Care Quality Commission

Autism Care (UK) Limited

The Farmhouse

Inspection report

Heath Farm
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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

Overall summary

We inspected The Farmhouse on 28 October 2014. The inspection was unannounced. The last inspection took place on 5 April 2011 during which we found there were no breaches in the regulations.

The Farmhouse provides care and support for up to eight people who experience learning disabilities and needs within the autistic spectrum. It forms part of a larger complex of homes provided by Autism Care (UK) Limited, in the Scopwick area of Lincolnshire. Eight people lived at the home at the time of our inspection.

There was a registered manager in post at the time of the inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty

Summary of findings

Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection seven people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act 2005, DoLS.

People felt happy, comfortable and safe living in The Farmhouse.

People were involved in planning and reviewing their support wherever they were able to be. There were systems in place to protect their rights when they were unable to make a decision about their support. They could be assured their safety needs were met because there were clear systems in place for assessing and monitoring risk and staff were knowledgeable about those systems.

People were supported by staff who were well trained, supported and knowledgeable about their preferred lifestyles. Staff were aware of how to raise any concerns on behalf of the people they supported and felt comfortable and supported to do so.

People's wishes, preferences and needs were responded to individually. We saw examples throughout our inspection of warm, respectful and dignified interactions between people and the staff who supported them. People were encouraged and supported to pursue the activities, hobbies and interests that had meaning for them. They also benefitted from good access to healthcare services and nutritional arrangements.

There was an open and supportive culture within the home which allowed every one to take part in the planning and delivery of services. There was a monitoring system in place which used a variety of ways to gather information about the quality of the services provided. The information was used by the provider, manager and staff to learn lessons and make improvements which would enhance people's experience of the support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe living in the home. Any risks to their health, safety and well being had been managed in an appropriate way.

Staff understood how to identify and report any concerns for people's safety.

There were enough staff on duty to support people's needs.

Good

Is the service effective?
The service was effective.

People experienced support which helped them to maintain lifestyles that were meaningful to them. They had a nutritious diet and received appropriate healthcare whenever they needed it.

Staff were appropriately trained and supported to carry out their roles. They understood the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant they could take appropriate actions to ensure people's rights were protected.

Good

Is the service caring?
The service was caring.

People were treated with respect, warmth and dignity. They were encouraged to express their choices and wishes in ways that were appropriate for them.

People's need for privacy was respected and promoted through personalised support planning.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and reviewing their own support using the communication methods that were appropriate for them.

They were able to engage in activities, interests and hobbies that were meaningful for them.

Arrangements were in place to manage concerns or complaints about the service.

Good

Is the service well-led?
The service was well led.

People were encouraged to express their views and be involved in the development of services.

Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

Good

The Farmhouse

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 was 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 28 October 2014 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor who visited this service had knowledge about the care of people who experienced learning disabilities and autism.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

People were not always able to fully express their views about the services provided. Some people were able to indicate some of their views using Makaton sign language or the TEACCH communication system. Makaton is a language programme using signs and symbols to help people to communicate. TEACCH is a picture based communication method which enables people to express their wishes about their preferred routines and understand events in their life. We also spent time observing how people were supported to help us better understand their experiences of their care.

We spoke with four care workers, the registered manager, the deputy manager, the provider's representative and a therapist who was visiting the home.

We looked at two people's care records. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

One person told us, "I'm safe here thank you." Other people indicated using Makaton signs that they were well looked after by staff.

Staff demonstrated that they were aware of potential risks to and from people who lived at the home . For example, before we met with people a staff member discreetly told us how to respond to specific questions from a person so that they did not become anxious or upset. A risk assessment was in place which clearly described the responses the person needed. We saw another member of staff ensured a person was safe whilst using the kitchen to prepare a hot drink; again this was reflected in the person's risk assessments.

Risk assessments were in place and regularly reviewed to help keep people safe. The assessments and management plans showed that people were supported to take positive risks in order to maintain and develop their independence. For example, management plans were in place for road safety, travel in vehicles and participation in community life. There were also risk assessments and safety aids for people with conditions such as epilepsy.

Staff had up to date knowledge and were aware of the current good practice guidance and policies about keeping people safe. Staff told us, and records confirmed, they received training about how to keep people safe during their induction and that this training was updated regularly. They told us how they would identify and report any concerns for a person's safety. Our records showed that any concerns were reported to the appropriate organisation in a timely way.

Duty rotas for the previous month showed that at least the required number of staff had been on duty to meet people's needs. We saw throughout the inspection that people did not have to wait when they needed or requested support, there was enough staff on duty to make sure care was personalised and timely. The provider had a system to ensure that if the right levels of staffing could not be achieved for any reason, there would be cover available from their pool of bank staff.

There was a clear recruitment system in place. The system involved making checks about the work history, criminal records and skills of potential new staff. Staff told us they had also provided work references and been interviewed before being offered the post.

We saw staff administered people's medicines at the times for which they were prescribed. Staff supported people to take their medicines in the way they preferred and this was recorded in their support plans. We saw staff followed good practice procedures such as a stock count of tablets after administration and a detailed handover of medicines taken out of the home. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance about the safe use of medicines.

