Autism Care UK (2) Limited

Rother Heights

Inspection report

Rother Crescent
Treeton
Rotherham
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Ratings

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

Overall summary

The inspection took place on 17 September, 2015 and was unannounced. The service was registered with the CQC in December 2014 so this was the first inspection of the service under the new registration.

Autism Care UK's location at Treeton in Rotherham is known as Rother Heights. It provides accommodation for up to 28 people and specialises in care for people with autism. The service includes a purpose built complex comprising of four bungalows and an administration block. Each bungalow has six single bedrooms with en-suite facilities. There are also two other houses nearby which can each accommodate up to two people.

The service had a registered manager in post 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

Summary of findings

'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.

We looks at policies and procedures in place to safeguard people from abuse. These were clear and concise and explained different types and how to recognise abuse, as well as how to report abuse.

The provider had safe arrangements in place for handling medicines. We spoke with a team leader who explained the procedure in place. They were knowledgeable about the policy and felt trained to administer medicines.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment.

We saw there were enough staff available to meet the needs of people living at the service. Staff told us they worked as a team.

We looked at records in relation to training and found the service had a training matrix in place to record when staff had completed training. We saw this was out of date and did not reflect some of the comments made by staff.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and were involved in best interest meetings with other professionals.

Staff told us that where possible people were involved in planning menus. People's likes and dislikes were taken into consideration when menu planning.

People who used the service had access to health professionals as required. Staff ensured appointments were kept and that people were supported to attend them.

We observed staff interacting with people and found them to be understanding of people and their different needs. There was a clear ethos of person centred care and staff were caring and professional in their manner.

Support plans were in place to ensure people's needs were met. Support plans were reviewed on a monthly basis to ensure they reflected the current needs of people.

The service had a complaints procedure and people knew how to raise concerns.

We saw systems in place to assess and monitor the quality of the service. Each house manager had the responsibility of ensuring the service worked well.

People were able to contribute their opinions and ideas and they felt listened to.

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.

We saw procedures were in place to protect people and safeguard them from abuse.

There were enough staff available to meet the needs of the people living at the service.

Risks related to people's care were assessed and monitored to ensure they received safe and appropriate care.

The service had a safe recruitment system in place.

Good

Is the service effective?
The service was not always effective.

We looked at records in relation to training and supervision and found they did not reflect the comments raised by staff.

The staff understood the requirements of the Mental Capacity Act 2005.

Staff told us that where possible people were involved in planning menus. People's likes and dislikes were taken into consideration when menu planning.

Requires improvement

Is the service caring?
The service was caring.

We observed staff interacting with people and found them to be understanding of people and their different needs.

People's likes and dislikes were known and upheld by staff.

Good

Is the service responsive?
The service was responsive.

People's support plans were clear and precise and reflected the person's assessed needs.

The service had a complaints procedure and people felt able to raise concerns.

Good

Is the service well-led?
The service was well led.

We saw systems in place to assess and monitor the quality of the service.

We saw evidence that people were asked for their views about the service.

Staff knew their responsibilities and were able to raise issues with their manager.

Good

Rother Heights

Detailed findings

Background to this inspection

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

The inspection took place on the 17 September 2015 and was unannounced. The inspection team consisted of a two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service, observed care and support in communal areas and also looked at the environment. At the time of our inspection there were 21 people using the service.

We spoke with four support workers, one house manager, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with three people who used the service and they told us they enjoyed living at the service. We observed staff interacting with people and found they were supportive in their approach.

We looked at policies and procedures in place to safeguard people from abuse. These were clear and concise and explained different types and how to recognise abuse, as well as how to report abuse. Staff we spoke with told us that they were required to read the policies as part of their induction. Staff were able to explain what action they would take to keep people safe. One support worker said, "I would report incidents, without delay, to my manager. They would be keen to sort it out." Another support worker said, "We do training in safeguarding people in our induction but it is also repeated regularly."

The provider had safe arrangements in place for handling medicines. We spoke with a team leader who explained the procedure in place. They were knowledgeable about the policy and felt trained to administer medicines. We looked at records in relation to the administration of medicines and saw people had a front sheet which included a photo of the person, how the person liked to be supported to take their medicines and a list of side effects. We also saw Medication Administration Record (MAR) charts were in place and used to book medicines in and out and to document medication administered. We saw these were accurate and kept up to date.

