

Edge View Homes Limited

Knoll House

Inspection report

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Tel: 01902330559

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, Right care, Right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Knoll House is a residential care home and supported living service providing personal care and support services to autistic people, people with a learning disability and people with a mental health condition. 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. At the time of our inspection five people were living in the residential care home. Eight people were living in the supported living apartments, however not everyone who used this service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Knoll House is also registered to provide domiciliary care in the community although at the time of this inspection no one was currently in receipt of this service.

The residential accommodation within the service included specialist flats for people living with complex needs in addition to 'moving on' flats. The moving on flats are designed to enable people to live more independently and prepare them for moving into their own accommodation. The supported living flats all have their own kitchen and laundry facilities to promote and enable people to live an independent life.

People's experience of using this service and what we found

Right Support

People had a choice about their living environment and were able to personalise their rooms and flats. The residential home was currently going through a refurbishment. People had been involved in choosing the colour scheme in the lounge and dining areas and one person told us how they had suggested additional pictures in the lounge.

People were supported to have the maximum possible choice, control and independence and they had control over their own lives. People chose how to spend their day and staff encouraged people to make their own decisions.

People were supported by staff to pursue their interests. One person told us about their interests and future goals. Another person told us about their college course, they were proud of their achievements.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff communicated effectively with people. Staff told us how best to communicate with people and how to adapt our pace to enable people to participate fully in the conversation.

People played an active role in maintaining their own health and wellbeing. One person informed us why they intended on becoming fit and healthy. Staff actively encouraged people to take healthier food and drink options.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had been recruited safely and all relevant pre-employment checks had been taken.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Documents were printed in easy read formats and each person had a communication passport.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People were actively involved in co-producing their own risk assessments.

Right culture

People could choose to have their relatives or significant others involved in the service. The registered manager told us they respected people's choice to involve others in the care and support provided.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff told us their main reasons for working was to enable people to be independent and live fulfilling lives.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Each person was supported by key working staff who worked with the person to review monthly goals and wellbeing.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. People were actively encouraged to be involved in the community. The location of the home was within an easy walk of local amenities.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People were included in regular meetings and they were actively involved in reviews of support and care needs.

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 12 December 2019).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support Right care Right culture.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Knoll house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 although it was not currently providing any domiciliary care to people.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. People who used this service were able to communicate verbally. We were advised how to adapt our verbal pitch and pace to ensure all persons had the opportunity to engage in conversations.

We spoke with eight members of staff including the CEO, registered manager, members of the management team, senior support workers and support workers. We spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

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 told us they felt safe living in the home and with the staff who supported them. One person said, "Yes, I am safe here." Another person said, "They [staff] are always there when I need them. They [staff] help me."
- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member told us about the whistle blowing policy, they said, "It's all about understanding our duty to report poor practice. We can do this confidentially."
- People and those who matter to them had safeguarding information in a format they could use. Certain policies were written in an easy to read format, these used pictures to show people how to complain and raise concerns.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in making decisions about how to keep safe. We saw a person discussing risks and contributing towards a risk assessment for an activity with the staff team.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative told us, "They do their best to give people a wide choice with the difficulties they have."
- The service helped keep people safe through formal and informal sharing of information about risks. One visiting professional said, "The service is supportive and proactive in their approach, we receive detailed communications of any incidents or concerns."
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.

