

National Autistic Society

Field View

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?

Requires Improvement 

Overall summary

Field View is a residential care home that provides accommodation for up to eight people who require support with their personal care and all aspects of daily living. The service supports people with Autism and Learning Disabilities. At the time of the inspection there were eight people permanently living at the service. The service has a communal lounge and dining area, sensory room and ample outdoor space featuring allotments and seating areas.

The inspection took place on 11 March 2015 and it was an announced inspection, which meant we provided the

service with 24 hours notice before the inspection took place. We did this because the service is small and we wanted to ensure that the manager and some of the people who use the service would be available on the day.

During the inspection we spoke with one person living at the service. The reason we only spoke with one person was because the verbal communication of the people who used the service was severely limited. We also spoke with five support staff, one relative and the current manager. The service has a registered manager in place

Summary of findings

but they are on extended leave. The National Autistic Society has been using interim arrangements to cover the registered manager's position by utilising managers from other services.

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. Since our inspection the Care Quality Commission has received a notification asking for the registered manager to be deregistered which means the service is currently without a registered manager.

The last inspection took place on 26 September 2013. At that inspection we found the provider was compliant with all of the standards we assessed.

We found that the service was safe in its delivery of care. Staff had a good knowledge of individual's needs and knew how to keep people safe from harm. There were sufficient staff numbers to support and respond to people's needs. Staff had been employed through robust recruitment procedures and we saw clear documentation for reporting and responding to accidents.

People had clear, personalised care plans in place which enabled staff to work towards goals and outcomes. Individual's choices and preferences were clearly documented and risk assessments were in place to enable people to complete the activities they enjoyed whilst keeping risks minimised.

Staff told us they completed a variety of training from classroom based learning to computer e-learning programmes. The evidence we saw within the training records and from speaking with staff showed us that staff were equipped with the knowledge required to enable them to carry out their role effectively.

We saw that people living at the service took part in a range of activities. Information we received prior to our inspection from the local authority contracts team confirmed that lots of meaningful activities took place at the service.

Family and friends were able to visit the service whenever they wanted to and people living at the service were encouraged to participate in activities and daily living chores as much as possible.

People's communication needs were taken into account and all staff used the Picture Exchange Communication System (PECS) to enable people with limited verbal communication to make choices and be involved in decision making.

We observed positive interactions between staff and those who used the service during our inspection. We saw people reading, singing and laughing together. Relatives told us they were happy with the care their loved one received living at the service.

Staff told us things had been unsettled at the service since the registered manager had gone on leave. We saw from records that staff supervision, team meetings and residents meetings had not regularly taken place. We found that quality audit records have not been reviewed or updated for over a year and although surveys requesting feedback had been sent out, a relative we spoke with said they never received any feedback from this process. Staff told us that now they had a new manager in the service things were improving and they were hopeful things would get better.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

There were procedures in place and staff were aware of how to report concerns regarding possible abuse.

Assessments were completed around managing risks and we saw there were robust processes for recording and reporting accidents.

Staff were recruited safely and trained to meet the needs of the people living at the service. There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

We found the service managed risk well whilst ensuring people led a full life.

Good



Is the service effective?

The service was effective.

Staff had completed a range of training to give them the skills and knowledge to meet people's needs.

People had a choice of meals and drinks. People received the support they needed to access appropriate health care services. This assisted people to maintain good health.

People's rights were respected and care was only provided with their consent or if Best Interest processes had been followed. The provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS).

Good



Is the service caring?

The service was caring.

There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy.

We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively.

People were treated with dignity and respect and independence was promoted.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were person centred and reflected people's individual needs. Staff were knowledgeable about individual's needs and preferences meaning they could personalise the support accordingly.

People's individual methods of communicating were identified and respected.

People had access to a wide range of meaningful activities and were supported to participate in the local community.

Is the service well-led?

The service was not well led.

The service has a registered manager but they have been on extended leave from the service since August 2014. The provider has been using interim managers during this time.

The lack of consistent leadership since August 2014 had resulted in a lack of supervision, appraisals and quality audits at the service.

Honestly and transparency were promoted within the service and staff said they could speak to the acting manager if they had any concerns.

Requires Improvement



Field View

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.'

The inspection took place on 11 March 2015 and was announced. The service was given 24 hours' notice before the inspection took place because the service is small and we wanted to ensure that the manager and some of the people who use the service would be available for us to see and speak with on the day.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert-by-experience was knowledgeable about the use of services for people with a learning disability.

Before the inspection took place we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We also contacted the local authority contracts monitoring team and Adult Safeguarding team to gain their views about the service.

