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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Knoll House provides accommodation for up to seven people. The home specialises in varying levels of care and support for people who have autism.

This inspection took place on 24 February and 2 March 2017 and was unannounced.

A manager was responsible for the home. They were not yet registered but at the time of the inspection they were undergoing the registration process with us. 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.

We spoke with one person about their service and had more limited communication with four other people. We also used our observations and discussions with people's relatives and staff to help form our judgements.

People were safe at the home. One person said, "Staff are nice to me." There were adequate numbers of suitable staff to support them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People received effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people saw healthcare professionals according to their individual needs.

Staff provided a caring service to people. People's independence was encouraged and supported. Staff were kind and patient and people felt comfortable and relaxed with them. One relative said, "We are extremely happy with the care staff provide",

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People chose a variety of activities and trips out of the home. One relative said, "[Name] has a little job now which he loves. It's great for him." Complaints were fully investigated and responded to.

The manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement. The manager and provider sought people's views to make sure people were at the heart of any changes within the home.

We have made a recommendation about involving people in decisions about their care.

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.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Requires Improvement

The service was not fully effective.

People's legal rights in relation to decision making were not always upheld.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

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

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Knoll 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 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 24 February and 2 March 2017 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their autism. We met all seven people who lived at the home. We spoke with one person about their service and had more limited communication with four other people. We observed staff interacting and supporting people in communal areas of the home. We also used our discussions with people's relatives and staff to help form our judgements.

We spoke with five relatives, five care staff and the manager. We looked at two people's care records. We also looked at records that related to how the home was managed, such as one staff personnel file, staff meeting minutes, staff rotas, staff training records and quality assurance audits.

We reviewed all of the information we held about the home before our inspection. We looked at notifications we had received. A notification is information about important events which the home is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR) prior to this 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.

Good

Is the service safe?

Our findings

The service was safe. People were protected against the risks of potential abuse. One person said, "Staff are nice to me." People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative told us, "I've never had any concerns about [name's] safety." Another relative said "Oh yes, I think [name] is safe here. Never had any concerns about his safety since he moved here." People looked very comfortable and relaxed with the staff who supported them on both days of our inspection.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Each member of staff told us they thought the home was a safe place for people. One staff member said, "This is definitely a safe place for people to live." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected.

Risks to people's personal safety were assessed and plans were in place to minimise these risks. For example, one person had the risks assessed for their trips into the community and for the activities they enjoyed, such as visiting a local farm. Staff spoke in detail about risks to people and worked in line with the assessments to make sure people remained safe. One relative said, "It's good that [name] goes out a lot, does new things and takes a few risks."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. The home's emergency plans provided information about emergency procedures and who to contact in the event of utility failure.

People had occasional accidents and incidents at the home. Staff completed an accident or incident form for each event which had occurred; these were read by the registered manager and entered onto the provider's computer system. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. We saw people were well supported both in the home and on trips out. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty. The provider employed a small team of 14 staff which ensured consistency and meant staff and people in the home got to know each other well. Staff told us they thought there were enough staff available to meet people's needs. They told us any vacant shifts were covered with permanent staff working additional hours or with regular relief staff. Staffing rotas confirmed this.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable

for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained.

There were safe medicine administration systems in place and people received their medicines when required. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely; each person had a safe place to keep their medicines.

One person partially self-administered but required some support from staff. Staff administered medicines to other people. Staff helped one person at a time, which reduced the risk of an error occurring. A second staff member later checked the person had taken their medicines. Staff received medicines administration training and had a competency check before they were able to give medicines to people. This was confirmed in the staff training records.

Medicine administration records were accurate and up to date. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. The PIR confirmed there had been four medicine errors in the last 12 months. These had been investigated by the manager and the staff involved had been advised of the outcome. Appropriate steps had been taken to prevent a recurrence. There had been no other medicine errors since.

Requires Improvement

Is the service effective?