Staffing and recruitment

- People in supported living received a designated number of supportive hours from staff members. We saw how one person wanted more support from staff to help them develop additional skills. The registered manager responded straight away and changed the hours to provide support at the time the person chose.
- The service had enough staff, including for one-to-one support for people to take part in activities how and when they wanted.
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received the right medication at the right time by trained staff. One person said, "The staff give me my tablets. They never forget and they are never late."
- Staff made sure people received information about medicines in a way they could understand. Care plans contained information in pictorial and easy to understand format explaining each medication and the reasons for taking it.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic. There were regular cleaning schedules and audits of infection control. One person told us how important it was for them to clean their room themselves. This was respected by the staff team.
- The service prevented visitors from catching and spreading infections. All visitors were required to wear masks and to sign into the home evidencing negative COVID-19 checks.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- A visiting professional told us how the service is regularly recognising and reporting safeguarding concerns. They shared an example of how a recent medication error had occurred and how the service took to mitigate the risk of recurrence.
- There was a culture from learning lessons when things went wrong. We saw critical incident analysis, accident and complaint reviews. These were discussed in operational meetings and actions shared with the staff team.
- People received safe care because staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People and staff reviewed plans regularly together.
- There were clear strategies to enhance independence. One person told us about their college course. Another person told us about their future plans and told us how they were going to achieve their goals.
- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. Care plans included relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support, equality and diversity and least restrictive interventions.
- Staff told us they received a high level of training. One staff member said, "The training was really good. It opened my eyes to the differences of people and how I can help and support people to develop new skills." Another staff member said, "The training was intensive, it was really good."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "We have supervision every two months. They are very supportive. Although, if we have a concern or want to speak to the manager we just do. They have an open-door policy."

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us they were going to prepare their own lunch. They showed us the products they had chosen and bought from the local shop.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. One person informed us they were trying to lose weight and had cut down on energy drinks.
- Mealtimes were flexible to meet people's choices. People could prepare their own meals or have staff prepare them. People told us they could choose to eat out or receive a takeaway.

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

- The home was a little tired and there were areas where paint was peeling. One window had a crack and it was evident a hole in the wall had recently been filled. The registered manager showed us plans of a

re-decoration project planned and plans when the window and wall were to be repaired.

- People personalised their personal rooms and flats. People were included in decisions relating to the interior decoration and design of their home. One person told us they had been involved in choosing the paint colour for the re-decoration plan and had chosen another picture for the wall.
- The design, layout and furnishings in a person's home supported their individual needs. There was open access to a well-maintained garden space, areas to sit quietly, areas to enjoy social activity and areas to prepare food and drinks.

Supporting people to live healthier lives, access healthcare services and support

- People had health plans and health passports which were used by care professionals to support them in the way they needed.
- Multi-disciplinary team professionals were involved in support plans to improve people's care. One visiting professional told us how they worked together with the service to monitor safety and wellbeing of people.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw referrals to speech and language therapist and dietitians.

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 empowered people to make their own decisions about their care and support. They clearly understood the principles of MCA, one staff member told us, "You must always assume the person has capacity to make their own decisions. If they lack capacity, then any choices made must be least restrictive and decision specific."
- The registered manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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 felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "I get anxiety and when this happens the staff calm me by talking and giving me reassurance and this makes me feel better."
- Staff were patient and used appropriate styles of interaction with people. One staff member informed us how to alter our conversation to ensure the person was engaged in our conversation.
- Relatives felt the care was personalised. One relation said, "They [staff] are good with [my family member]. [My relative] is content and fulfilled."

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

- People felt listened to and valued by staff. One person said, "The staff know my needs. They know I like my own space and to go out on my own. They let me do these things. This makes me very happy."
- Staff respected people's choices and wherever possible, accommodated their wishes. One staff member told us how each person had keyworker. A keyworker is the central point of contact for the person with a learning disability, their family members and carers. The keyworker is responsible for overseeing the care and support the person receives and for supporting the person to communicate their wishes, concerns and needs.
- Each month the keyworker completed a diary with the person. This included the persons achievements and plans for the next month. We saw copies of the last diaries completed with people.
- People felt confident to feedback on their care and support. We saw complaints raised by people who use the service and how these were taken seriously and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People had confidence their privacy would be respected. We asked one person if they could show us their bedroom. They replied, "No, you cannot. It is private." This was positive because it demonstrated people understood their rights to privacy.
- Staff understood the importance of promoting independence. One staff member told us, "It is so important to try to encourage people to do as much as they can, encourage people to achieve. This supports their identity, they sometimes need support to achieve their goals but they can get there with support."
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

