

National Autistic Society (The) Greatwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Greatwood House is a large detached bungalow situated in the extensive grounds of Somerset Court which is owned by the provider. The home accommodates six people who have autism and complex support needs. Up to four people live in the main part of the home; two people live in two self-contained flats attached to the main house. People living at Greatwood House can access all other facilities on the Somerset Court site which include various day services. At the time of the inspection six people were living at the home.

The service had not originally been developed and designed in line with the Registering the Right Support guidance. This guidance was implemented in 2017 after the service had registered with us. This was because there were five other registered care homes set in the grounds of Somerset Court in close proximity to Greatwood House. However, the service mitigated the negative impact of this by ensuring people accessed the local community and had opportunity to engage in activities of their choice.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had individual care plans that detailed their care and support. Although care plans were personalised they did not always contain accurate and complete information. Risks relating to people were identified, however some required additional information and reference to people's specific guidance and protocols. Whilst governance systems in place identified improvements required, identified actions had not always been completed.

Staff supported people to manage their medicines safely. There were enough staff available to support people. Staff were recruited safely. Relatives commented about the consistency of staff and changes in the staff team. The manager had plans in place to address this.

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

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service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their needs. Staff received one to one supervision and told us they felt supported.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

Where relatives and people had raised concerns and complaints, these were listened to and responded to.

People and staff commented positively about the manager and leadership of the service. People's relatives commented there had been changes in management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 February 2019) and there were breaches of regulation 12, (Safe care and treatment) and regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Greatwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Greatwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager; however, they were not yet registered with the Care Quality Commission. The manager was in the process of completing their registered managers application. This means that once registered they as well as the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

As part of our inspection we were able to meet with four people however they were not all able to tell us

verbally about their experiences of life at the home. We therefore requested feedback from five people's relatives. We spoke with the manager, both deputy managers and five members of staff including an agency member of staff. We also spoke with the provider's lead manager and behavioural support lead. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, and complaints.

After the inspection

We requested feedback from 11 professionals who visited the service. We continued to seek clarification from the manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure people were fully protected from the risks relating to the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored securely and safely, when staff completed the medicines round they wore tabards, so that staff knew not to disturb them.
- People received their prescribed medicines safely from staff who had been trained to carry out the task. Clear records were kept of medicines administered which helped to ensure the effectiveness of medicines could be monitored.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records were kept of when these were given to people. Protocols were in place to guide staff on how to administer these medicines.
- Where people were prescribed creams and ointments, these were dated when they were opened to ensure they were within their expiry date.
- People had medicines profiles in place that were kept up to date.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were fully protected from the risk of cross infection, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Infection control processes in the home had improved.
- People lived in a home that was clean. Staff supported people to ensure the home was clean.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. We reviewed examples of risk management in relation to

health conditions and accessing the community.

- Whilst risk assessments were in place, some required additional information and reference to people's specific guidance and protocols. For example, one person's risk assessment did not refer to the protocol written by a health professional that was contained within their records.
- Another person's risk assessment did not clearly reference their risk of choking, however staff were aware of this risk and there were protocols in place. Following the inspection, the manager confirmed this had been completed.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency. One person's evacuation plan needed to be reviewed and updated, the manager told us they would complete this.
- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced. Not all staff had been involved in a recent fire drill, we discussed this with the manager who told us they would arrange drills to involve all staff.

Learning lessons when things go wrong

- Some people could get anxious leading to incidents where they displayed harm to themselves or others. There were detailed care plans in place giving staff guidance on how to respond to people at these times.
- Staff told us incidents could be intense at times, however they said they had received the right training and support to manage them. One staff member told us, "We have bespoke training and incidents are manageable, we are quite a good team we work together to keep the house low arousal [calm]. The bespoke method works well and keeps people safe, staff are debriefed [following incidents] straight away. Another staff member said, "We are quite good, if there is an incident we talk straight after, we learn from incidents. Incidents are recorded, and we look at triggers and try to reduce them."
- Staff recorded incidents when they occurred. We reviewed one incident record where staff had recorded their response to the incident, which was not in line with a person's guidelines as per their care plan. This had not been identified and reviewed straight away to develop a new strategy and prevent a reoccurrence. We discussed this with the manager who arranged for this to happen during the inspection.
- Where other incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Incident forms were completed and reviewed by the manager and the providers behavioural support lead, who had oversight and involvement with the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "I would report the manager, I think [name of manager] is very on top of any issues. I would go higher and report to authorities. I've not seen anything here, it's a nice environment. The people we support are safe and they are very much taken care of."
- One person told us, "Yes" when we asked them if they felt safe. Relatives told us they thought their family members were safe. One relative told us, "I do feel my relative is safe at Somerset Court and I have no issues on this."
- Safeguarding incidents had been reported to the local authority and the Care Quality Commission (CQC).