During our inspection we spoke with the acting manager. We also spoke with five support staff working at Field view and one person using the service. We also spoke by telephone to one relative. We spent time observing the interactions between people and the staff in communal areas and during mealtimes. We looked at all areas of the home including, bedrooms (with permission), office accommodation, kitchen, staff areas and the gardens.

We also spent time looking at records which included three care plans, three staff recruitment files, staff rotas, training records and records relating to the management of the service.

Is the service safe?

Our findings

We talked with staff about their understanding of keeping people safe from harm and abuse. The staff we spoke with told us they had completed safeguarding of vulnerable adults (SOVA) training and they had the details of who to contact if they thought abuse was happening. One staff member told us 'I wouldn't hesitate to report something if I thought someone was being hurt'. The staff we spoke with could describe the different types of abuse and also knew the different agencies to contact if they needed to report suspected or actual abuse.

The staff training record we saw confirmed that all staff working in the service had completed SOVA training within the last two years. The organisation's policy on SOVA was displayed in the main office. Any safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the Care Quality Commission (CQC).

We saw that accident and incident records relating to those who use the service were current and up to date the most recent dated March 2015. The information provided for the incident was comprehensive in detail and showed body maps had been completed by the staff where injuries had occurred. Staff told us that this information was collected on a monthly basis and inputted into a computer dashboard system for analysis and reporting purposes.

Risks to people's safety were appropriately assessed and included within people's care records. We also saw that files contained individual risk assessments for specific activities for example swimming and accessing the community. We saw the National Autistic Society also had a disaster plan which informed staff what to do in a crisis situation. The service also had a senior duty system outside of office hours that staff could contact for guidance or support if needed.

Staffing levels within the service were high due to the support needs of the people who used the service. We saw the staff rotas which showed that seven members of staff were on duty at any one time during the week. One staff member told us "On occasions staffing levels have been low as people left, but we all pull together to ensure people get the support they need and we have new staff about to join the team." The manager told us that staffing levels

were calculated by head office to enable rotas to be devised. If the acting manager had any concerns over staffing levels they would discuss them with the area manager.

Staff told us they would approach the manager if they had any concerns or issues. One staff member told us "The new manager is approachable and I could go to them if I'm worried or have an issue about something." The staff we spoke with told us about the organisation's whistle blowing policy. One staff member we spoke with said they had never used it because "The company encourage us to talk openly with them."

We saw that the service had systems in place to manage the administration of medicines safely. Medicines were kept in a locked cupboard within the medication room. Each of the medicine records were personalised with the person's photo clearly identifying whose medicine record it was. It is important that medicines are stored at the correct temperature; otherwise they may not work effectively. Records showed us that staff checked the medication room temperature and the fridge used to store medication in on a daily basis. The records also told us that the temperatures were within the required range for safe storage.

We checked the medicines for three people living at the service and found the number of medicines stored was correct with the number recorded on the Medication Administration Records

(MARS). Staff told us that medication is administered by two staff members. One staff member reads out loud what medication is required while the other staff member prepares the medication. Two staff then administer the medication and then both staff members sign to say the medication has been administered. Staff told us they do this as it is good practice. We did see that seven of the recordings on the MARS sheets were not signed by two members of staff. This showed that staff were not always following their own protocols. We spoke to the acting manager about this who told us they would review this and request that staff revisit the organisation policy.

Five people who used the service were prescribed controlled drugs. Our checked showed that this was stored separately from other medication and was appropriately documented in the correct way. Staff are required to administer all medication for the people who used the service as no one has the ability to self-medicate. Due to

Is the service safe?

the limited verbal communication of the people who used the service staff use a range of different techniques to help identify if people require pain relief these included body maps of where it hurts, pain score charts, PECS cards of happy or sad faces and a traffic light scoring system.

We saw that the service had a procedure in place for the disposal of medication and we also saw and was provided with a copy of the organisations Safe management of medication policy.

We saw evidence of a robust recruitment procedure in place and being followed. Of the three staff files we looked at there were application forms, photo identification, references, and Disclosure and Barring Service (DBS) checks, contracts of employment, induction information and details of relevant qualifications. Details of previous experience and work history along with dates of when staff started working for the organisation all evidenced that staff were fully checked for their suitability to work with vulnerable people before they began working for The National Autistic Society.

Is the service effective?

Our findings

The staff we spoke with and observed had the necessary skills and knowledge required to support the people who used the service effectively. Staff were able to speak about the needs and preferences of the people who used the service which showed us that they had an understanding of the people they supported.

We saw from the training records that all staff completed understanding autism and SPELL framework training on induction. The SPELL framework is used to enable a better understanding and respond to the needs of people on the autism spectrum. SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links.

