







# National Autistic Society (The) Heath Rise

## Inspection report

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### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

### Overall summary

This inspection took place on 09 June 2015 and was unannounced.

Heath Rise is a residential care home for four adults living with autism. The home is situated in the suburbs of Wellingborough in Northamptonshire. There were four people using the service when we visited.

The service did not have a registered manager. There was an interim manager working at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to this inspection we received information of concern in relation to care practices at the home. This involved people not having access to snacks and drinks when they required, people being left unsupported for long periods, staff speaking to people in a derogatory

# Summary of findings

manner and often shouting and people being made to leave certain areas of the home. In addition, concerns had been raised about a lack of consistent staffing at the home and a lack of management and leadership.

During this inspection we found the service relied on bank and agency staff to cover a large proportion of care hours. This did not always ensure consistency of staff at the service.

This was in breach of Regulation 18 HSCA (RA) Regulations 2014.

Information about how to make a complaint was not available at the service and a record of complaints received could not be found.

This was in breach of Regulation 16 HSCA (RA) Regulations 2014.

The provider had internal systems in place to monitor the quality and safety of the service, but these had not been used effectively to drive improvement. Records management was not robust and did not ensure records were accurate, accessible and stored securely.

This was in breach of Regulation 17 HSCA (RA) Regulations 2014.

Our observations of staff actions demonstrated that staff were knowledgeable about the people they provided care for. However, records did not show that all staff who worked at the service had received training in core subjects, including an induction.

People felt safe and were protected from abuse. Staff had a good understanding of how to identify abuse, and knew

how to respond appropriately to any concerns to keep people safe. Risks to people's safety had been assessed and were detailed clearly within people's care plans. Staff had been recruited using a robust recruitment process.

Systems were in place to ensure that medicines were administered and handled safely.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. We observed that staff sought and obtained people's consent before they helped them. When people declined, their wishes were respected.

People were provided with enough to eat and drink to ensure their dietary needs were met. People were supported to choose, prepare and cook their own meals. People had access to snacks and drinks throughout the day and night.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and treated them with dignity.

Staff had a good understanding of people's needs and preferences and we observed positive reactions from people when they were being supported.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated. People were supported to take part in meaningful activities and pursue hobbies and interests.

# 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?

This service was not consistently safe.

Staffing arrangements meant there were not always sufficient staff to meet people's needs or to provide consistency of staff.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

The service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Requires improvement



### Is the service effective?

This service was not consistently effective.

Records did not always demonstrate that staff had been appropriately trained to meet people's specific support needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to be able to eat and drink sufficient amounts to meet their nutritional needs and were supported to prepare and cook their own meals.

People were referred to healthcare professionals promptly when needed.

Requires improvement



### Is the service caring?

This service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was not consistently responsive.

Not all people using the service received care that was responsive to their needs.

Requires improvement



# Summary of findings

Information about how to make a complaint was not accessible at the service and records were not available to assess if complaints had been addressed promptly and appropriately.

People were encouraged and supported to take part in a wide range of activities of their choosing that met their social needs and enhanced their sense of wellbeing.

## Is the service well-led?

This service was not consistently well led.

The service did not have a registered manager in place and this was having an impact on the leadership and direction for people living in the service and staff.

People were put at risk because systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not effective.

**Requires improvement**



# Heath Rise

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 June 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

People who used the service, that were present at the home when we visited, had difficulty in communicating verbally. They used gestures and body language to express their views. We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast and during individual tasks and activities.

We also spoke with one permanent staff member, one bank staff, and the deputy area manager, a team leader from the outreach department and a senior support worker from a sister home, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and staff records that contained information about, induction, training, supervisions and appraisals. We visited the organisations human resources department to look at staff recruitment files. We also looked at records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

Prior to this inspection we received information of concern in relation to a lack of staffing at the home which resulted in poor consistency of staff.

During this inspection we found there were three staff on duty. One was a permanent staff member, one was a bank staff member and the third was from an agency. One staff member told us, "Staffing is a problem at the moment."

At the time of our visit the deputy area manager for the organisation was acting as an interim manager. They told us that six staff were not currently included on the staff rota due to sickness and subject to disciplinary action. This was having an impact on staffing at the service. We were informed by the interim manager that staff recruitment was on-going and interviews were due to take place the following week.

We looked at the staff rotas and found the service relied heavily on bank and agency staff. We were told there were only three staff that were permanent at the service. This covered 89 and half hours per week, leaving 183 and half hours per week to cover. The staff rota showed that the agreed staffing numbers were provided on most days. However, we did find two occasions in May where staffing numbers had not been consistent and records showed that people had to stay in and do in-house activities due to a shortage of staff.