Our findings

The service was not fully effective. People were able to make some day to day decisions as long as they were given the right information, in the right way and time to decide. People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The 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.

We looked at care records which showed that the principles of the MCA were not always followed when assessing an individual's ability to make a particular decision or when making decisions in people's best interests. For example, one person's medicines had been reduced gradually since 2016; they were not able to consent to this change in their care. A health professional had suggested and overseen the reduction but no MCA process had been followed (where others close to the person could discuss this issue, share their views and make a best interest decision). This meant the person's legal rights had not been protected.

Improvements were needed in people's care records regarding mental capacity and decision making. People's ability to make a number of decisions had been assessed together. This meant that people's ability to make an individual decision at the time it needed to be made had not been assessed. This was not in line with the MCA. Also, one person's records stated in one document a relative had been consulted in making a decision in the person's best interests. Another document about the same decision stated only staff at the home had been involved in making this decision. These issues were discussed with the manager during our inspection. They agreed this area was being improved (with the support of the provider's area manager) to promote people's legal rights.

We recommend that the service reviews national guidance about involving people in decisions about their care, treatment and support.

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 are called the Deprivation of Liberty Safeguards (DoLS). The previous registered manager had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body. One had been authorised. This had expired in November 2016 but staff had applied for this to be renewed. The other applications had been chased several times but were still being considered by the relevant body. This meant people's legal rights had been promoted by the provider in relation to restrictions in their liberty.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "The staff really do seem to understand [name]." Another relative

told us, "Yes, they do understand [name] even though they are quite complex."

New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support people who lived in the home. We saw the induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records.

We viewed the training records for staff which showed all staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who had autism, epilepsy or those who could become upset, anxious or distressed. This ensured staff knew how to meet people's needs.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The PIR stated all staff had regular supervision and an annual appraisal. Records confirmed this. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervision. We follow a new format now which focuses on helping you to improve." Staff told us they felt supported by the manager, and other staff. Comments included: "We are a good, supportive team" and "All the management team are approachable and supportive."

People's health care was well supported by staff and health professionals. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One relative said, "They are good with things like that. The staff know [name] so pick up if he's ill." Records confirmed people saw a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. People had an annual health check. They also had specialist support, such as from a psychiatrist, chiropodist and psychologist, to ensure their health care needs were met.

We saw people spoke with staff about their care needs and the things they wished to do. Staff told us people used a variety of communication methods including speech, written information and pictures. We saw staff used clear, simple sentences and allowed people time to understand and respond. One staff member said, "Most people understand what you say but we use lots of pictures as well. This helps people decide on things like trips out of the home." Care plans contained details about the most effective ways of communicating with each person. Staff knew people well; we saw they were able to communicate effectively with them.

People were able to make choices about what they had to eat and drink. One person said, "I like the food." People decided on what meals they would like for the coming week. Records showed people were involved in choosing varied and healthy meals. If people did not want the planned meal on the day, they chose an alternative. One staff member told us people enjoyed 'themed nights' where they tried different foods from other countries. One person told us they enjoyed the last one, which was an "under the sea" theme. They told us they helped chose the menu for this event.

Staff monitored people's food and drink intake to ensure each person received enough nutrients every day.

We saw people having lunch on both days of our inspection. People appeared to enjoy their meals. There was laughter, chatter and friendly banter between people and staff. This made lunchtimes relaxed and sociable.

Good

Is the service caring?

Our findings

The service was caring. People appeared happy and content. One person said, "I like all the staff. They are nice." People's relatives praised the way staff cared for their family member. There were many positive comments from relatives about staff. These included "They seem to genuinely care about [name]", "We are extremely happy with the care staff provide", and "The staff seem very pro the people here."

People received care and support from staff who had got to know them well. The relationships between staff and people demonstrated dignity and respect at all times. A relative told us, "[Name] has a very good relationship with staff. We are pleased to know he is so happy in his home." One staff member said, "We do know people well. We help them achieve what they want to. We try to push them a little to achieve more." People looked happy and settled; they were relaxed in each other's company and in the company of staff.

