

National Autistic Society (The) Knoll House

Inspection report

Somerset Court
Harp Road, Brent Knoll
Highbridge
Somerset
TA9 4HQ

Tel: 01278760555
Website: www.autism.org.uk

Date of inspection visit:
20 December 2019

Date of publication:
17 January 2020

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

Knoll House is a residential care home providing personal care to seven people who have autism. Knoll House is part of a larger development called Somerset Court which contains six individual registered homes.

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.

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

People experienced good care at Knoll House which was centred around the needs of individuals. Families were happy with the support their relatives received and felt communication was good between them and the service. Our observations were that staff treated people with dignity and respect.

People were encouraged in their independence, for example by taking on responsibilities within the home such as doing their laundry and undertaking home health and safety checks with support.

People led active lives and were supported in a range of activities and community events. People ideas and thoughts about the kind of things they wanted to do were listened to and acted upon. One person, for example said they wanted to experience a helicopter ride, and this was currently being arranged for them.

Staffing levels worked well and people received the support they needed. There were some staffing vacancies, however these were managed by using regular agency staff so there was continuity of care for people. Agency staff told us they were given a good induction and were well supported.

Staff received good training and support. Important topics were refreshed regularly, and staff received regular supervision. Learning from important events both nationally and within the organisation were shared and discussed with staff so that there was a culture of learning and improvement.

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.

The home was well led. The registered manager and staff were committed to empowering people to live fulfilling lives and to support them in achieving their potential. There were systems in place to check the quality and safety of the service in order to drive improvement.

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.

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 30 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 was carried out by one adult social care inspector.

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at any other information sent to us by the service, including notifications. Notifications are information about specific events and incidents the provider is required to send us.

During the inspection

We spent time with people observing care and chatting to them. Due to people's communication needs we

didn't ask specific questions about their care. We spoke to four care staff and the registered manager. We reviewed three people's care records and other records relating to the running of the home such as audits, medicine records and staff training records.

After the inspection

We spoke with two family members about their views of home.

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

- Staff were trained in how to identify and respond to signs of abuse and told us they would be confident in doing so. Staff told us they had no concerns in relation to how people were supported and cared for in the home.
- People didn't comment directly about whether they felt safe, however we observed that people appeared content and settled in the presence of staff and interacted confidently.
- Safeguarding alerts were made to the local authority when necessary.

Assessing risk, safety monitoring and management

- There were risk assessments in place for individuals so that there was clear and consistent guidance for staff to follow. These promoted positive risk taking and didn't place unnecessary restrictions on people's lives.
- There were arrangements in place to check fire equipment and systems regularly. Fire drills took place so that staff and people would know what to do in the event of an emergency.

Staffing and recruitment

- The registered manager told us they were currently recruiting for staff to cover 97 hours of care. In the mean time there was some use of agency staff to cover staffing shortfalls. However, regular staff were used as far as possible to provide continuity of care for people.
- Agency staff told us they'd be well inducted on to their home and given good support to understand the needs of people there.

Using medicines safely

- Individual medicines were stored safely in people's rooms. The registered manager told us they preferred to store them in this way as it was more person centred than storing them in one place.
- There were suitable arrangements in place for medicines requiring additional security. Two signatures from staff were recorded when these medicines were administered, and regular stock checks took place. This helped ensure any discrepancies in stock levels could be identified and investigated.
- The registered manager told us that they were working on supporting people to maximise their independence with medicines. This reflected an empowering and person centred approach to supporting people.

Preventing and controlling infection

- The home was clean and well maintained.

- There were policies and procedures in place in relation to cleanliness and infection control.

Learning lessons when things go wrong

- There were robust systems in place to ensure learning took place within the service. This included discussion and learning from events both within the organisation and significant events nationally. Reports and analysis of these incidents were shared at staff meetings.

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 requires improvement. At this inspection this key question has improved to good. 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 well assessed and planned for. In each person's care documents, we saw an 'NAS support design' document, setting out people's needs and how to meet them.
- The registered manager was well informed about current relevant legislation and best practice guidance. For example, they had solid understanding of the principles of the Mental Capacity Act 2005. We also heard about how the service was trying to implement the principles of STOMP (A project looking at preventing the over medication of people with a learning disability)

Staff support: induction, training, skills and experience

- Staff reported being very happy with the training and support they received. They told us they received training relevant to the needs of people in the home and key topics were refreshed regularly.
- Agency staff told us they were given a good induction to the home when they began working, including fire safety and information about the needs of people living there.

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

- There was clear information about people's eating and drinking needs in their care documentation. This included any advice provided from professionals such as speech and language therapists or dieticians.
- We saw at the lunch time meal that people were supported in accordance with their needs. People who required particular equipment to enable them to eat independently were provided with this.
- There was a pleasant and calm atmosphere and people enjoyed their meal.

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, when necessary to see healthcare professionals. People had health action plans in place to support their health and wellbeing and record information about their health needs.