We looked at an action plan, in response to a quality monitoring visit by the provider which had taken place on 13 August 2014. This had identified staff recruitment and consistency of staff as an issue and recorded that a large number of bank staff was being used. We were unable to see what had improved in terms of recruiting permanent staff for the service and how the concerns about a lack of recruitment and consistency of staff had been addressed. We looked at the staff contract of employment and found that staff were not recruited to work specifically at one service, but at any of the services managed by the provider. This did not ensure consistency of staff at each service and we found most staff employed were bank workers.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from harm and abuse by staff that had been trained appropriately and understood the

principles of safeguarding. People were unable to tell us if they felt safe, however it was clear in their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers.

Staff were knowledgeable about the risks of abuse and reporting procedures. One staff member told us, "Yes I know about safeguarding and what to do." Staff members were able to explain appropriate reporting procedures. A senior member of staff told us, "Because of the nature of the people who live here, they are very vulnerable. That's why as an organisation we are very hot on Safeguarding training." Another senior staff member told us, "All staff get safeguarding training yearly."

We found there were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and a whistleblowing process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. We saw that safeguarding incidents had been documented and investigated appropriately and they had been reported to both the local authority and CQC.

Training records showed that most staff had completed safeguarding training in 2013 and were due for refresher training.

Risks to people and the service were managed to keep people safe and promote their freedom. Staff told us that risks to people were assessed to reduce the chances of harm, without limiting their opportunities. They told us that risk assessments identified areas which could cause harm and the actions to take to manage risks. We were told by a senior staff member that risk assessments were tools used to help maintain people's safety, they were not used to prevent people from doing things they wanted to do.

We looked at general risk assessments for the service, as well as individual ones for each person. They detailed specific activities and areas where risks may be posed, as well as actions to take to reduce those risks. We saw evidence that risk assessments were reviewed on a regular basis to ensure their content was up-to-date and relevant.

Staff underwent a robust recruitment process before they started to work for the organisation. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary recruitment checks had been carried out though the

## Is the service safe?

Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records held at the organisations human resources office and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People's medicines were managed safely to ensure they received them as prescribed. Senior staff told us that all staff received training before they were allowed to administer people's medicines. They also told us that two staff always checked people's medicines before they were administered. Medication Administration Records (MAR) that we looked at confirmed this.

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. We found that medicines were stored in lockable

cupboards in people's bedrooms, for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

MAR charts had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given their medicines to meet their needs.

Training records were disorganised and during our visit we found a certificate to confirm a senior staff member had completed medication training. Following our inspection, we were provided with confirmation that a bank worker had also completed medication training.

# Is the service effective?

## Our findings

People living in the home, who were present during our inspection, were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed.

Senior staff told us that all staff had received training on a variety of topics. They said they received the appropriate training to perform their roles and meet people's needs. One senior staff member told us, "The organisation provides very good training for staff." Another staff member told us, "Some of the training is done through e-learning and is often followed up by face to face training."

Training records were disorganised and the interim manager was unable to provide us with a record of all staff training. We found some training certificates in a filing cabinet that showed some staff had completed training. For example, we saw that a senior support worker had completed medication training which was up to date. Safeguarding training had been completed in 2013 and managing challenging behaviour training in 2012.

Following our inspection, we were provided with further information about staff training. The records provided showed gaps in mandatory training. For example, we were unable to find any evidence that staff had completed moving and handling, fire or basic food hygiene training.

The interim manager informed us they would put together a training matrix for the staff who worked at the service and would make this available to the Care Quality Commission.

We found a record of a basic orientation to the home. This covered a tour of the premises, knowing where fire equipment was stored, and reading policies and procedures. A senior staff member told us that new staff completed a thorough induction. They said, "The induction is very good. It prepares the staff to work with people who have autism." However, staff were unable to find any completed induction programmes for us to look at and were unsure where these had been filed. Following the inspection we were provided with a blank copy of the organisations induction programme. The programme is comprehensive and provides staff with a peer buddy, an autism learning mentor and as part of the induction staff are expected to shadow more experienced staff members until they feel competent.

One staff member told us they received supervision on a regular basis. They said, "Yes we get supervision monthly." A senior staff member told us that all staff should receive formal supervision but were unsure if this had been the case recently.

