

North East Autism Society Brentwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 1 February 2018 and was announced. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Brentwood 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 provides accommodation for up to four people with autism or learning disabilities in a house situated in its own grounds with an enclosed garden area. Four people were using the service at the time of the inspection.

The service had a registered manager. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

We inspected the service in December 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service to ensure people had access to the community and recreational activities.

Relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing, and accident and incident policies. Staff had received training in safeguarding and knew how to report any concerns they may have. Medicines were managed safely by staff who were appropriately trained.

Risks to people were assessed on admission and reviewed on a regular basis. Risk assessments were detailed, individualised, and gave staff guidance about how to help keep people safe. People had personal emergency evacuation plans (PEEPs) in place in case of an emergency. The provider had a business continuity plan for staff to follow in case of disruption to the service.

Staff were trained in a range of subjects such as first aid, food hygiene and fire warden training. Staff had also received training to support them to meet the needs of people who used the service, such as autism

and specialist communication methods and epilepsy.

Staff supported people to access appropriate healthcare, such as GPs and speech and language therapists. People's nutritional needs were assessed and their weight was monitored on a regular basis. The provider ensured people were offered a healthy and varied diet.

Staff received regular supervisions and an annual appraisal.

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

People were encouraged to make choices in everyday decisions. Staff provided support, guidance and care in a dignified manner, showing people respect whilst ensuring privacy when necessary.

Care plans were personalised and contained in-depth information to cover every aspect of the person's daily needs. Personal preferences, likes and dislikes were acknowledged in care plans to ensure support was individualised to the person. Care plans were reviewed on a regular basis to ensure staff had up to date information.

People enjoyed a varied range of activities both inside and outside the home. The service had positive links with the community with people accessing local educational sites, leisure centres and shops.

The provider had a complaints process in place which was accessible to people in a pictorial format. Relatives felt the provider responded appropriately to any concerns they raised.

The provider had a quality assurance process in place which included regular visits from senior managers. Where necessary actions were set following audits to drive improvement; these were signed off by the registered manager when completed.

Staff felt the registered manager and deputy manager were open, honest and approachable. They confirmed they felt supported and were able to raise concerns with either manager.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was now responsive.

Care plans were personalised, containing individual choices and preferences. Daily records contained a good level of detail.

People were supported and encouraged to access a range of activities both in and out of the home.

Complaints processes were in an accessible format for people using the service.

Is the service well-led?

Good ●

The service remains good.

Brentwood

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.

The inspection took place on 1 February 2018 and was announced. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we spoke with three relatives to gain their opinions and feedback about the service and how they felt their loved ones were supported. We also spoke with the registered manager, assistant manager and three care staff. We observed the interaction between staff and people living at Brentwood.

We looked around the home and viewed a range of records about people's care and how the home was

managed. These included the care records of two people, medicine records of two people, training records, and records in relation to the management of the service.

Is the service safe?

Our findings

We asked relatives if they felt their family member was safe in Brentwood. Comments included, "They look after [Name] so well, they are absolutely brilliant", "I think they are safe" and "There are some really good staff there."

The provider had systems in place to keep people safe. Policies and procedures were available to staff for safeguarding and whistleblowing. Staff were clear about their responsibilities and knew how to report their concerns. Staff had received training in safeguarding and felt the registered manager would act on any concerns they raised. The registered manager maintained a file containing local authority safeguarding referrals and CQC notifications. We found lessons were learnt from incidents, which were discussed at staff meetings and supervisions.

We found risks to people were assessed and control measures were in place for staff to safely support people. We saw risk assessments were in place to ensure people were safe when accessing the community, using transport and taking part in activities. We also found risks in the environment were also assessed such as slips, trips and falls, with measures in place to reduce the risk of accidents or incidents.

The provider had robust recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. This included Disclosure and Barring Service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

People using the service were supported on a one to one or two to one basis. The registered manager ensured people were allocated the appropriate number of staff to ensure they were safe and could access the community and activities. During the inspection we observed people received the support and care they needed in a timely manner. Staff had opportunities to spend quality time with people.

