North East Autism Society

# Ashgate Cottage

## 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

Ashgate Cottage is a care home for up to three people who have autism spectrum condition. It is a detached bungalow in a quiet residential area near the city centre. At the time of this visit there were three people using the service. The service is situated beside another small care home and they are both managed by the same registered manager.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were unable to tell us about the service because of their complex needs. Their relatives told us the service was safe and provided good support for people. Staff said they were well trained in safeguarding adults and were confident that any concerns would be dealt with by the organisation. There had been no concerns in over three years.

There were enough staff to support the three people. Staffing arrangements were flexible to make sure there were staff rostered to accompany people to any leisure events or health care appointments. The organisation vetted potential new staff to make sure they were suitable to work with people. Staff were trained in medicines management and supported people with their medicines in a safe way.

Staff were well trained in care and in health and safety. They received specific training in supporting people with autism spectrum condition. Staff said they felt supported by their managers and by the organisation.

People were assisted in the least restrictive way possible; the policies and systems in the service supported this practice. Risks to people's well-being were assessed and kept under regular review. Specialist equipment was provided to minimise risks without compromising people's rights.

People were supported with their dietary needs. They were encouraged to be involved in shopping, choosing and preparing meals, where possible, with staff supervision.

Relatives said staff were caring and people were happy and relaxed at the home. The low staff turnover meant people were familiar with staff and felt comfortable with them. Relatives said they and their family members had good, trusting relationships with staff.

Staff understood each person and supported them in a way that met their specific needs. Relatives felt fully involved in reviews about people's care. Each person had a range of social and vocational activities they could take part in. People's choice about whether to engage in these activities was respected.

Staff and relatives felt there was an open, approachable and stable management team. The registered manager had worked at the home for several years. The provider continuously sought to make

improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service.

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?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Ashgate Cottage

**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 was a comprehensive inspection which took place on 22 February and 4 April 2017.

The provider was given 48 hours' notice because the location was 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 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 also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted local authority commissioning officers and care managers. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with the three people using the service by joining them for an evening meal.  We spoke with the deputy manager, a senior support worker and two support staff members. Following the inspection we contacted the three people's relatives.

We reviewed the three people's care records and medicines records. We viewed two staff files for recruitment records, as well as supervision and training records. We looked at other records relating to the management of the service.

Good

# Is the service safe?

## Our findings

The people who lived at the home had complex needs that meant they found it difficult to express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

Relatives told us they were very satisfied with the service and felt their family members were "relaxed" and "happy" at the service. When asked if they thought the service was safe a relative replied "overwhelmingly yes". Another relative commented, "It's very safe. I'm very happy with the support my family member receives. They let me know anything that has happened, whether positive or negative, and we have frequent contact so I always know how my family member has been."

Staff felt they were well trained in safeguarding adults and knew how to spot any signs of potential abuse. Each staff member also had individual in-house refresher checks every three months. One staff member commented, "We have access to all the procedures on Sharepoint (provider's IT system) and we have in-house training." Another staff member told us, "We have regular training in this and I feel I could go to the senior managers or to Sunderland council if necessary."

The provider had a clear safeguarding policy which had been reviewed within the past year and was accessible by staff. Also there were information posters in the sleep-in room about who to contact if they had any concerns. This meant staff were well-informed about how to reports any safeguarding matters. There had been no safeguarding concerns at this home in the past two years.

Any potential risks to the people were assessed, managed and kept under review to make sure people remained safe. For example, one person had epilepsy and the least restrictive support had been considered without compromising their safety. The person's bed was fitted with a sensor alarm that only activated if physical movement indicated they were experiencing a seizure.

There were personal evacuation plans for each person in the event of an emergency. The provider's health and safety team visited the home regularly to check that all required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The home staff carried out monthly health and safety risk assessments.

There were enough staff to meet people's needs. The usual staffing was two staff to support the three people when they were at home (that is, in the afternoon and evenings). The rota showed there was always a senior support worker and a support worker on duty at these times. Staffing was flexible to provide any additional one-to-one support to accompany people to any healthcare appointments. The staffing arrangements overnight were one support worker on sleep-in duty, with on-call arrangements and support where necessary from several other small homes nearby.

The home had a stable staff team and low staff turnover. There had been only one new staff member in the past year and there were no vacant posts. The provider had robust recruitment processes which included

completed application forms, interviews and reference checks. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant the provider made sure only suitable staff were recruited.