We found records of staff supervision for some staff, but not all those who worked at the service. Staff were unsure where records had been filed so we were unable to clarify if staff did receive supervision on a regular basis.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff obtained people's consent before assisting them with care and support. On the day of our inspection, we saw staff asking people if they could help them to get ready to go out for the day. We saw staff asking people what they wanted in their packed lunches and for breakfast, and we saw one person being supported to decide what activities they were going to do that day. We also saw that pictures and symbols were available throughout the service to support people to make their choices known to members of staff.

Staff and the registered manager were aware of the importance of making decisions in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). A senior staff member told us, "A lot of the people we care for don't have capacity to make some decisions. That's why we make sure staff have a good knowledge of The MCA 2005 and DoLS."

The service was acting in accordance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The interim manager told us that each person who used the service had their capacity assessed. Where it was found that they lacked capacity, a best interest decision was made, which included input from stakeholders who were important to the person, such as family members and social workers. We looked at care records and found that MCA assessments had been completed in these areas and others which were specific to people's individual needs.

We also found that a DoLS screening tool had been used to identify whether or not people may be deprived of their liberty. Three people had been assessed and had an



## Is the service effective?

application for DoLS submitted to, and approved by, the local authority. This meant that people were deprived of their liberty, in accordance with legislation, to keep them safe from harm.

Prior to this inspection we received information of concern in relation to people not having access to snacks and drinks throughout the day.

During this inspection we found that people were supported to have sufficient food and drink to maintain a balanced diet. Staff told us that each person chose the menu for a certain day. On that day the person would be supported to shop for the ingredients and prepare and cook a meal for everyone at the service. Choices and alternatives were available if people wanted something different. We saw that people were encouraged to choose different meals using pictures and cards.

We saw that each person had a snack box. At the start of every day, each person was supported to make healthy choices for snacks, which they could enjoy throughout the day. These were then put in individual snack boxes and people could access them at any time. The interim manager told us that people had access to drinks at any time of the day and the kitchen was never locked.

Nutritional screening records were mainly completed for each individual. However, we did see for two people that their weights had not been recorded since March 2015. This meant that staff did not have access to current information about people's weight and were not able to assess and take the appropriate action if they had weight loss or weight gains.

Staff told us that people were supported to attend to health appointments if necessary. Staff worked closely with health professionals to attend to people's health needs. One staff member told us, "We have good links with people's doctors and other health professionals." The interim manager told us that in addition to community based health services, such as GP's, people also saw Speech and Language Therapists, Psychologists and Psychiatrists in the service.

We saw each person had a health action plan. In one we looked at, it described how the person became very anxious when attending health appointments. There was very detailed and comprehensive information about the approach staff should use to reduce the persons anxiety, while still supporting them to attend their health appointments.

# Is the service caring?

## Our findings

Prior to this inspection we received information of concern that staff spoke rudely to people who used the service, and people were being made to leave certain areas of the home by staff.

During this inspection we found that people appeared to be happy with the care and support provided. There was a homely atmosphere in the service and it was apparent that people felt at ease. They had the freedom to go where they liked and were relaxed, in the presence of staff. We saw people gained reassurance from being close to staff, who chatted to them about their daily routines and things they were anxious about. One person was concerned that they didn't have their wallet and staff reassured them and found their wallet for them. The person relaxed and became less anxious. Support was provided in a kind and calm way and people were open and trusting of staff.

We saw that staff were courteous, caring and patient when supporting people. People were given time to make decisions and staff respected the choices they made, for example, one person was going out and they were given a choice about which form of public transport they wished to use. We observed a number of positive and friendly interactions between staff and people. Our observations demonstrated that staff had positive relationships with the people they supported.

People were involved in making decisions and planning their own care as much as they were able. We saw that people chose and planned their evening meal, how they spent their day and their evening entertainment. We were

told that people had monthly developmental meetings, with their key worker. This gave the person the opportunity to have a say about their care and treatment on a regular basis.

People's care plans contained information that included details about the person's background, their preferences, what was important to them and how they wanted to be supported. There was good information for staff about how to communicate with people. Each file contained a communication profile and this provided staff with guidance on how to approach people in different circumstances, described the different communication tools used by people and how to use these effectively. For three of the people using the service this was by the use of pictures, symbols and sign language. For another person we saw that they coped better with written instructions and we saw this in use on the day of our visit.

The interim manager confirmed that three of the four people using the service had engaged the services of an advocate.

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. One staff member told us, "Everyone should be treated with respect and dignity."

We observed that the way in which staff talked to people, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They knocked on people's doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Our observations demonstrated that people's privacy and dignity were maintained.

