

North East Autism Society

Moorpine

Inspection report

18 Thornholme Road
Sunderland
Tyne and Wear
SR2 7QG

Tel: 01915109610
Website: www.ne-as.org.uk

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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

Moorpine is registered to provide accommodation and personal care to a maximum of three people who have autism spectrum disorder. Two people were using the service at the time of inspection.

At the last inspection in June 2015 we had rated the service as Good. At this inspection we found the service remained Good and met each of the fundamental standards we inspected.

Some people were unable to tell us about the service because of their complex needs. People appeared content and relaxed with the staff who supported them. Relatives told us they were satisfied with the service provided by Moorpine staff. Staff knew the people they were supporting well and there were enough staff on duty to provide individual care to people. Detailed records accurately reflected the care provided by staff.

Risk assessments identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. People were encouraged and supported to be as independent as possible, and staff worked to help people learn new skills.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff received other appropriate training and they were supervised and supported. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff upheld people's human rights and treated everyone with great respect and dignity. Every effort was made to help people communicate their needs and wishes, including the use of communication technology, so that care could be tailored to the individual person.

People were involved in decisions about their daily care requirements. 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 had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way. However, no one was in receipt of medicines at the time of inspection. People were encouraged to maintain a healthy diet.

People were empowered to make meaningful decisions about how they lived their lives. People were encouraged and supported to go out and engage with the local community and maintain relationships that were important to them.

Relatives and staff spoke well of the registered manager and they said the service had good leadership. There were effective systems to enable people to raise complaints, and to assess and monitor the quality of

the service. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided. These methods included feedback from people receiving care.

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?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Moorpine

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 August 2017 and was unannounced.

It was carried out by an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with two people who lived at Moorpine, the registered manager, the area manager and two support workers. We looked at care records for two people, recruitment, training and induction records for five staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed. After the inspection we spoke with one relative to gather their views about the service.

Is the service safe?

Our findings

Systems were in place to ensure people were protected and kept safe. The people who lived at the home had complex needs that meant they found it difficult to express their views about the service. They appeared calm and relaxed as they were supported by staff. One relative told us, "[Name] is certainly safe at the home. They have a settled staff team at the moment which they respond well to. I have confidence in the staff."

Staff were able to explain the services available in relation to the safeguarding of adults. They told us they had completed training and would know how to take the appropriate action to protect the individual and other people who could be at risk.

We considered there were sufficient staff to support the people at the time of inspection. Two staff were on duty to support two people during the day and one member of staff slept in the home overnight. The registered manager told us staffing levels were flexible and they were monitored to ensure they were sufficient to meet people's identified needs at all times. For example, we observed an additional member of staff came on duty later in the day to enable two members of staff to go swimming with a person.

Risk assessments were in place and they were regularly reviewed and evaluated in order to keep people safe. They included risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for bathing and distressed behaviour. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks to help increase their independence.

Staff had received positive behaviour support training. They also used positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person and detailed records showed this was used with some success.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building.

Medicines were not reviewed as no one was prescribed medicines, a medicines policy was available that provided guidance to staff if it was required and staff had received training in the safe handling of medicines.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people. There were no staff vacancies at the time of inspection and this meant a stable, staff team was in place to provide continuity of care to people who used the service. A relative told us, "[Name] responds better and is more settled when there is stable, staffing. Obviously it can't be helped when staff leave, [Name] has lived at Moorpine a number of years."

Is the service effective?

Our findings

Staff were positive and enthusiastic about the opportunities for training. Staff told us they were trained to carry out their role. One staff member told us, "There are opportunities for training. My induction included an introduction to autism."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member told us, "I have supervision every two months." Another staff member commented, "I have about five supervisions a year."

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 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). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that two people were currently subject to such restrictions.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people and their relatives in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals, for example, the GP and dietician. People also had access to dental treatment. The organisation employed an occupational therapist. Relatives told us they were kept informed about their family member's health and the care they received. One relative commented, "There is very good communication with us. I'm kept informed." A recent provider survey response from a relative stated, 'Recent health issues were dealt with promptly.'

People enjoyed a varied diet. They were offered regular drinks and snacks throughout the day in addition to the main meal. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking. Some people had specialist needs regarding how they received their nutrition and staff received guidance and support to ensure these needs were met.

Is the service caring?

Our findings

People appeared comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the home. Staff interacted well with people. One relative told us, "Care is usually fantastic." A relative had commented in recent provider survey, 'All staff are helpful and courteous.'

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. The registered manager was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with support workers we spoke with. Staff understood their role as an enabler to support people to learn skills and to be involved in all aspects of daily decision making.

People were supported by staff who were kind, caring and respectful. We observed staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Support plans were written in a person centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. Staff were aware that some people needed a limited number of choices. People also used apps that had been programmed on their individual iPad to assist with their communication. Support plans provided information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain or preventative measures to take to keep them safe as they did not feel pain.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were aware of and respected the cultural beliefs and traditions of people including their dietary needs.

Staff respected people's privacy and dignity. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their room. Support plans also included information about how people's personal care was to be delivered that respected their dignity. One relative told us, "Staff do treat [Name] with respect and courtesy."

Is the service responsive?

Our findings

Both people received care and support that was personalised and responsive to their individual needs and interests. People had the opportunity to go out every day and they were supported to go on holiday. At the time of inspection people were preparing for their second holiday of the year. People attended college or day placements run by the provider. They were supported to access the community and try out new activities as well as continue with previous interests. Records showed they were supported with a range of activities and these included wall climbing, swimming, shopping, spa days, walking, meals out, shopping trips, relaxation therapy, trips to the country, trampolining and gardening.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Records showed pre-admission information had been provided by relatives of people who were to use the service and other professionals. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs.

People were supported to learn new skills and become more independent. They were encouraged to be involved in household tasks such as cleaning and laundry. Some were involved in preparing meals with the support and supervision of staff such as preparing vegetables. Support plans provided instructions to staff to help people learn the skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in the way they wanted and needed.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members. Relatives said they were involved in discussions about their family member's care and support needs and they could approach staff at any time. A response from a relative in a provider survey stated, 'Having extra contact with staff via weekly email has been very good and has helped knowing how [Name] has been over the week.' One relative told us, "I come to an annual review to discuss [Name]'s needs."

A complaints procedure was available. One relative commented, "I know who to speak to if I need to discuss any issues."

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2011.

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 understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received an induction when they started to work at the service to make them aware of the rights of people with autism and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation, records and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the home was open and friendly. The registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and relatives we spoke with were positive about their management and had respect for them. They told us the service was well led. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and relatives said the registered manager was supportive and accessible to them.

The registered manager was supported by staff who were experienced, knowledgeable and familiar with the needs of the people they supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included the environment, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. A monthly risk monitoring report that included areas of care such as accidents, incidents, safeguarding, complaints and personnel issues was completed by the registered manager and submitted to head office for analysis. Regular monthly analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re- occurrence.

Monthly visits were carried out by a representative from head office who observe and speak to people and the staff regarding the standards in the home. They also audited and monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.

The registered manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and staff. Comments from the last survey in July 2017 were predominantly positive comments.