We saw that decisions were made in the best interest of individuals and paperwork in the care records demonstrated that family members and other professionals had been included in these meetings and discussions. We spoke with staff about involving people who used the service in decision making. One staff said “We will always try to include the individuals, where we can, but because of their needs it’s not always possible.”

Some of the Best Interest meetings recorded dated back over two years and there were no records of recent best interest meetings being held. The acting manager stated they were working on updating things to ensure the service complied with the Mental Capacity Act.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that when an individual does not have the capacity any decisions are made in people’s best interests. The acting manager understood the principles of the MCA and DoLS. At the time of our inspection no one living at Field View was subject to a DoLS authorisation. However, as most people living at the service were under constant supervision this would indicate that DoLS applications should have been made. When we spoke to the acting manager about this, they were aware that applications needed to be made and was working with the local authority to resolve this. We also received confirmation from East Riding Local Authority that they were working with the provider to ensure they were complying with the Mental Capacity Act.

Staff told us, now the new manager was in place they felt supported. Prior to this staff told us they had not had regular supervisions or appraisals. One staff member told us “I can’t remember when I last had proper supervision.” The records we looked at also showed that supervision and staff appraisals had not been completed on a regular basis. The acting manager was aware of this and they were working on ensuring these issues were put right as soon as possible. The staff we spoke with said that although they hadn’t had formal supervision they could raise any issues they had and speak with senior staff if they needed to.

We spent some time in the kitchen and observed one person being supported to prepare their lunch. We saw staff being very supportive towards the individual and they encouraged them to participate as much as possible. The food we saw looked appetising and the individual was involved choosing what they wanted from a range of choices. Staff told us they catered for dietary needs when required and also promoted healthy eating.

We saw the fridge and pantry cupboard was well stocked with a range of foods. Staff told us that if people did not want what was being served they would support them to prepare an alternative. Staff told us individuals were involved with the weekly menu planning and shopping for the food items wherever possible. Fresh fruit was available and people could access snacks and drinks throughout the day.

We saw evidence in peoples care records that individuals had input from local healthcare professionals when required. All visits or meetings with GP’s, District Nurses, Speech & Language Therapists and Social Workers were recorded in the person’s care file with the date and reason for visits and any further actions needed. This showed us that the service involved necessary professionals and welcomed interventions from outside agencies to ensure that people received an effective service.

We saw that the living environment was clean and tidy. The building was modern and provided a low arousal environment to appropriately meet the needs of those living there. Everyone had their own bedrooms which they could personalise if they choose to. The communal lounge and dining area were well used and we observed people watching television, movies and singing in these areas. The outside space was vast and people living at the service

Is the service effective?

were encouraged to use the allotment areas to grow their own fruit and vegetables. The secure outdoor space also had a chicken coop, seating areas and opportunities for outdoor activity.

Is the service caring?

Our findings

People who used the service were receiving good care and support to enable them to complete daily living tasks and participate in activities of their choice. We saw people being supported by caring staff who were patient and attentive to their needs. We observed good interactions with staff and people and staff appeared to understand individual's needs. A relative told us "My relative is well cared for and staff understand their needs".

The care plans we looked at were person centred and included the individual's previous history, their likes and dislikes, hobbies and interests and assessments to help minimise any risks. Preferred communication methods were also outlined in peoples care plans. The care plans also showed that family members were involved in the care planning and reviewing of people's needs.

The service did not have anyone who used advocacy services. However, the acting manager told us this was something they were looking at introducing for those who may need it. We observed that signs were displayed around the home in pictorial format so that people could understand the information easier. The manager also told us that they were in the process of updating these signs to make them better for the people who use the service to understand.

One staff member we spoke with said "People are well cared for here; staff will go above and beyond to ensure people's needs are met." We observed positive interactions during an activity using an I-Pad with a staff member and person using the service singing and laughing together.

All of the people living at the service had different needs. We were informed by the manager that one person had recently had an epileptic seizure therefore staff were being extra vigilant with observations and the monitoring of that person's behaviour.

We observed that staff were attentive to this person. Staff spoke in a sensitive way and respected the person's decision to not participate in a suggested activity when their body language and behaviour indicated they did not wish to.

Staff told us that they promoted peoples independence as much as possible. We observed that staff used a range of communication methods to ensure people were included in decision making. Symbols, pictures and visual plans of peoples preferred routines were seen and staff used the Picture Exchange Communication System (PECS) to show people with limited understanding and minimal verbal communication what activity was going to be happening.

A staff member from the local authority monitoring team told us "The service is person centred, staff are caring, the facility is excellent and there are lots of meaningful activities."

Staff told us they respected people's privacy wherever they could. Most of the people living at the service were supported on a one to one basis which meant a staff member was there to supervise and support them during all hours of the day. Staff stated that when they could, they would allow individuals some 'me time' in their own rooms and monitored them at timely intervals. This showed us that the staff respected people's personal space but demonstrated they were mindful of the need for supervision due to the individual's assessed needs.

