

Education and Services for People with Autism Limited

The Hermitage

Inspection report

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31 July 2018

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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 24 and 30 July 2018 and we telephoned relatives on 31 July 2018. The inspection was announced to ensure people who used the service would be present.

The Hermitage 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 Hermitage is registered to provide residential care and support for up to seven adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were seven people living in the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was moving to manage another of the provider's services and a new manager had recently moved to the Hermitage.

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 can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from abuse and harm. Staff had completed safeguarding training and were confident in identifying the signs of abuse and what action to take to keep people safe. Safeguarding concerns and accidents and incidents were recorded, collated and analysed to identify any patterns or trends.

The provider continued to operate a robust recruitment process. Sufficient, appropriately trained staff were deployed to meet people's needs. Staff were supported by the provider and the registered manager. Training, supervisions and appraisals were up to date.

The provider had systems in place for the receipt, administration and disposal of medicines. Identified risks were assessed and managed to minimise the risk to people who used the service and others.

People were provided with a choice of healthy food and drinks to help ensure that their nutritional needs were met. The service ensured people received care and support from healthcare professionals including occupational therapists, and GPs.

Feedback was encouraged from people who used the service, relatives, staff and external healthcare professionals. We observed positive interactions between staff and people who used the service. People were supported to be as independent as they wished.

Information was available in people's preferred format, the home used a range of accessible information tools enabling people to express themselves.

People are 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.

Comprehensive care plans were available to staff. These were personalised and described how people preferred to be supported. Relatives were complimentary about the service especially the caring nature of staff.

Systems were in place to monitor, identify and manage the quality of care provided.

Further information is in the detailed findings below.

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 remains good.

Is the service well-led?

Good ●

The service remains good.

The Hermitage

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.

An adult social care inspector attended the home on 24 and 30 July 2018 and telephoned relatives on 31 July 2018. The inspection was announced to ensure people who used the service would be present.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at care records for two people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

Some people who lived at the home had complex needs which meant they did not all express their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas. We spoke to two relatives, the registered manager, the manager, the assistant unit manager, and four care staff.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Relatives told us they felt their family members were safe living at the Hermitage. One relative told us, "[Family member] is completely safe. Another relative said, "They plan for everything to keep [family member] safe."

The provider had systems in place to make sure people were protected from abuse and harm. Staff had completed safeguarding training and had a good understanding of what signs to watch out for to ensure people remained safe. The provider had systems to collect and analyse information from safeguarding incidents, accidents and incidents and complaints. They looked for trends and patterns and cascaded the conclusions to all its services.

Medicines were managed safely. Medicines records were up to date and accurate. This included records for the receipt, return and administration of medicines. The assistant unit manager told us staff completed regular audits relating to medicines. However no written record of these checks were available. Staff completed medicine knowledge training and received regular reviews of their competency to administer medicines safely.

The provider continued to operate a safe and effective recruitment process. The provider conducted pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The home was clean and well maintained. The provider ensured regular health and safety checks were in place to maintain the safety of the home. Records were completed and up to date, including regular assessments for fire alarms, fire equipment, water temperatures and gas safety. The manager was unable to locate the electrical installation certificate and took immediate action to ensure an appropriate review was carried out. An electrical installation inspection took place on our second day of inspection. Infection control audits were regularly conducted and infection control also formed part of the provider's monthly meetings.

The provider had a plan in place to ensure people would continue to receive care following an emergency. Each person had a personal emergency evacuation plan (PEEP) which outlined the support required for a safe evacuation.

The registered manager advised staffing levels were dependent on people's needs. Staff were visible throughout our inspection and were readily available to support people without being obtrusive. When required the home was able to utilise staff from the provider's other services.

Identified risks were assessed and managed with basic information for staff to follow to ensure the person remained safe. General risk assessments for the environment and premises were also in place.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Relatives told us they felt staff had the skills and knowledge to carry out their roles. One relative told us, "They all seem to know what they are doing." Another relative commented, "They know how to work with [family member]."

The provider's training team monitored all staff training requirements and the service had a schedule in place to ensure training did not lapse. Training included safeguarding, first aid, fire safety, autism and equality and diversity. The provider regularly cascaded information relating to medicines and best practice so staff knowledge was current. Staff confirmed they regularly took part in supervisions and appraisals. Supervisions took the form of 1:1 discussions and group meetings.

People were supported with their nutritional needs. The provider's catering manager had created an eight week diet plan with a chef employed to prepare homemade meals. People were supported to take part in making snacks and drinks as much or as little as they wished. The service consulted with people to create a summer and winter menu.

People were supported to attend annual health checks. The home ensured people had access to care and treatment in a timely manner and were proactive in ensuring people had positive outcomes. The provider had access to a dedicated team of external healthcare professionals including a nurse practitioner and speech and language therapy team. The service involved advocacy services to support people with complex medical decisions ensuring the person's voice was heard.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The home continued to have effective systems in place to monitor DoLS applications to local authorities ensuring people were not restricted unlawfully. People were encouraged and supported to make decisions about their care when they could.

The home had a homely feel. Shared communal areas had a neutral tone and people were supported to personalise their rooms. Neutral tones provide an environment which is appropriate for people who may have sensory needs as it provides a minimal level of stimulation.