There was a calm and homely atmosphere throughout our visits. People used communal parts of the home but also spent time sitting quietly or in their own room if they wished to. Staff knew if a person liked to have time to themselves and they respected this. Two people who liked to sit quietly or spend time on their own had summerhouses in the garden where they could sit if they wished. This showed staff respected people's privacy.

People's care was not rushed enabling staff to spend quality time with them. We saw staffing levels were good and this meant that staff were available when people needed them. People were supported with personal care and trips out of the home. Staff had time to sit and chat or share a joke with people. A relative told us, "It's actually a very relaxed home; very welcoming. [Name] seems very happy here." One staff member said, "There's a lovely, homely atmosphere here."

The PIR stated the service "Ensured people live with dignity and as independently as possible." We saw people's independence was encouraged and supported. People were involved in looking after their home. Records confirmed this. One staff member said, "People do help with things but it depends on the individual. Some people help with the cooking or baking; some people do their own laundry." We saw one person had been baking on the first day of our inspection. Another person offered and then made drinks for us, for staff and themselves

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned. Staff were able to show us how they met individual needs of people with religious beliefs, for example relating to individuals choice of churches they attended. Some people were interested in caring for animals. Staff had arranged for them to help at a local farm and for them to keep chickens in the home's garden.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt. People's views were sought at monthly meetings,

care reviews and person centred planning meetings (where people discussed their feelings, wishes and future goals). There was a lot of information for people displayed in the home. For example, there was a pictorial weekly staff rota so people could see what staff were working each day and overnight. There was other information written in 'easy read' or pictorial formats, such as people's plans for the week and how they could raise a concern. This ensured people had the information they needed.

People could access an advocacy service if they needed an independent person to help represent their views. Details of advocacy services were displayed for people. One person had recently been supported by an advocate to help them decide whether to move into the home. Their relative said the move to the home had gone well.

Staff were very positive about the care they were able to provide; they aimed to provide people with individualised support. One staff member told us, "I think the care is really good. I've seen people change and achieve more. It's lovely to see." Another staff member said, "I love working here. I think we provide really good care. People here seem very happy."

Staff had a good understanding of confidentiality. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. Personal records were stored securely. People's individual care records were stored in the office to make sure they were only accessible to staff.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations. One relative said, "We can drop in and visit whenever we want to."

Good

Is the service responsive?

Our findings

The service was responsive. People were supported to follow their interests and take part in activities, trips and work opportunities. One person said they were able to do things they enjoyed. They said, "I'm doing some painting today. I chose the music [which was playing]. Staff take me out." One relative said their family member "[Name] does lots of things. He seems to be out doing things all the time."

Staffing levels were good and ensured people had opportunities for meaningful activities; people were able to plan their day with staff. People were often out during the day. Two people chose to go to the provider's day service during the week. Other people planned how they wished to spend their day with staff. Records showed people went shopping, went out for meals, went for walks, visited places of interest, had day trips, went on holiday and stayed with relatives.

Staff provided support and encouragement to people to help them develop their interests or try new things. People had person centred planning meetings where they could discuss their goals and the support they would need to achieve them. Two people had work placements; one in a local shop and one in a cafe. One relative said, "[Name] has a little job now which he loves. It's great for him."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. People wrote a monthly newsletter, which was sent to family members. This explained how people were progressing in working towards their goals. One relative said, "Communication is very good. [Name] calls us every week and talk about what he's been doing. We also have newsletters which are a really good way of keeping in touch."

People or their relatives were involved in developing their care and support plans. People participated in planning their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. One relative said, "We always go to the reviews. We are always listened to."