The arrangements for managing people's medicines were safe. Medicines were securely stored in a locked medicine cabinet. Staff understood what people's medicines were for and when they should be taken. All the staff were trained in safe handling of medicines, except a new staff member who was booked on the training course. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). Two staff made sure medicines were given in the right way. This meant every time a medicine was given, it was checked and witnessed by another staff member. Staff audited the medicines every day to make sure no medicines had been missed.

Good

# Is the service effective?

## Our findings

Relative felt all staff were competent in their roles. One relative commented, "Without exception they are very good staff."

People received care from staff who had specific training in autism spectrum condition and were clear about how to meet each person's individual needs. Staff felt confident and equipped to care for the people who lived at the home. One staff member told us, "We have great training opportunities. We can also ask for other training and they are very good at sourcing it for us. For example, I asked to do more training in communication methods because I'm a keyworker for someone who is non-verbal."

Staff told us, and training records, confirmed that they received regular training in essential health and safety subjects, such as fire safety and first aid. All staff had achieved a qualification in care. New staff completed a comprehensive induction training programme which included all the essential training. They were then enrolled onto training towards a national care qualification.

Staff told us they felt supported by their line supervisor. The deputy manager and senior support workers held regular supervision sessions with each staff member. This meant staff could discuss their professional development and any issues relating to the care of the people who lived there. All staff members also had an annual appraisal of their performance with the registered manager.

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

It was clearly outlined in care records that because of the complexities of their autism spectrum condition people were unable to comprehend the concept of consenting to their care. Applications for DoLS had been approved by the relevant supervisory authorities about the people who lived at Ashgate Cottage because they all needed supervision both inside and outside of the home. In this way the provider was complying with the requirements of the MCA. Where people were able to make their own daily decisions, such as whether to attend vocational events, this was respected.

Staff were trained in ways of helping people to manage behaviours that might challenge the service if they became anxious or upset. Staff described the Positive Behaviour Support (PBS) training and techniques they used to support people in a safe, non-physical way. Staff told us, and care records confirmed, people were supported in the least restrictive way to help them cope at these times.

The care records about each person included nutritional information about their eating and drinking. One relative described how the staff supported and supervised people to make sure they ate appropriate amounts and in a safe way. They commented their family member's intake needed to be "carefully monitored, but staff are aware of this and regulate their food". Another relative said, "They are very careful

about what they give them to eat and make sure it's healthy." Staff kept people's nutritional well-being under review and recorded their weight each month.

People who lived at this home were physically healthy. There were 'hospital passports' for each person that described how their autism affected them, their communication needs and their individual personal routines. This important information about each person could be shared with health care professionals if the person needed to go into hospital in an emergency. Each person also had a health action plan which set out any health needs, how these were being met and how they were reviewed.

People were supported to access community health services such as GPs and dentists. The provider employed a range of health care professionals including occupational therapist and speech and language therapist.

The design and facilities in the home met the needs of the young people who lived there. Ashgate Cottage was a bungalow with modern furnishings and decoration. Each person had a large single bedroom which they could also use for hobbies or spending time in private. The house had a comfortable lounge but one person found it difficult to tolerate others in the lounge. The provider had agreed a budget for the construction of a conservatory which would provide additional sitting space for people to enjoy.

Good

# Is the service caring?

## Our findings

Relatives told us the service was caring and that people were "happy" and "relaxed" there. One relative commented, "We are very happy with the care [my family member] receives at Ashgate." Another relative told us, "We enjoy a very close relationship with all the staff, especially [my family member's] keyworker. They're all fantastic."

Staff told us they felt their colleagues were compassionate and kind towards people. One staff member told us, "Staff are lovely with people, very caring. If I had to place a one of my family here I would have no qualms at all. It's a lovely home and I love working here."

People were encouraged to be as involved as possible in making their own choices. Staff were sensitive to the fact that the people who lived there found it very difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time.

Staff also used a number of communication tools to support people to express their wishes. For example, picture exchange cards, object-based icons and pictures or photographs of familiar items or activities. People were also encouraged to choose and make their own purchases when out of the home such as clothes, snacks and drinks.