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

- The building was suited to the needs of people living there. People each had individual rooms and there was also plenty of space for people to socialise if they wished to.
- We saw how people enjoyed spending time in the lounges, watching TV and listening to music.

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).

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.

- The registered manager and staff had a clear understanding of the principles of the MCA. Staff received training in the subject and encouraged people to make decisions on a daily basis as far as possible.
- If there concerns about a person's capacity to make a decision, a capacity assessment was carried out and a subsequent best interest's decision was recorded. The decision involved relevant people such as relatives and other professionals where appropriate.
- DoLS applications had been made for those people who were unable to consent to their care arrangements.
- Within people's care documentation, there was clear information about any restrictive practices and a plan in place to ensure that any restrictions were minimised. The registered manager recognised practices such as night time movement sensors as potentially having an impact on people's privacy, even when used positively to keep people safe. This approach to keeping restrictive practices under review was a positive way of empowering people.

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

- We saw that people were treated well and with respect.
- People approached staff and interacted with them confidently.
- Relatives told us they were happy with the support their loved ones received and felt that they were happy living at Knoll House. One relative commented "(name) is in the right place and getting the right support".

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

- People were involved as far as possible in the running of the home and in giving their views and experiences.
- The registered manager and staff used their knowledge of people's communication needs to support them in making decisions and giving their views. For example, we saw how the Picture Exchange Communication System (PECS) was being worked on with one person to help them express their views. For another person, objects of reference were used to help them make choices about their breakfast.
- Where people expressed a view or opinion about an activity they'd like to take part in, staff noted this. For example, one person had expressed a view that they would like to go on a helicopter ride. Staff told us about this and that plans were in place to make it happen.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff acted to ensure people's privacy and dignity were respected.
- Independence was actively encouraged. We saw one person being supported to do their laundry. They had a timer with them to help them understand how to manage the process.

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

- Care was planned in a person centred way and in consideration of people's individual needs and preferences.
- There was clear information in people's care documentation about how their autism affected them individually. For example, for one person we read that they needed a few minutes to process information and would repeat phrases they'd heard from TV programmes. For another person, structure and routine was important to them.
- People had clear goals they were working towards and these were documented in people's files.
- A member of staff talked positively about how they had worked with a person to eat a greater variety of foods and visit more places, such as the beach. We also heard how this person had been supported to manage their time better through using a timer. Previously, the person had wanted to rush through their day and get to bed early. With the use of the timer they were coping with the structure of the day much better.
- People had individual plans in place to manage behaviours associated with their autism. This helped provide a consistent approach.
- One person had been supported to achieve a qualification in food hygiene and helped make sandwiches for people who came to the day care service.

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.

- We saw that the registered manager and staff were aware of people's communication needs and adapted information accordingly. For example, on the wall in the office, we saw information presented visually about plans for the service.
- Staff also used systems such as PECS and objects of reference to communicate with people.

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 fully supported to be active members of the community. One person had a job locally.
- We saw lots of photos of places people had been to visit such as ten pin bowling, out for lunch and a safari park.
- One member of staff told us how they were in the process of planning a music group, particularly for those people who were non verbal.

- The registered manager told us about a project that people would be involved in to clean up local beaches.
- One relative commented "The manager is ingenious at finding activities that delight (name)".

Improving care quality in response to complaints or concerns

- There was a procedure in place for managing and responding to complaints.
- Relatives told us they felt able to raise issues with the registered manager

End of life care and support

- The registered manager told us that they were currently addressing end of life plans, as this was part of their business improvement plan.

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

- There was a strong, positive person centred culture in the service. Each person was treated as an individual with their own unique needs.
- People and their families were involved in decisions about their care and support.
- Feedback from families was positive and reflected that people had built strong and trusting relationships with staff.

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

- People and staff all reported the manager was very approachable with any issues or concerns. Family reported that any issues they had raised were listened to and resolved.

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

- Staff and families were all positive about the registered manager. Comments included "brilliant – very forward thinking", and "absolutely terrific".
- There were systems in place to monitor and check the quality and safety of the service. This allowed the registered manager to identify and improve any areas of concern.
- Checks carried out included, health and safety and infection control audits as well as a self-assessment based on the areas inspected by CQC.
- At the time of our inspection, the registered manager told us they had recently appointed a deputy manager to support them in their duties and they were due to start shortly.
- The registered manager told us they had regular meetings with other managers in the organisation to learn and share best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People were fully involved in the running of the home. Their opinions were sought, and they took active roles in running the home where possible. For example, one person was supported to undertake health and safety checks on the car and another person had the responsibility of checking the contents of the first aid box.
- People took an active part in the community for example by working on community projects, such as a

beach cleaning event that was planned. The registered manager also told us that last year the service had built links with a local church, helping the homeless.

Continuous learning and improving care

- There was a business improvement plan in place to ensure the service continued to improve. This included, for example reviewing end of life and planning end of life care.
- There was a system for recording any accident and incidents. The registered manager told us they reviewed each of these so that any learning from these events could be put in place.