We looked at two people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans included people's routines, interests, likes and dislikes, communication and personal care needs. Plans were detailed; they described communication needed with the person, the levels of support they needed and identified any risks. All records were kept up to date and reflected people's current needs. Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This helped to review the effectiveness of a person's plan of care.

People's care and support was discussed and reviewed regularly to ensure it continued to meet people's

needs. Each person had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. These staff reviewed people's care plans and updated them when necessary. The person, their relatives, a social worker and staff attended care review meetings and person centred planning meetings. People shared their views. We read two people's review notes, which were very positive about the care and support provided by staff and the service overall.

Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said, "[Name] has lived here for about seven years. Everybody changes. They have been very good at changing things to suit him." Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs were monitored.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were asked if they were happy or unhappy at house meetings. There was information displayed for people in the home explaining how to complain and who to complain to. Relatives knew how to complain should they need to. There had been no formal written complaints since our last inspection. One relative said, "I can talk to staff or [the manager] if I had any worries. I know I can complain to the NAS as well. I've never had anything to complain about though."

Good

Is the service well-led?

Our findings

The service was well led. The manager was not yet registered with us but was currently going through our registration process. The provider's area manager supported the manager. They provided informal support and also formally supervised the manager. The area manager also attended the last team meeting so they could talk with staff about the service. The manager said, "I feel I get good support. [The area manager] is very approachable."

A deputy manager and senior care staff supported the manager. The manager was keen to develop and improve the service; they encouraged people to share their views. Staff and relatives liked and trusted the manager. One staff member told us "[The manager] is brilliant; very supportive." One relative said, "[The manager] is good. That's so important as a good manager is crucial."

The service had a positive culture that was person centred, open and inclusive. The provider had clear aims for the service. The PIR stated "We want a world where all people living with autism get to lead the life they choose." The aims of the service were discussed with staff at team meetings. Records of these meetings showed that each person's goals and aspirations, and the support people required in achieving them, were discussed.

The manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good. One staff member told us "It's a lovely place to work. I would say it's friendly, but professional."

A range of social care and health professionals supported people as they had diverse needs and abilities. The provider had staff who specialised in communication and behavioural support who were involved with people in the home. Other external professionals, such as a psychiatrist and a speech and language therapist supported people when needed. This helped to ensure people's needs were met.

The provider valued people's, their relative's and staff feedback and acted on their suggestions. People and their relatives shared their views at review meetings and more informally through discussions with staff during their visits. A newsletter was sent to relatives every month. This ensured there was ongoing communication and gave people a variety of ways to share their views about the service. One staff member told us they were part of the provider's staff forum. This was a group of staff who met regularly with senior managers. The staff member said, "We discuss lots of things; any concerns we have, what's going on in all of the services, the staff survey results. It is good to feedback. They do take notice of what we say." Where people had made suggestions, such as wanting to work or help with animal care, these had been acted upon.

People were part of their local community. Staff had developed good community links, including with

businesses who offered work placements. People used local shops, supermarkets, cafes and went to church. People were busy, coming and going, on both days of our inspection. One relative said, "They do get out a lot here. [Name] goes out into the community much more now which is such a good thing. Staff seem to really encourage that here."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The manager carried out their own audits of the service. They wrote an annual quality assurance report. This reviewed improvements made in the previous year, contained a summary of the quality audits and the service's development plan for the coming year. A peer (managers from some of the provider's other services) carried out regular quality audits. We read the audits carried out in August and September 2016 and January 2017. Action had been taken where audits had identified shortfalls. For example, DoLS applications had been followed up and chased and improvements had been made to staff training records.

Both the manager and the provider were aware improvements were needed to ensure people's legal rights were upheld in relation to decision making. The provider was supporting managers to improve in this area. The provider had a clear plan in place, which they shared with us. This was discussed with the manager who was using national guidance to ensure this area of support was improved for people. This meant the provider's quality assurance systems were effective.

The manager checked accident and incident reports. Staff told us incidents were discussed as a team so staff could try to learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.