Is the service responsive?

Our findings

The people who lived at the service had all been thoroughly assessed so that their needs were clearly known prior to moving in. Care packages were developed to meet individual's needs. We saw that people who used the service and their families were included in the planning and reviewing of their care and support. We saw that people's care plans were person centred and clearly identified the likes and dislikes individuals had. This included food choices, activities, outings and clothing.

Staff told us that people were encouraged to participate in activities outside of Field View. We were told that one person currently went horse riding and staff were currently arranging for another person to access an indoor rock climbing centre. We also saw in the care plans that people had visited a number of different places for days out including the seaside and shopping outlets. We saw that one person who used the service had attended a local college course and proudly displayed their certificate on the wall outside their room so people could see it.

We observed that people were given choices about what activities they wanted to do and what food they wanted to eat. We saw that this was communicated using the Picture Exchange Communication System (PECS) and was also reinforced with verbal communication.

We saw that the service had a complaints procedure which was kept in the office and was also displayed in the

entrance to the home. We spoke with staff about how people with non-verbal communication or limited reading skills would understand this policy and know how to make a complaint if they were unhappy about something. Staff explained that they knew the people who used the service well and the behaviours and body language of individuals would indicate if they were unhappy about something.

We spoke with a relative of someone using the service who told us they received questionnaires to complete and return however they had not receive any feedback. The relative told us they hadn't made any complaints but if they needed to they would be happy to approach the staff or manager to raise these.

We spoke to the acting manager about this who told us the questionnaires were collected centrally within the organisation rather than looked at for individual services. The acting manager explained that they were hoping to speak with senior management at the organisation to suggest they collect the information for the individual service to enable them to evaluate and use as part of on-going development for the service.

Staff told us people were encouraged to maintain relationships with friends and relatives. Relatives were able to visit at any time of the day and people who used the service are encouraged to go out with their relatives and some people went to stay with their families overnight. This enabled people who lived at the service to maintain relationships with people important to them.

Is the service well-led?

Our findings

The registered manager at the service has been on extended leave since August 2014. During this time managers and senior staff from within the organisation have overseen the service. A new acting manager was appointed in January 2015 although they are not registered with the Care Quality Commission.

The service is led by the acting manager and team leaders. Staff told us that things had been really unsettled since August 2014 when the registered manager went on leave. One staff member told us “We have had a lack of support and a lot of staff left after we were re-structured.” Another said “Things have improved now the new manager is in post, they are very supportive and we are hopeful things will get better”.

We found that the registered person failed to establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of services users in receiving those services).

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that the staff team were very supportive of each other. One staff member told us “The staff team are really good and dedicated.” Another stated “Since I started working here I’ve been made to feel very welcome and the team are very supportive.” Staff told us they completed an induction programme which consisted of classroom based activities, e-learning computer based training and shadowing shifts with experienced members of the team prior to working directly with people who used the service.

We saw that staff had not received regular supervision since the registered manager had gone on extended leave in August 2014. One staff member told us “I had supervision

last week for the first time in months.” Another staff member told us “I haven’t had supervision but can speak to the person in charge if I need to discuss any issues.” Supervision is a way of ensuring staff are supported and given direction and guidance if required. Supervision also highlights ongoing development and training needs that maybe required. When supervision does not happen regularly staff can feel unsupported.

The acting manager told us since August 2014 supervision for staff had not been regularly done. The acting manager had started to reintroduce staff supervision and there were planning to complete this for staff every six weeks from 1 April 2015.

We saw that the quality audits report at the service had not been reviewed or updated since June 2014. The acting manager showed us evidence that they were working to get this updated with a formal quality audit programme due to start at the end of March 2015.

We saw that staff meetings had not been held on a regular basis since the registered manager left. The current manager told us that they had restarted the staff meetings in February 2015 and monthly meetings were planned for the remainder of 2015.

We saw no evidence that regular meetings had been held with the people who used the service or with relatives and family members. Meetings like these are a good way of keeping people informed of changes happening within the service and it encourages ideas and suggestions for improvements. It also promotes good practice with a service.

The acting manager told us that they spoke with the people using the service on a one to one basis to gain their views. The acting manager also told us that they had met with families and carers when requested for individual meetings. The acting manager told us they planned to talk or meet with families and carers on a monthly basis where possible. From our observations we saw that people’s care plans and risks assessments were regularly reviewed and updated in line with individual needs.

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 17 HSCA (RA) Regulations 2014 Good governance

The registered person failed to establish and operate systems or processes to effectively: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

Regulation 17 (1) (2) (a) (e) (f)