# Is the service responsive?

## Our findings

We were told that staff would support people to make a complaint if they wished.

We asked to look at the complaints procedure for people who used the service. Staff were unable to find this on the day of our visit. Senior staff told us there was a complaints procedure in a suitable format for people using the service. However staff were not able to find this at the service.

Senior staff and the interim manager were unable to tell us if any complaints or concerns had been received by the service. We requested to look at the complaints log, where complaints would be recorded. Staff were not able to find these on the day of our visit.

This was in breach of Regulation 16 HSCA (RA) Regulations 2014.

Staff told us people were free to make their own decisions. One member of staff told us, "We plan the day around each person." People's records showed that they chose how they spent their time and their choices were recorded.

We observed staff interactions with people and it was clear that the staff on duty knew people well and were able to meet their needs. For example, staff were supporting people to make packed lunches. They were aware of how much support each person required and how much they were able to do for themselves. We also saw one person who became anxious before going out. The staff knew how to approach this person and ease their anxiety.

We found that each person had been assessed before admission to the home which meant that their likes, dislikes and preferences had been documented. In one file we saw recorded what was important to the person was,

'To be supported by staff that know me' and what the person disliked was, 'new staff supporting me with activities'. At the time of our visit there were only three permanent staff members employed to work at the service which did not ensure consistent staffing and was not responsive to this person's needs.

People's interests had been recorded in their care plans. Staff supported people to work towards

goals in connection with their interests. For example, we saw people were supported to prepare and cook their meals to increase their independence and daily living skills. The support that staff gave people reflected the information in their care plans. A member of staff told us, "We follow what's in people's care plans and support people to be more independent."

We saw that plans, goals and aspirations were reviewed during regular meetings with designated key workers to ensure they accurately reflected people's needs. They were personalised and contained detailed information about people's background, personality and preferences. They included clear guidance about how people wanted to lead their lives and the support they needed. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

On the day of our visit each person attended an activity of their choice and we saw staff supporting people to organise these. People's activities were all different and we saw that one person took part in litter picking, another was going shopping, for a haircut and then to lunch. They particularly enjoyed using different forms of transport and we saw they had been supported to do this. We also saw that one person was being supported to go on holiday.

# Is the service well-led?

## Our findings

Prior to this inspection we received information of concern in relation to a lack of management and leadership at the service.

During this inspection we found there was no registered manager in place at the service. The previous registered manager had left the service in March 2015. Since then the service had been managed by a senior member of staff from a sister home, who had responsibility to run two services. A new manager had been recruited but was not able to start until August 2015. The deputy area manager for the provider was supporting staff by managing the service for three days a week until the new manager commenced the role. In addition, a team leader from the outreach service worked in the home one day a week to provide additional support. Staff told us that management had been inconsistent and that there had been a lack of leadership and managerial guidance.

We were told there was a system in place to monitor the quality of service and the interim manager had recently completed a quality monitoring visit of the service on 09 April 2015. However, we were unable to look at any data for this visit. We found a copy of an action plan following a monitoring visit undertaken on 13 August 2014 undertaken by the provider. This had identified staff recruitment and consistency of staff as an issue as well as a large number of bank staff being used to cover staff hours. There was no record of the corrective action taken to ensure improvements had been. We were also provided with a copy of a quality monitoring visit for 2011/2012. However, this was not relevant to current practice.

We were informed that questionnaires had been sent out to relatives and family members by the organisation in February 2015. We were told that feedback was still being collated so there was no data for us to look at.

The interim manager agreed that records had previously not been well managed. Staff training and supervision records were not available for all staff, and information about complaints could not be found. We were told the last staff team meeting had been held in April 2015. However, there was no record of this. We were unable to find any recent records of staff team meetings. We found that the recording of people's weights had not been completed consistently. There were some staff recruitment records held at the service, however we were told by staff at the human resources office that no recruitment information should be held there. Each person who used the service had three large files which constituted their care plans. The interim manager had recognised that this did not make finding essential information easy and had commenced collating the necessary information into one file, to make it more user friendly. Records of meetings between people who used the service and their key workers were not available for the month of May 2015.

There was no record available at the service of how the service monitors accidents and incidents.

We found that quality assurance and governance systems were not effective and had not been used to drive continuous improvement at the service. In addition, improvements were needed to the records and data management systems to ensure they are robust.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person has failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People who use services and others were not protected against the risks associated with poor complaints monitoring and a lack of information for people to make a complaint.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The systems in place to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not effective. Records management was disorganised and systems were not robust.