People had individual medicine files which contained the level of support people needed with their medicines and guidance on 'as and when' medicines such as pain relief. We found the information relating to 'as and when' medicines was not held alongside the actual MAR therefore not readily accessible to staff. We also found the same issue with topical medicines. We found staff were aware of the people who required 'as and when' medicines and topical medicines and where they needed to be applied. We spoke with the registered manager about our concerns in that information was not located generally. On the day of the inspection the registered manager provided a document they intended to use for 'as and when' medicines which could be kept in the MAR file. The registered manager contacted the pharmacy and another of the provider's locations to request topical MAR charts (TMARs) so these could be stored with people's MARs. Topical medicines are creams or ointments applied to the skin. Following the inspection the registered manager provided evidence to demonstrate that 'as and when' protocols were in place.

We found Brentwood was clean and in a good state of repair. Personal protective equipment was used when appropriate and was readily available for staff.

A range of health and safety checks were completed to ensure the environment and the equipment used to support people was safe. For example, electrical installation checks. Staff and people took part in fire training on a regular basis.

People had PEEPs in place in case of emergencies which were easily accessible to staff. A business continuity plan was available to staff in case of an emergency to ensure the continuity of the service.

Is the service effective?

Our findings

People's needs were assessed and their care and treatment planned in accordance with best practice. For example, NHS Supporting people with learning disability guidance. We saw hospital passports were in place for people. Hospital passports give medical staff helpful information about the person's learning disability and their preferences, and to understand the help they may need while in hospital.

We found people's care records contained personal outcomes. For example, attending education. We saw detailed plans for one person who was transitioning to supported living accommodation. The records showed how the service had worked with other organisations and family members in supporting this outcome.

The diversity of people was acknowledged by the service with people's cultural needs acknowledged, for example, celebrating religious festivals such as 'Hanukah'. Staff told us people using the service all joined in the event. One person had been supported to vote. The deputy manager had read the political leaflets to them so they could make an informed decision.

We found staff received a range of training. For example, health and safety, mental capacity and deprivation of liberty. Staff also completed specific training in areas such as autism and epilepsy to enable them to support people with complex needs. Staff felt their training gave them the skills and knowledge they needed to support people. One staff member told us, "I have good training here, it's top notch." Relatives also felt the staff were well trained. One relative told us, "They do a lot of training, and have good knowledge of autism."

We spoke relatives about the food. One relative told us, "Food is lovely. Really nice meals." During the inspection we observed people were given a choice of meals, with alternatives available. The food appeared well presented and looked appetising. We also observed people being offered drinks during their meal and on return to the home after the day's activities.

The manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff, received an appraisal and had supervision on a regular basis. One staff member told us, "We get a lot of training; I have asked to do Makaton training and discussed this at my supervision." Makaton is a method of communication using gestures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and activities.

We found the staff worked alongside other organisations when supporting people. Care records contained input from health and social care professionals, such as dentists, social workers and community services. We saw where advice and guidance had been given this was incorporated into people's care plans, for example, advice from the epilepsy nurse.

We found people's rooms were individualised as far as possible with personal items such as photographs, posters and ornaments. Bathrooms were designed to incorporate the personal care needs of the people living at Brentwood. People had access to communal areas with TVs and a range of comfortable seating.

Is the service caring?

Our findings

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home. One relative told us, "[Name] relies on staff, they are excellent, they can read his body language, facial expressions, [name] is well looked after." Another said, "The deputy manager is really good with them."

During our inspection, we were able to observe staff with people for a short time when they returned from day activities. We found caring and respectful interactions between staff and the people living at the home. Staff had an understanding of people's needs and it was clear they had developed positive relationships with them. People were supported to make decisions and staff were led by what the person wanted to do where ever possible. One staff member who showed us around knocked on people's doors before entering. Relatives felt they also had positive relationships with both management and staff. Comments included, "I have a really good relationship with staff" and "It is a joint effort, we are all working together on the same page, they are caring."