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 learnt everyday living skills with staff who knew them well. We saw people being encouraged to complete daily tasks of living such as cooking and shopping.
- Staff used innovative methods to support people to understand the importance of personal care. One person told us it was important to be clean and presentable due to their ultimate career goal. Staff positively reinforced this message.
- People were supported to understand their rights and explore meaningful relationships. One person was in a relationship with another person living outside of the home. Staff supported the person to maintain their relationship. Care plans detailed people's rights to vote and how to support people to do so.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and informed others about people's preferred communication.
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations. One strategy detailed how the person should be offered to accompany staff for a walk when they became quiet or withdrawn.
- Care plans and policies were written in easy to understand language and used pictures to aid 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 and motivated by staff to reach their goals and aspirations. One person told us about a course they had started. They were proud of their achievements. They told us how complicated and difficult the course was and how at times, they needed support from staff.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One person told us how they enjoyed going to different pub's in the local town and how they liked playing pool in the pub. They went on to describe how they were going to be visiting the library to look at courses available.

- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to use public transport and to take responsibility for cleaning their own spaces. One person told us they liked to be independent clean their own bedroom and how it was very important they went out to the park and other places on their own.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person had complained over an aspect of staff practice. This had been fully investigated and outcomes shared with the person.
- Easy read and pictorial images were used to aid understanding and support people to understand their right to complain.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- At the time of inspection no one was receiving end of life care. Although, people's end of life wishes were discussed and their current preferences were documented. For example, we saw one person's end of life plan included being buried in a different country.

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.

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

- People could choose to have their relatives or significant others, such as their friends involved in the service. The registered manager told us they respected people's choice to involve others in the care and support provided.
- Staff encouraged people to be involved in the development of the service. People had regular residents meeting where it was clear they were involved in all aspects of the home. We saw minutes of these meetings. During one meeting the residents discussed staff vacancies and wanted to know what was being done to replace the staff member.
- Staff felt involved in the service. One staff member told us how they had made a suggestion over the approach used to respond to a person when they were experiencing heightened emotions. This had been taken on and feedback from this approach was very positive.

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

- The registered manager worked directly with people and led by example. One person said, "They are the best manager." Another person said "[Registered manager] always helps me. They are very good."
- Relatives were positive about the management culture. One relative said, "I think the leadership are clued in and do know what [my family member] needs."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "The registered manager is a good leader. I could not have wished for more. They are really supportive to everyone. They always lead by example."

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 registered manager was clear about their duty of candour.
- The service apologised to people, and those important to them, when things went wrong. One staff member said, "The registered manager will put their hand up to apologise if something goes wrong." An apology had been made to a person following a medication error.
- Visiting professionals told us how the registered manager alerted them to incidents and safeguarding concerns in a timely fashion.

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

regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear oversight of the services they managed. We saw how quality performance audits had been carried out and actions taken to correct any shortfalls.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. We saw how care and health plans were regularly reviewed. One staff member said, "People's needs are continually changing, we need to make sure we respond and support people correctly. So, we are continually updating the care and support plans."
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They told us about each person's likes, dislikes, risks and ways to best support the person.

Continuous learning and improving care

- People felt able to contribute to the service in order to enhance wellbeing. One person told us they had suggested a new picture to be put on the wall. The people residing in the home had chosen the new paint colour scheme for the lounge and kitchen. One person told us about an activity they had carried out over the festive period to, "Make the other people happy."
- Staff felt able to suggest improvements to the care practices. One staff member told us how they had suggested ways to support a person to leave their room and engage in activities. Another staff member told us about a visitation suggestion they had made to improve the overall visit. Both had received positive feedback from people and staff.
- Quality systems were robust and consisted of numerous quality audits and checks, including infection control, care records, environmental, complaints and safeguarding.

Working in partnership with others

- The provider told us how they send out questionnaires to professionals to gather feedback on the service provided. Although, these were not often completed and returned. The provider is considering new and innovative ways to gather feedback from professionals.
- Visiting health and social care professionals told us how the provider works with them in partnership. They positively reported how the provider is proactive when sharing incidents and concerns.
- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.