals were made to the local authority when appropriate.

Assessing risk, safety monitoring and management

- People's risks were managed safely.
- People's risks were identified and given a low, medium or high risk level. Where risks had been identified as high risk, further detailed assessments had been undertaken that guided staff how to manage the risk.
- For example, where one person had been identified as high risk of harm to others, clear guidance was in place to guide staff how to de-escalate the situation including when to administer 'as required' medicines and when to follow restraint training.
- Staff understood how to manage risk to people. One staff member told us, "Person's name will get abusive to staff and strangers. We have to monitor them to make sure they have nothing sharp as they are prone to self harm. They have to use plastic cutlery."

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff to meet their needs.
- Where people required 1:1 support to meet their needs, this was provided.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were received prior to staff commencing employment.

Using medicines safely

- Medicines were stored and administered safely. People's medicines were stored individually in locked cabinets.
- One staff member told us, "We have training for medicines. There are two different types, one means you can administer medicines and the other means you can only witness."
- Staff used Medicine Administration Records (MARs) to record people's medicine administration. When people refused medicines, staff followed procedures to log medicines required to be returned to the pharmacy.

● Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines (PRN).

Preventing and controlling infection

● People were supported by staff who understood how to prevent the spread of infection and followed infection control procedures.

● For example, staff were observed wearing gloves to undertake medication counts and the chef wore a hairnet and apron when preparing food.

Learning lessons when things go wrong

● When incidents occurred, they were reviewed by a manager and actions were taken where needed to reduce the risk of reoccurrence.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed in a holistic way and reflected people's individual choices. For example, assessments considered people's religious and cultural needs and their life histories.
- Assessments and care plans included specialist input and specific plans for people's health.
- Care plans were reviewed regularly and as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices and detailed when staff would know care had been successful in meeting people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective care. A health professional told us, "The staff are skilled to meet people's needs."
- Staff told us training is in place for all aspects of their role and records confirmed this. Staff understood their training and applied this when supporting people.
- A health professional told us where staff required skills development to meet the complex needs of a person, the service was proactive in working alongside them to engage with further training.

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

- People who lived in residential accommodation were given a choice of meals and drinks which were prepared for them. They also had access to a therapy kitchen where they could make their own drinks and access a fridge. One person told us, "I sometimes do cooking myself and I can choose what I want to eat."
- Some residential flats had their own kitchens and people were supported to prepare their own meals to aid their independence where able to do so.
- People living in supported accommodation were supported to undertake their own shopping. One person told us, "I go with staff food shopping. I pick what I want to buy, I've got a list in my head."
- People were supported to maintain a balanced diet. For example, one person had high cholesterol so staff encouraged them to make healthy choices when eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by continuity of staff that limited changes to help to meet people's needs. For example, one person responded better to some staff members, so the service tried to observe this to minimise risk to the person.
- Health action plans were in place and people were supported to access health professionals when

needed. For example, one person's health action plan showed they had been supported to attend optician's and doctor's appointments.
● The service worked closely with a multi-disciplinary team of professionals to -promote the most effective outcomes for people. One health professional told us, "Communication has improved. The service is open, transparent and dynamic."
● People's weight and blood pressure were monitored when needed and appropriate referrals were made if further professional input was required.
● People had hospital passports in place to help guide staff how to support the person if they attended hospital.

Adapting service, design, decoration to meet people's needs
● People lived in a home which was adapted to promote their independence by ensuring there were no obvious signs this was a care home.
● Some people who lived in residential accommodation had their flats adapted so they could access their own kitchen to ensure their independence could be promoted. One person told us, "I'm happy with how my room is but when I move into supported living, I will do it myself. They'd be happy for me to adapt my room now though."
● People's bedrooms and flats had been personalised by them to ensure their likes and preferences were reflected. For example, one person's room was furnished with furniture they had made themselves at a woodwork group they attended.

Ensuring consent to care and treatment in line with law and guidance
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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

● Staff understood the principles of the MCA and knew how this applied to supporting people.
● Decision specific mental capacity assessments had been completed including regarding whether people could make decisions regarding alcohol consumption and locked doors. Where people were unable to make decisions for themselves, 'best interests' decisions had been made in the least restrictive way possible. One professional told us, "I really do rate the service, they always look at least restrictive options to people."
● Staff asked people for their consent before they supported them.
● DoLS applications had been made where needed and staff understood how this applied to people. One staff member told us, "[Person's name] has a DoLS in place. They are not allowed to leave without staff,

can't buy alcohol or have access to money."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were supported by kind and caring staff who knew them well.
- People were relaxed and appeared happy speaking with staff. We observed staff speaking to people about topics of interest to them and using language they understood.
- People told us they had a good rapport with staff. One person told us, "I get on well with [Staff member's name], I go and chat with them."