The service had a procedure in place for medicines prescribed on an 'as required' basis. When this type of medicine was given, it had to be agreed by a senior member of staff. The care notes on the reverse of the MAR sheets were also completed. This showed what effect the medicine had on the person.

We saw medicines were stored appropriately. Each house and bungalow had a lockable room containing medicines. A fridge was available for use of storing medicines which required storing at a cool temperature. We saw temperatures were taken of the room and fridge to show that medicines were stored at the correct temperature.

We looked at six support plans and found they contained risk assessments. These were documents in place which outlined any risk associated with the person's care. They explained the risk presented and any instructions for staff to follow to prevent the risk occurring. Staff we spoke with understood the risks associated with people's care and were able to explain what they did to limit them. For example, indicating the risks around, bathing, preparing meals, choking and safety outside the service.

We visited all properties on site and one of the houses off site and found there were enough staff available to meet people's needs. Staff we spoke with told us there were always enough staff around. One care worker said, "There is always a team leader or a house manager in each house and they make sure there is enough staff around." Another care worker said, "If there is a problem we help each other out, we work as a team." We spoke with the registered manager about staffing and were told that the service is staffed in line with the assessed needs of the people living there.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at four staff files and found this procedure had been followed.

Requires improvement

Is the service effective?

Our findings

We found that staff had appropriate knowledge to meet people's needs. We spoke with people who used the service and one person said, "The staff here are great." Another person said, "The staff know me well and it's nice to have them around."

We spoke with staff about the training they received and they told us training was ongoing and effective. One care worker said, "We are constantly asked if we need any training and memos are displayed advertising training available." Another care worker said, "Training is of a good quality and it takes place frequently."

We looked at records in relation to training and found the service had a training matrix in place to record when staff had completed training. We saw this was out of date and did not reflect some of the comments made by staff. We spoke with the registered manager who told us that some current training had not been added on to the matrix.

We looked at files belonging to four staff and found some training certificates, but there was a lack of evidence around the amount of training staff told us they had completed. We also saw that supervision sessions (one to one sessions with the manager) took place. The provider had a policy in place which indicated that staff should receive six supervision sessions per year. However, the records we saw did not always reflect this. For example, one staff member had only received one supervision in 2015; this was completed in May 2015. Another record showed that a member of staff had not had any supervision sessions in 2014 and just an appraisal in 2015. We spoke with the registered manager about this who said this would be addressed. However, staff we spoke with felt supported by their managers and felt they were approachable. Staff told us they had the opportunity to progress within the company. One care worker said, "I started working for the company as a support worker. I was offered training and support and I am now a team manager."

The provider had an induction programme to support new employees. Staff we spoke with told us they had received appropriate support when they started working for the provider. They told us they had to complete an induction booklet and attended training. They also told us they completed shadow shifts, where they were able to shadow and experienced member of staff. This helped them to get to know the people who lived there and how best to support them.

The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and had received training in this area. One care worker said, "It is in place to make sure people are protected and they get the support they need." Staff were involved in making best interest decisions with people and involved other professionals involved with people's care and support.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We spoke with the registered manager about this and were informed that the service had assessed people who they thought needed a DoLS and had referred these people to the authorising body for their consideration.

We looked at six support plans and found they contained clear evidence that people had been consulted about how they wanted to receive care. Consent was gained for things such as the use of photographs and how the person wanted to be supported.

People were supported to eat and drink a healthy balanced diet. Staff told us that where possible people were involved in planning menus. People's likes and dislikes were taken into consideration when menu planning. Some people helped to prepare meals with staff and to clean up afterwards. We saw support plans contained information about how to support people at meal times and dietary requirements.

Requires improvement

Is the service effective?

People had access to their own G.P and records we looked at showed that people were supported to access other health services as required such as diabetic clinic, dental services and optician. Staff ensured appointments were kept and that people were supported to attend them.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us they enjoyed living at the service. They told us the staff were caring and supported them well. One person said, “The staff help me to go out and do the things that are in my care plan.” Another person said, “The staff are really good they know me well and that’s great.”

We spoke with staff who told us how they supported people whilst maintaining their dignity and respect. One care worker said, “We involve people in their support plans, that way we can understand their likes and dislikes and can focus on their preferences.”