People were supported to be as involved as possible in choosing menus and grocery shopping. People were asked at their regular house meetings if there were any dishes they would like to add to the menu. Some people were involved in preparing evening meals with the support and supervision of staff. Everyone was encouraged to be involved in household tasks such as cleaning and laundry. This helped people to improve their independent living skills.

One staff member commented, "One of the best things here is we promote independence. It's a proper home – not just a 'unit'."

Staff made sure people got gender-appropriate support. All the members of the staff team were female. Staff also made sure one person had plenty of opportunities to go out on leisure activities with men from the other care homes operated by the provider so they could socialise. Staff spoke about people in a sensitive and respectful way. People's privacy and dignity were upheld. For example people spent time in the privacy of their own bedrooms and staff knocked before entering their bedrooms.

Good

# Is the service responsive?

## Our findings

People received a personalised care that met their individual needs. Many staff had worked there for years so they were familiar with people's well-being. This meant they could spot any changes in people's well-being. One staff member commented, "I just have to look at them to know if something is not right or if they are not coping with a situation."

Care records about each person were very descriptive and showed how each person needed to be supported. There were support plans which provided guidance for staff on people's autism, their understanding, decision-making skills, health and communication. This meant all staff had access to information about each person's well-being and how to support them in the right way.

Care records were written from the perspective of the person and were individualised about each person. There was clear, detailed information in each person's support plans about their communication styles and how they expressed themselves through different behaviours. This included how each person would show if they were happy, upset or in pain.

People were not involved in planning their care service because of their limited communication and the complexity of their needs, and this was outlined in each person's care records. However, each person was fully involved in working towards a small number of goals of independent living activities, called SMART targets. These had been verbally explained to people and staff recorded their progress each month. Relatives felt highly involved in the planning and review of people's care. One relative commented, "They ask my opinion about everything and include me in all discussions."

People were involved in a wide range vocational and leisure activities. These included daily sessions at the provider's nearby college, workshop or farm. People had opportunities to go out each evening and at weekends to social or sports activities such as bowling, horse riding, swimming, discos, shopping or meals out. People's choices about whether to engage in these activities were respected.

Relatives felt they could contact staff to discuss their family member at any time. The provider had a complaints procedure which was available to people, relatives and stakeholders. Relatives said they would feel comfortable about raising issues with the registered manager if they needed to. One relative commented, "We're made well aware of how to speak to senior managers within the organisation if we had any concerns, but we haven't had any complaints." There had been no complaints made about this service since the last inspection.

The procedure was also available in a picture version to help people who used the service understand how to make a complaint. In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation.

Good

# Is the service well-led?

## Our findings

Relatives told us they were "very happy" with the service at the home and the way it was operated by the North East Autistic Society organisation. Relatives were asked for their views of the service at care reviews and also through annual questionnaires. We saw the results of the last questionnaire were positive.

People held Residents' Meetings which tended to be an opportunity to get their views about future events and choices. For example a recent meeting had focused on activities. People were supported to express their views and choices about future activities by putting a tick or cross next to images of different activities.

The home had a registered manager who had been at the home for several years. 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.

All the staff we spoke with said they felt supported the registered manager and appreciated by the provider. One staff member commented, "The manager is really approachable and supportive. I feel well-informed by senior managers and they are all very approachable too."

Staff meetings were held about monthly or if there was specific briefing from the organisation. The meetings minutes showed these were a good opportunity for staff to receive consistent information and direction, discuss expected practices and make suggestions.

The registered manager and staff carried out a number of audits to ensure the welfare and safety of the service, such as monthly health and safety checks and daily medicines audit. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, personnel issues (for example, sickness and training) maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The registered manager also carried out a six-monthly quality assessment of the progress of people's independent living skills and a statement about how the service was operating under the five domains of safe, effective, caring, responsive and well-led. The home was subject to comprehensive quality audits carried out by the operations manager three times a year. These included checks of care records, positive behaviour support, how people were involved in decision making, premises, training, medicines and health and safety management.

The provider carried out annual self-assessment, including areas of strength and areas for improvement. The areas for action in the self-assessment of 2016 had included improved autism training for staff and reduced staff turnover. These had been achieved. Since the last inspection other organisational achievements had included the Investors in People Award and a staff awards scheme to recognise exceptional work. Future improvements planned for Ashgate Cottage included the provision of a

conservatory to offer people a second sitting area. In this way the provider aimed to continuously improve the service for the people who used its services and the staff who worked there.