Staffing and recruitment

- Staffing levels were based around people's individual needs.
- Relatives commented on the changes in the staff team and this had affected the consistency of staff support.
- The service currently had staff vacancies, and they were using agency staff to cover these. The manager and staff confirmed the same agency staff were requested to aid consistency. Staff told us staffing in the

home had improved.

- There was an ongoing recruitment plan in place to recruit new staff. Safe recruitment systems were in place to ensure suitable staff were employed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans were based on their assessed needs and preferences.
- From initial assessments care plans were devised to give staff guidance about how to meet people's needs. During our conversations with staff it was evident they understood people's needs.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet their needs.
- Relatives told us staff had the right skills to support their family member. One relative told us, "I feel confident in the staff and their abilities."
- New staff were required to complete an induction to ensure they had the required skills and competence to meet people's needs. The manager confirmed the induction was linked to the Care Certificate, to enable staff to understand the national minimum standards.
- Staff commented positively on the training they received. One staff member told us, "We have plenty of training, it is definitely enough."
- The training record showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "It's a time to talk to your manager and receive feedback, we have a good conversation."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing their meals. Menus were based on people's likes and preferences, if people did not want what was on the menu they could choose an alternative option.
- People's food likes, and dislikes were recorded in their care plans.
- At the time of our inspection there were no people requiring specialist nutritional support or who were at risk of malnutrition.

Adapting service, design, decoration to meet people's needs

- The home was suitable to meet the needs of the people.
- People's bedrooms were personalised with pictures and items of their choosing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's changing needs were monitored and responded to. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Relatives confirmed staff supported people to access healthcare services. One relative told us, "I have never had concerns regarding [name of person's] access to healthcare."
- Records showed people accessed the opticians, dentist, GP, and hospital appointments when required.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests. This process included professionals and people of importance to the person.
- At the time of our inspection, four people had an authorised DoLS and the other two were pending assessment with the local authority.
- Two people had conditions on their DoLS. One person's conditions were being met and the manager was liaising with the local authority to arrange a meeting to review the other persons.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Not everyone could tell us their thoughts on the staff supporting them. People however were relaxed in the company of staff. One person told us, "Staff are brilliant, I like living here" when asked if they were happy with the staff.
- Relatives told us most of the staff were caring. One relative told us, "I feel most of the staff are caring and my relative has a good relationship with most of their support staff." Another relative told us how one particular staff member had been, "Extremely thoughtful and patient" during a family outing that had been arranged. The relative went on to say, "I am very pleased with the care provided by staff at Greatwood. I strongly believe they have [name of person's] best interests at the core of their decision making."
- Staff had developed positive relationships with people. We observed positive interactions between people and staff. Staff knew people well and spoke positively about their work and the people they supported.
- We reviewed a comment from a visiting professional that stated, "Staff are very passionate about clients [people]."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making day to day decisions about their support.
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "We give people options and let them make their own choices."
- Relatives told us people were involved in decisions about their care. One relative told us, "The staff do story boards [communication tools] to explain things to my relative to help in decision making. The staff repeat the action to ensure it has been understood."

