

National Autistic Society Clayton Brook House

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced inspection of Clayton Brook House on 7 and 8 January 2015. Clayton Brook House is owned by The National Autistic Society (NAS). It is a care home which is registered to provide care and accommodation for up to seven adults with a diagnosis of Autism and does not provide nursing care.

Clayton Brook House is located in Clayton Le Moors near Accrington, Lancashire. It is a purpose built property in a residential area. There are communal rooms, including a lounge, sensory room and an activity/visitors room. All the bedrooms are single occupancy and have en-suite

bathrooms. There is a self-contained flat on the first floor for respite care, however at the time of our inspection the flat was not in use. There are car parking spaces to the front of the property with an enclosed garden area to the rear. At the time of the inspection there were six people accommodated at the service.

At the previous inspection on 27 November 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. A registered manager is a person who has registered with

Summary of findings

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.

People using the service had complex needs, which meant they could not readily tell us about their care and support. However, we spent time in the company of people using the service and one person expressed their satisfaction with aspects of the service.

We found arrangements were in place to help keep people safe and secure. Relatives spoken with had no concerns about how people were supported. Risks to people's well-being were being assessed and managed.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Proper character checks had been done before new staff started working at the service.

There were enough staff to support people properly and they had been trained on their role and responsibilities. There were systems in place to ensure all staff received regular training and supervision.

People were receiving safe support with their medicines. Staff responsible for supporting people with medicines had completed training. This had included an assessment to make sure they were capable in this task.

We found people were supported to lead fulfilling lives. They were enabled to make their own decisions and choices. Staff communicated and engaged with people, using ways which were best for their individual needs. People were supported with their healthcare needs and medical appointments. Changes and progress in people's life and circumstances were monitored and responded to.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may

lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

We got the impression people enjoyed their meals. Arrangements were in place to make sure people were offered a balanced diet. Meals were provided based upon people's known likes, preferences and requirements. People were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items.

We observed positive and respectful interactions between people using the service and staff. People's privacy and dignity was respected. Relatives made positive comments about the care and support their family member received. Each person had detailed care records, describing their individual needs and choices, this gave clear guidance for staff on how to provide care and support.

Each person had a personalised and varied programme of activities. People were supported with their hobbies and interests, and with activities in the local community. Their lifestyles and circumstances were sensitively monitored and reviews of their support needs were held regularly. People were supported to keep in touch with their relatives and friends.

There were satisfactory complaints processes in place. People could express concerns or dissatisfaction with the service during day to day living and within their care reviews. There was a formal process in place to manage, investigate and respond to people's complaints and concerns.

Clayton Brook House had a management and leadership team to direct and support the day to day running of the service. There were systems in place to consult with people and regularly assess and monitor the quality of the service.

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. Arrangements were in place to keep people safe and secure at the service. We had no concerns about the way they were treated or cared for.

There were enough staff available to provide safe care and support. Staff were trained to recognise any abuse and knew how to report it. Staff recruitment included all the relevant character checks.

We found there were safe processes in place to support people with their medication.

Good



Is the service effective?

The service was effective. People indicated they experienced good care and. The support service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) People were encouraged and supported to make their own choices and decisions.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported to eat healthily; they were involved in menu planning and meal choices. This helped ensure people's dietary preferences and needs were responded to.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring. During our visit we observed positive and sensitive interactions between people using the service and staff. They supported people to make their own choices and opinions. Relatives made positive comments about the caring attitude and approaches of support workers.

People had care plans which described their attributes, needs and choices and how their support should be provided. Support workers were knowledgeable about people's individual needs, backgrounds and personalities.

People's privacy, dignity and confidentiality was respected. People had free movement around the service.

Good



Is the service responsive?

The service was responsive. Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their support.

People were supported to keep in contact with families and friends. They had opportunities to try new experiences and develop skills, by engaging in meaningful activities at the service and in the local community.

Processes were in place to manage and respond to complaints, concerns and general dissatisfactions.

Good



Is the service well-led?

The service was well led. The management and leadership arrangements promoted the smooth running of the service.

Good



Summary of findings

<p>There were systems in place to consult with people and to monitor and develop the quality of the service provided.</p>	
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Clayton Brook House

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 January 2015 and the first day was unannounced. The inspection was carried out by one inspector. Before the inspection, the provider completed a PIR (Provider Information Return). This is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make. We reviewed the information we held about the service, including notifications and the details within the PIR. We also spoke to the local authority contract monitoring team.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time in the company of the people who used the service. We spoke with one person and four relatives. We talked with two support workers, the registered manager and deputy manager. We spent time observing the care and support being delivered and looked at a sample of records. These included three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

People using the service had complex needs, which meant they could not readily tell us about their experiences. We spent time with people who used the service and support workers and we observed some aspects of daily life in the home. We did not observe anything to give us cause for concern about people's safety and well-being. We noted staff were sensitive and considerate of people's needs and choices. Techniques were used to encourage people to express their preferences and respond positively to their choices. This approach helped promote a sense of familiarity and security, which aimed to reduce the person's levels of anxiety and enhance their well-being.

The relatives spoken with expressed satisfaction with the arrangements for keeping people safe and had no concerns about how people were supported. They told us, "I am delighted with the attention (my relative) gets, he is very safe at the service and security is never a worry" "I think he feels very stable, cared for and secure", "I have never seen anything that worries me" and "He is confident with them, he trusts them, I feel reassured with the support he is given."