Records showed, and staff told us, they received training about how to administer medicines safely and had regular assessments to make sure they had retained their knowledge and skills. The PIR showed four medicines errors had occurred in the previous 12 months. During the inspection the manager showed us how they had dealt with the errors and what lessons they had learned.

Good

Is the service effective?

Our findings

People indicated, using Makaton signs or showing us their TEACCH pictures, that staff helped them with everything they wanted.

There were information boards in the home which used pictures, symbols and easy read documents to help people understand the information. Information was available about topics such as people's rights, lay advocacy support and the complaints systems.

Staff told us they were trained to meet people's needs and felt confident when supporting them. One member of staff said, "I had a really good induction, I shadowed more experienced staff until I felt confident." Other staff told us they were happy with the training they received and described training sessions about keeping people safe, managing epilepsy, administering medicines and managing challenging situations. The PIR showed us the manager and staff attended local authority workshops about managing risk and the manager confirmed this during the inspection. Records confirmed what staff had told us; they showed training was regularly updated and also showed staff were able to work towards nationally recognised qualifications in care.

The provider's representative told us the home was accredited by the National Autistic Society (NAS). They said the provider's services had recently been a part of a pilot scheme for a new, more detailed, accreditation process. Accreditation with the NAS means the provider is seen as competent to provide specialist support for people with autism and uses up to date methods and approaches to provide that support.

The manager and staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed they had received training about the subject. At the time of the inspection seven people had their freedom restricted and care records showed the manager had acted in accordance with the Mental Capacity Act 2005, and DoLS.

Where people did not have the capacity to make decisions about certain aspects of their support appropriate assessments and best interest decisions had been recorded. For example the manager told us about a person who needed regular night time checks due to their health needs but did not have assessed capacity to make the decisions needed. Records showed a best interest meeting had identified ways to support this need in a dignified way and we saw the agreed actions had been taken.

Support plans were in place to show staff how to address people's behaviour needs so as to reduce risk to themselves and others. Plans were based on nationally recognised methods and included clear instructions about how to use specific physical restraint techniques where necessary. People were supported in a way which aimed to prevent challenging situations occurring wherever possible. Incident records showed that where situations had arisen the least restrictive options for supporting people were used. For example, we saw staff redirected people's activities and used calm verbal interactions to reduce people's anxieties.

Support plans were in place to show staff how to help people manage their nutritional needs. People were supported to choose their meals and eat them where they wished. People indicated to us using Makaton signs and picture cards that they enjoyed their food and drink and could choose what they wanted to eat. We saw staff using pictures and objects of reference to help people with their choices.

Menus were available as a guide to help people make healthy choices. Records showed what choices people had made each day so that staff could monitor that they had enough nutritious food and drink to help them stay healthy. People told or indicated to staff when they wanted drinks and staff responded straight away to their requests.

People indicated to us that they saw their GP when they needed it. Detailed support plans were in place to show staff how people liked to have their health care needs managed. The plans also showed people were supported with preventative healthcare arrangements such as attending well-man or well-woman clinics. People had a yearly health review with their GP. Other records showed people had access to a range of healthcare professionals such as dentists, chiropodists and psychologists. We saw alternative communication methods such as picture cards were available to help people understand and cope with any anxieties about their healthcare.

Good

Is the service caring?

Our findings

People told us through Makaton signs and TEACCH methods that they liked the staff who supported them and were happy living in the home.

A therapist who was visiting the home told us, "I love coming here it's so friendly and comfortable, everyone gets a good life. If I had a relative with [these needs] I would want them to live here."

People were supported to use the communication methods they preferred in order to express their views and wishes. People who did not use Makaton or TEACCH methods were supported in other ways. For example, staff told us about how they had learned to interpret a person's communication through their use of objects of reference such as an abacus.

People were supported to prepare their breakfast and lunch time meals on an individual basis which helped them to develop their independence.

The manager told us people were involved in the recruitment process for new staff by being able to meet with potential new staff and express their views about them. The PIR showed the provider was also making plans to encourage people's relatives to become more involved in the recruitment of new staff.

People responded to staff in a confident and comfortable way; they laughed and joked with them, sat and chatted with them and they sought out particular staff when they wished to speak with them.

The atmosphere within the home was friendly and inclusive of people's diverse needs. Staff referred to people in a respectful way, using the names or titles the person preferred. They respected people's wishes to spend time on their own and also responded warmly to people's need for contact. Staff helped people prepare for their day ahead so that they knew what was going to happen and who was going to help them. For example, one person was supported through TEACCH methods to plan for the next day's event before they retired to bed. This helped to reduce people's anxieties and enjoy their day.

Staff supported people to maintain their dignity and privacy in a variety of ways and support plans regarding these aspects of people's lives were in place. Staff helped people to carry out their personal care needs in private places such as their bedroom or bathrooms. They used gentle and discreet reminders to help people maintain and develop their own approaches to their privacy and dignity needs. Screening was also in place on windows where necessary to enhance people's privacy.