Respecting and promoting people's privacy, dignity and independence

- People confirmed they could have private time in their bedrooms when they wished. One person told us, "I go to my room [if I want time alone], staff knock, yes."
- One relative told us, "I would say the staff treat them with privacy and respect."
- People were supported to maintain and develop relationships with those close to them.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves.
- Information about people was kept safe and secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs and preferences.
- Relatives were involved in reviewing people's care. One relative told us, "I am regularly invited to and attend [name of person's] meetings at the house. These are in the main positive and realistic in goal setting." Another relative told us, "I attend six monthly reviews and I am always involved in that process to make sure that my relative's needs are met."
- Each person had a care plan that was personalised to them. Care plans contained person-centred information, however we found they did not always contain up to date or accurate information. Some aspects of people's care plans required additional information to fully reflect their needs.
- Staff spoken with had a good knowledge of people's needs and preferences.
- The manager was aware the care plans required work, and this had been identified by their quality monitoring systems.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the AIS. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities of their choosing.
- The service had vehicles available to support people to attend the local community and places of interest. Staff had a good knowledge of the places people liked to visit.
- Staff supported people to go to church to follow their chosen faith.
- Relatives told us they could visit at any time and they confirmed staff supported them to keep in contact with their loved one. One relative told us, "I am able to visit whenever I want to, most of the staff are very welcoming and friendly when I visit."

Improving care quality in response to complaints or concerns

- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them

with this. One person told us they would speak to staff if they were unhappy.

- Staff described how they knew if people were not happy. This included how people expressed themselves, they described how they responded to this at the time to try and resolve the issue. Where people had raised concerns the manager responded to them and offered steps towards resolving the issue.
- Relatives felt able to raise concerns, and where they had escalated concerns they confirmed these had been responded to. One relative told us, "If I have any concerns or problems I talk to my relative's care staff team, or the house manager and I usually contact them after a while to see if I need to chase them up for anything."
- The complaints file showed that one complaint had been made in the last year. This complaint had been investigated and issues addressed in line with the organisation's policy and procedure.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

At our last inspection the provider had failed to ensure effective systems were in place to monitor the service and ensure shortfalls were addressed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Whilst it was evident the service had made some improvements since our last inspection, there were still areas that needed to be improved. These included people's care plans and risk assessments.
- The provider's governance systems had identified areas for improvements within care plans and risk assessments. Whilst there were action plans in place to address this, we identified further improvements could be made to ensure identified actions were completed by the service management.
- The manager demonstrated the improvements they had made since starting in the service and they acted promptly on any concerns we raised.
- The Care Quality Commission (CQC) had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management structure in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us there had been changes in the management of the service, which made them feel unable to fully give their views on the current management of the home. One relative told us, "I haven't had much contact with the current house manager so it's a bit difficult to comment on this at this time." Visiting professionals also commented on the changes in the management of the service. .
- The manager had been working at the service since November 2019. The manager was committed to providing person centred care to the people being supported by the service.
- One relative told us, "The service is centred around my relatives' choices in the things they like to do." One person told us, "[Name of manager] is a good manager. I talk to them a lot."

- Staff told us they were committed to providing person centred care and the best outcomes for people. One staff member told us, "We make sure they [people] live a full and happy life, not just living but enjoying life, doing what they want to do. There is a lot of happiness in here, we do things that they like and it's definitely their home."
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "There can be disputes, but nothing massive, we address it, the staff are really supportive of each other." Another staff member commented, "Everything seems settled now, you can talk to manager and deputy manager, the staff team get on well. The changes have been good."
- Staff commented positively about the manager. They told us the manager was available and approachable. One staff member told us, "[Name of manager] is pretty good, they keep the paperwork up to date, and simplifies things, they listen, and you can approach them." Another staff member commented, "The good thing about [name of manager] is they will listen, and the deputy managers, they are a really good team, they get things done quickly and have fun."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was displayed at the service and was clearly in view for people to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought on a day to day and more informal basis. The manager gave examples of how they responded to people's views and put plans in place to support them with this.
- An annual survey was carried out to seek feedback from people, their relatives and health professionals. We saw the results of the survey carried out in August 2019. Action points had been created from the feedback where required and the registered manager monitored the progress of this.
- Staff confirmed they attended staff meetings. One staff member said, "Team meetings can be really good."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- There were links with the local community. For example, trips to local community facilities such as local shops, church, leisure facilities and days out.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.