Staff told us they promoted people's independence, respected their wishes and gave opportunities to provide information. One staff member told us, "We have meetings, and involve everyone." Staff had taken time to get to know the people they supported, by reading care records and spending quality time with them. One staff member told us, "We are working with [Name] to move so we have meetings to share information with them." One relative told us, "They are so brilliant with [Name], making sure he has a full timetable, attending the farm, they are excellent."

Communication plans formed part of the person's care file. We found each person's communication needs and methods of communication were recorded in great detail. Records included how the person communicated such as, what certain facial expressions meant, what certain gestures meant along with the use of picture exchange communication systems (PECS). PECS is a system using pictures as a method of communication for people with learning disabilities. One person used a true object based icon system (TOBI) to communicate. This system uses laminated pictures of items such as, an apple shaped picture of an apple. We found the person had a file full of such pictures which were readily available for use by the person and staff.

None of the people living at Brentwood required the support of advocacy services. People had relatives to support them to make any major decisions. The provider had developed a pictorial guide for people which included information about advocacy. The provider also had information relating to advocacy. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

At the last inspection we found there was an inconsistency in the frequency and level of detail recorded on the daily records. At this inspection we found daily records contained a greater level of detail and were completed on a daily basis.

We found care files contained personal details along with names and contact numbers of family and friends who were involved in the person's care. Person centred care plans were in place to cover all aspects of health and social care, for example, educational, communication and health needs. These were reviewed on a regular basis so staff had access to detailed, up to date information to support people's specific needs and preferences. Where possible people and their relatives had been involved in the development of care plans.

We gained mixed comments about the responsiveness of the service. One relative told us, "Things are absolutely fine, at times we go through a dip, I had to ask them to get [Name] an appointment at the doctors when they had a skin problem. Another told us, "No problems at all, they always keep in touch if [Name] needs to see the doctor or is not well. They really do meet his needs." A third told us, "They make sure [Name] is seen, we get emails or a phone call to keep us up to date."

People received support in accessing activities as part of their support at the service. Details of the types of activities people enjoyed were included in their care plans, such as disco, attending the local farm and going to the local pub.

The communal living areas of the service had televisions and a range of comfortable chairs for people to relax. One person liked to spend time doing jigsaws. We saw they were extremely quick in doing these and clearly enjoyed the activity.

We saw people who used the service were encouraged to raise any problems or concerns they had through individual discussions with staff or through house meetings. There was a formal complaints policy and procedure in place. We saw the service had not received any complaints. One relative said, "I am very happy with the service. People and their relatives had access to a complaints policy, including in easy read format, setting out how issues could be reported and would be investigated."

Whilst no one who used the service needed end of life care at the time of our inspection, the registered manager told us how they planned to ensure staff were trained in this area should the need arise.

Is the service well-led?

Our findings

The service had a registered manager who was experienced in supporting people with autism and had been registered with the Commission to manage the service since 2013.

Relatives told us they were happy with the management in the home. One relative told us, "[Registered manager is really good, if I do have a worry one email or phone call and everything is sorted." Another told us, "I see more of [Deputy Manager], she's really good."

People who used the service were comfortable in the presence of the registered manager and deputy manager and staff confirmed they had a positive approach to supporting people as well as being in an administrative role. We observed the registered manager and deputy manager interacting well with people who used the service.

Staff felt the registered manager and deputy manager were open and approachable and supportive and listened to any ideas or suggestions they may have. One staff member told us, "They are great; there are no barriers with management." Another told us, "We are all part of a team here."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly and were used to disseminate information about any changes in the organisation. Staff told us they felt confident in raising any concerns or issues with the service at team meetings and these would be taken seriously and acted upon.

We found quality audits were completed on a regular basis and used to develop the service. The operations director carried out compliance visits to the home and provided the registered manager with a report with any necessary actions. Incidents and accidents were analysed to monitor for patterns or trends, any lessons learnt from incidents were disseminated to staff through team meetings or supervisions.

We found the service was following the principles of the Accessible Information Standard (AIS). We saw information for people was in pictorial format. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.