Staff had extensive knowledge on how to support people if they became distressed and anxious. Plans were in place describing situations where a person may be distressed and detailed techniques to calm and reassure the person.

Technology was used to enhance the delivery of care and support, and to promote people's independence. One person was supported to communicate via an electronic tablet.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

Relatives we spoke with told us staff were kind and caring. One relative told us, "They cater for all his needs." Another relative said, "The staff are delightful, always friendly." An external healthcare professional left positive feedback for the service, 'Staff are all friendly and helpful.'

The provider used accessible ways to communicate with people. The registered manager told us how talking mats were utilised during multi-disciplinary meetings to encourage participation. Talking mats are a series of photographic images, symbols and written bullet points to aid discussions. Staff had completed specific training to support people to communicate in their preferred way. This included sign language and Makaton. Makaton is a combination of signs and symbols to help people communicate.

Staff treated people with respect and dignity. Staff were readily available to support people and remained at a discreet distance until called upon. They recognised when people preferred to have time alone and were respectful of that. One relative told us, "They know his routines and that's so important."

People were encouraged to be as independent as possible. The manager told us how one person was paid to complete house hold tasks in their own room. They told us how much the person enjoyed spending their own money. One relative told us, "[Family member] can do a little bit, making a sandwich but that's great." People had active input to the recruitment process. Potential new staff were called back for a second interview which involved meeting the people living at the home.

People had developed positive relationships with staff. We observed people were comfortable in the company of staff. One relative told us, "If [family member] was unhappy they would let us know." Staff we spoke with had extensive knowledge about people, their support needs, social history and likes and dislikes.

The home supported people to gain access to advocacy services when required. Records showed the home involved people's relevant person's representative (RPR) when they needed to support people in decision making. A RPR is a friend or family member who will ensure that the rights of a person being deprived of their liberty are protected.

The provider continued to ensure people's confidential information was secure.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

The home continued to be responsive to people's needs. Care records were personalised and detailed support needs, routines important to people and how they wished to be supported. People had an extensive range of care plans covering their health and well-being, support needs and set goals. Hospital passports were thorough and contained current information about each person.

Hospital passports are created to support people with a learning disability and provide hospital staff with information they need to know about them and their health when they are admitted to hospital.

Annual health checks and action plans monitored a person's future reviews and recorded all involvement from external health care professionals. Appointments with external health care and social professionals, activities and food and fluid intake was recorded. This meant staff had access to current and accurate information.

People and relatives were regularly involved in the review of people's care and support. People had designed goal plans. For example, one person had a goal of 'healthy and balanced diet incorporating exercise.' Plans were discussed monthly as part of the key worker role and monitored to ensure the person was fully supported to achieve their goal.

People were supported to follow their interests, take part in activities and access their local community. This included visiting local shops, pubs and restaurants. The manager told us, "People are older here, they develop life skills, keeping healthy and basic housekeeping."

The home also recognised when people wanted their own quiet time. The manager told us about one person who asks when people are going bowling because they then know they have the house to themselves and control of the tv. People were supported to maintain friendships developed from living at other services or attending social events.

The provider ensured it complied with the Accessible Information Standard. Easy read formats, images and photographs were used throughout the service. Documents were readily available to support people providing information about their care and support, the running of the home and day to day activities.

The provider had a complaints and concerns process in place. Information advising people how to complain was readily available in easy read format. Relatives we spoke with had no complaints about the home.

People and relatives were asked for feedback about the home. A 'parents' and 'service user' survey was sent out annually. We noted the 2018 survey results were positive.

At the time of the inspection no one was receiving end of life care. The manager told us how they had supported a person through a family bereavement.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

A registered manager was in post at the time of the inspection. 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 registered manager was moving to manage another of the provider's services.

The new manager had been in post for one week but had managed other services previously and had extensive knowledge of the organisation.

The home had a positive culture that was open and inclusive. The provider sought feedback from people, relatives, external healthcare professionals and staff. A strong management team was in place who were driven to ensure people received great quality support and people had long, fulfilled lives. People were encouraged to be involved in all aspects of the service. One staff member told us, "It's always the person first." Another staff member said, "People come before the autism."

The provider had a strong focus on continuous learning at all levels of the organisation. Regular manager meetings were held and areas discussed included safeguarding, accidents and incidents and best practice. Staff meetings were regularly held and all learning points were cascaded to all staff.

The provider continued to carry out a number of quality assurance audits to monitor and improve standards. Quality compliance visits were conducted by the general manager and managers from other services conducted 'peer inspections' encouraged to suggest new ways of working.

Comradery between staff was excellent. Staff told us they enjoyed working at the home and were complimentary about the management team. The provider encouraged staff to work across its services. The manager told us, "This increases staff's knowledge and means a lot of staff are familiar faces to people which is so important."

The home continued to work in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams. Staff were proactive in ensuring people received appropriate care and when required demonstrated determination to ensure this happened. The provider also had access to experienced autism specialist clinicians including occupational therapist, educational psychologist, speech and language therapist, behaviour nurse specialist and psychiatrists.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.