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

- People living in residential accommodation and supported living told us they were supported to make decisions regarding their care. One person told us, "I can choose what to eat and what I want to do." One staff member told us, "[Person's name] chooses when to get up, what they want to do. They do a planner and change it when they want to."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence. One person told us, "I do cooking sometimes myself and do laundry myself." One staff member told us, "People are encouraged to be independent. [Person's name] is independent, they can do most things for themselves. They support staff in the kitchen. Most people are independent with personal care."
- One professional told us the service promoted positive risk taking which promoted people's independence.
- People were supported by staff who respected their privacy and dignity. One staff member told us, "We make sure we knock doors and wait for a response."
- Where people had 1:1 support in place, staff ensured monitoring was done from outside the bedroom to ensure their privacy was promoted.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in care planning and in establishing their weekly diaries. One person told us, "I know what I want so these are my goals and staff support me to reach them." We saw each person's weekly diary was different and had been completed by them.
- People's care plans were personalised and presented in an easy read format where needed. For example, care plans gave detailed descriptions of how people would present depending on their mood and clearly identified how people's needs could be met.
- People's diverse needs were considered in planning. For example, one person's care plan included how they would be supported to meet their needs regarding sexuality.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered and information was provided to people in a way that was compliant with the AIS. For example, one person who was living with a learning disability had pictorial diaries and daily living and support need documentation in place to support their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain and develop relationships with people important to them. For example, one person told us staff had supported them to re-establish relationships with family members they had not seen for a number of years.
- People were supported to engage in activities of their choice. One person told us they had chosen to go to a Christmas Market so staff were taking them there and another person told us they enjoyed attending a woodwork class each week.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people knew how to complain. One person told us, "I would be able to tell staff if I had concerns."
- Care plans showed staff had regular detailed conversations with people to ensure they understood how they could make a complaint.
- Complaints and verbal concerns were logged and actions were taken where needed in order to address

them.

End of life care and support

● People's end of life wishes were discussed and their preferences at this time of their life were documented. For example, we saw one person's end of life plan included details regarding the music they would like played at their funeral and how they would like people to dress.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider encouraged a person-centred approach focused on promoting people's independence. Staff understood and followed this ethos.
- People were supported to achieve positive outcomes by being empowered by the provider. For example, one person told us they had been institutionalised for 25 years but they had been encouraged to speak about their journey through the care system at hospital and university events which made them feel very proud.
- The journey through the service was developed in a way that enabled people to achieve optimum outcomes. For example, people were supported to learn new skills in a residential setting and could then progress and improve their confidence to gain further independence within supported living accommodation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider complied with the duty of candour. The management team we spoke with on the day of inspection were open and honest and one health professional we spoke with confirmed the provider was always open if things went wrong.

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

- Effective audit systems were in place to check the quality of the service and action was taken when audits identified any issues.
- Medicine audits were undertaken daily, weekly and monthly to ensure that any errors were identified and addressed immediately.
- Accidents and incidents were analysed at multiple levels of management so trends could be identified. Action was taken when required to reduce the risk of further occurrences. For example, one person should have been using plastic cutlery as part of their risk assessment. An audit count of the cutlery found discrepancies so the registered manager implemented a more robust system immediately and this was shared with staff during a staff meeting.
- The provider used an action plan which corresponded with each of CQC's Key Lines of Enquiry to ensure that all actions from each audit were addressed and action taken was compliant with CQC guidance.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications

to CQC. The last inspection rating was clearly visible on display at the home.

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

● The provider sought to engage people in the service. We saw regular meetings were held with people and surveys had been issued to obtain people's feedback. One person submitted a survey requesting a review to discuss independent living in a flat and unescorted leave, and the review was arranged within six days.

● Professionals working with the service were also asked to complete surveys to provide feedback. One professional had fed back that staff are welcoming and knowledgeable and adopt a flexible approach.

● Staff were also encouraged to make suggestions about improving the service during team meetings and supervisions.

Continuous learning and improving care

● The provider positively engaged with learning opportunities to improve the quality of care people received. For example, one health professional told us they had offered training specific to managing the needs of a person and this had been accepted and provided to staff.

● The provider made changes when audits identified issues and different processes were also put in place when incidents occurred

Working in partnership with others

● The provider worked closely in partnership with other health and social care professionals. One professional told us, "The working relationship with the team is very positive."

● Multi-disciplinary team meetings were held with other professionals when needed particularly if there had been an incident.