The PIR showed the manager and provider had begun work to train an identified staff member as a "dignity champion." This member of staff would be responsible for identifying areas of good practice and areas for improvement in relation to dignity and respect for people. During the inspection we saw the "dignity champion" had now taken up their role and the manager had also begun to implement specific support plans so staff were clear about how to maintain people's dignity.

Good

Is the service responsive?

Our findings

People indicated they did not wish to talk with us about their support plans as they were preparing for and engaging in their daily routines and planned outings.

Support plans were presented in meaningful ways for people such as the use of photographs which they could identify with. Detailed assessments of people's likes, preferences and strengths formed the basis of support plans. The plans were focused on helping people to maintain and develop their independence. Long and short term goals for people were clearly set out. The expected outcomes were used to regularly review and amend support plans so that they continued to reflect what the person wanted and needed.

People's personal records showed they were involved in planning their support to whatever level they were able to be. Records demonstrated that everyone who was important to the person was consulted about the support provided.

Staff were very knowledgeable about people's needs, likes and dislikes. They demonstrated this to us through discussions with them and through our observations of the support people received. For example, they were able to correctly interpret and respond to a person's wishes by looking at the objects the person picked up and by knowing the person's own version of sign language. They also helped us to interpret people's responses and communication throughout the inspection so that we could have a better understanding of people's experiences.

All of the people had lived in the home for a long time and the manager and staff recognised that there may come a time when they could not meet people's needs. Personalised support plans had been put in place which showed the actions needed to support the person should they have to move to a new home.

People had individual daily activity plans so that they knew what they would be doing. The plans set out activities such as personal care routines and housework. They also showed the times when the person was supported to engage in social activities such as their hobbies, interests and family contact.

A visiting therapist told us, "They're always out and about doing things like trips." During our visit people engaged in a range of social occasions such as visiting family, having lunch out and some people went on a trip to Blackpool. Staff told us how they supported someone who did not like to be around a lot of people to go bowling. They did this by carefully planning times, liaising with the chosen venue and having an alternative plan. We also saw computerised systems were in place to support people with contacting family and friends if they could not visit with them.

A recent survey for families showed they were satisfied with how people were supported to engage in a range of meaningful activities. One comments said, "We are very pleased with the care of [our relative] and the encouragement they are given to take part in many activities."

People indicated to us that they could speak with staff if they had any problems and staff would help them. A version of the complaints procedure was available in a format that people could use. Records of meetings with people showed they were encouraged to raise any concerns they had. There has been no complaints recorded since the last time we inspected. the manager told us how they had responded to issues raised informally by family members and records confirmed the actions taken.

The PIR indicated that the manager and provider were making improvements to the complaints system. We saw how they intended to improve the way they made sure complaints were responded to in a timely manner and how they could better analyse the issues so they could learn lessons. The system would be fully in place by January 2015.

We also saw a suggestions box had been put in place for people, visitors and staff to use. The manager showed us the summary of suggestions made in the previous month and what actions they had taken. This was also displayed for people to see.

Good

Is the service well-led?

Our findings

People indicated to us they liked the manager and staff and were comfortable in their company.

People readily approached the manager and staff to communicate what they wanted and needed. The manager and staff included people in everything they were doing during our visit.

Records showed there were regular meetings where people could express their views about the home and learn new information. For example, one meeting was about arrangements for safety and people's rights.

Staff told us they felt able to approach senior staff and openly discuss any issues they may have. We saw the manager discussed issues with staff throughout the day and encouraged them to express their opinions and suggestions. Staff told us there were regular staff meetings and they were encouraged to write down any issues they thought needed discussion if they could not attend. Staff were aware of the whistleblowing arrangements and said they would use them if they had any concerns.

The manager and team leader were aware when staff needed to be supported with time away from direct care to complete learning or record keeping tasks. They also demonstrated their awareness of when staff may need a short break from challenging situations. Staff confirmed this approach was in place. One staff member told us, "Its like a family here, I go home feeling like I've really helped people to live a good life."

There was an annual survey system for people, their families and any professionals who supported them to express their views about the service. A survey had been undertaken in January 2014. The summary report of the survey showed the responses from all of those who took part were positive about the environment, care and levels of communication with them. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to.

The PIR showed the manager and provider had put a system in place for a family member to be involved in the development of the service and co-ordinate and represent the views of other families. We saw they are in the process of identifying a family member.

There were arrangements in place to regularly assess and monitor the quality of the service provided within the home. The provider had employed a quality manager to ensure the processes were consistent across all of their services and learning could be shared. The processes included regular audits of areas such as complaints, medicines management and record keeping. The quality manager reviewed the outcomes of the audits and developed and monitored the progress of action plans.

The provider also held 'quality circle' meetings. The records of the meetings showed people who used the service and staff discussed current practices and policies and suggested ways in which they could be improved.

Accidents and incidents within the home were reported to CQC in a timely manner. Reports we saw during the inspection were clear and recorded actions taken and the outcomes for people involved. The PIR showed the provider was implementing a new electronic reporting system so that they could analyse any trends and learn lessons more effectively.