We observed staff interacting with people and found them to be understanding of people and their different needs. There was a clear ethos of person centred care and staff were caring and professional in their manner. One person requested that they wanted to go out in the car. This was adhered to and this made a difference to the person. We saw another person was happy to paint and had access to several types of art work.

Staff we spoke with told us they operated a key worker system. Staff explained this as getting to know the person better and communicating this to the rest of the staff team. This was done by spending one to one time with people and building up a relationship of trust. Part of the key workers responsibility was also to evaluate the support plans each month and to ensure all health appointments were attended.

People we spoke with knew they had a file which contained their support plans. People were able to sit with their key worker and discuss their plan every month. Discussions took place around the aims and objectives of the plans and whether they were meeting the needs of the person. People were also asked about their preferences and what activities and interests they wanted to pursue. These were reflected in the persons support plans.

Staff told us that they received training in dignity and that the service was committed in providing support that encompassed the likes and dislikes of people. Support plans we saw evidenced this.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they felt supported by the staff. They told us they had the opportunity to discuss how they wanted to be supported and the staff respected their opinions.

We looked at six support plans and saw they included areas such as health care, capacity, communication, personal hygiene and activates. Support plans were reviewed on a monthly basis and the process involved the person.

People's support plans were clear and precise and reflected the person's assessed needs. For example, one person had a sensory support plan to address needs around vision, hearing, touch, smell and taste. The plan included information about the persons dislike to bright lights and the impact this may have on the person.

Another person's plan was broken down in to small steps to enable then to successfully complete the tasks. The person had limited vocabulary and often used short sentences of two to three words. Staff were aware that they needed to use short sentences in response to enable the person to process and understand the information.

One person's support plan was set out in pictures so the person could clearly see what they needed to do in order to achieve their goal. One plan was around personal care and included pictures of towels, clothes, the bath, etc.

Each person had an activity programme which indicated the different social activities they enjoyed being part of. Some people enjoyed a drive out, watching television, going to cinema and out for meals.

The service had a complaints procedure and people knew how to raise concerns. The complaints procedure was available in an easy read version. People we spoke with told us they would tell a member of staff if they had a worry or concern. One person said, "I would tell staff if there was a problem and they would sort it out."

Any formal complaints came to the home via the registered manager and were either investigated by them or passed on to the appropriate house manager. Each house kept their own log of complaints and the house managers were responsible for ensuring they were followed up effectively and in line with procedures.

We saw evidence that complaints had been dealt with in a satisfactory way. The registered manager told us that complaints were also used as learning to develop the service.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

Each property on site was managed on a day to day basis by a house manager. House managers supported the registered manager and of them was the deputy manager.

We spoke with people who used the service and they told us they knew the manager and could talk to them at any time. Staff we spoke with said, "The manager is very easy to talk to, her door is always open." Another care worker said, "The manager knows us all and the people who live here, she is always visiting the houses."

During our inspection we noticed the service was well organised. Each house had a core team of staff and a manager on duty. Staff we spoke with knew their role within the organisation and understood what they were accountable for. They knew when a decision had to be made by a senior member of staff and when to ask for support and advice.

We saw systems in place to assess and monitor the quality of the service. Each house manager completed a quality assurance assessment and sent it to the registered manager. This included reportable incidents, complaints, staff issues and any updates in relation to people who used the service. Each month the registered manager collated this information and sent a completed document to the providers head office. This identified any actions which required completing. This was then looked at by the provider's quality team and checked for accuracy. If the same action appears on the action plan for more than three months, the quality team requested immediate. In addition to this process the provider's quality auditor visited the service regularly.

There was also checks of finance and medication completed on a monthly basis. This was carried out by the house managers who completed the audit in a different house each month.

We also saw that quality assurance surveys were sent to people's relatives and professionals to gain their view about the service. One comment from a recent survey was, "We are very satisfied with the care of our relative, and we wished they could have lived here years ago." A comment from a professional was, "Thank you for your input and collaborative working. Much appreciated."

The service was currently being updated house by house. Plans were in place to re-decorate and have a new heating system put in each property. This had commenced on the day of our inspection. We noted that this had been well planned in advance and co-ordinated in a professional and caring manner.