We found individual risks had been assessed and recorded in people's support plans. Management strategies had been drawn up to guide staff on how to manage and minimise these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. Support workers spoken with told us they were aware of people's risk assessments and how to effectively support people to keep them safe. One support worker explained, "Risk assessments are in place for each activity, it totally prepares you on what to expect and provides ways to overcome things." A relative told us, "Oh yes he is safe, they deal with risks very well."

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff also had access to a 'flowchart' diagram, which included contact details of the local authority. The support workers spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice.

Information we held about Clayton Brook House, indicated safeguarding matters were effectively managed and appropriately notified for the wellbeing and protection of people using the service.

Support workers said they had received training on safeguarding and protection. They had also received training on low arousal techniques and proactively responding to behaviours of concern. There was detailed information in people's support plans to help support workers recognise any changes in their behaviour. This meant they could respond by focusing upon defusing tension and using the least restrictive approaches. One relative told us, "It is very important he is supported well and he is."

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. The required character checks had been completed before staff worked at the service and most of the checks had been recorded. However, we found the records were lacking in confirming declared qualifications had been verified. We discussed this matter with the registered manager who acknowledged our concerns and agreed to take action to rectify this practice. The checks did include taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held.

During the inspection we observed staff were available to provide people with support and respond to their needs. Support workers spoken with considered there were sufficient staff at the service; one told us, "People never miss activities due to a shortage in staffing levels". We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements. The deputy manager told us of the processes in place to maintain staffing levels in response to people's individual needs and funding arrangements.

We looked at the way the service supported people with their medicines. Each person's ability to manage and have involvement with their medicines had been assessed. We

Is the service safe?

had sight of risk assessment records which confirmed this initiative. Each person had a medication profile, which described their specific needs and preference around their support and involvement with medicines.

The deputy manager described the processes in place to order and manage medicines. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. The service used a monitored dosage system for medication. This is a storage method designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medication records were well presented and organised. All records seen were complete and up to date. There were separate protocols for the administration of medicines prescribed 'as necessary' and 'variable dose'. However, we found clear directions had not been recorded in respect of topical creams, which meant instructions were lacking on providing support with this type of medicine. We discussed this matter with the registered manager who acknowledged our concerns and agreed to introduce additional measures.

We saw that medication systems were checked and audited. Action was taken as needed, in the event of any shortfalls or omissions on the records. This ensured appropriate action was taken to minimise any risks of error.

Staff responsible for administering and providing people with support with medicines had completed medication management training. This had included a practical assessment to ensure they were competent at this task. Staff had access to medicine management policies and procedures which were readily available for reference.

Arrangements were in place to promote safety and security. This included reviewing accidents and incidents, checking systems, reporting any issues and being familiar with individual risk assessments. Records were available at the service; including, risk assessments, safety checks and maintenance reports which confirmed these arrangements were in place. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

Is the service effective?

Our findings

People using the service had complex needs, which meant they could not readily tell us about their experience of the service. However, one person spent time sharing their life experiences with us and we were made aware of a wide range of positive outcomes the person had been supported to fulfil. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and choices. We found customised methods were used to communicate and engage with people, using ways which were best suited to their individual preferences and abilities.

Relatives spoken with indicated Clayton Brook House promoted a good quality of life for the people using the service. They told us, “This is the best service, very impressive”, “I can’t think of anything that could be better”, “Very happy with the service” and “I feel reassured with the support given.”

We looked at the way the service provided people with support with their healthcare needs. One person confirmed with us the attention they had received from healthcare professionals and the support provided for routine appointments. Relatives told us they considered health needs were effectively met; two described circumstances where the service had been vigilant in identifying and responding to specific needs. Each person had an ‘Anticipatory Health Calendar’. This was designed to promote the daily observation of people’s health and alert staff to any changes in their condition and well-being. This meant support workers could readily identify any areas of concern and respond accordingly. People also had a health action plan which provided information on past and present medical conditions. Records were kept of all healthcare appointments and outcomes.

One person shared with us, their views on the choice of meals at the service and told us of their specific preferences which were catered for. We asked relatives for their views on food and nutritional matters, one commented included, “They seem to eat extremely well, the diet is very balanced and food is cooked from scratch.” People’s nutritional needs and food preferences, were assessed within the care planning process and an in-depth support plan had been devised for each person. We were given examples of the action taken to support people with healthy eating choices and the consideration presentation

of meals to improve food intake. There was a four week menu which was changed according to the seasons. The menu had been devised to provide a balanced diet and included people’s known preferences. People were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items. We got the impression people enjoyed their meals, including the take-aways and trips out to local cafes, pubs and restaurants.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. Records showed that staff had received training on the MCA 2005 and DoLS. We found deprivation of liberty screening checklists had been carried out; this meant consideration had been given to people’s capacity to make particular decisions and the kind of support they might need to help them make them. There was evidence to show appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people’s best interests.

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. A relative told us, “I’m aware staff training is ongoing, it’s very important here.” Staff told us of the training they had received, and confirmed there was an ongoing training and development programme at the service. We looked at records which reinforced this approach. Support workers had completed induction training to a nationally recognised standard. We noted staff files included induction training records. The induction included an introduction to the framework known as SPELL, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families). Support workers were also enabled to attain recognised qualifications in health and social care.

One support worker explained they received regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care of

Is the service effective?

people who used the service. We saw records of supervisions and noted plans were in place to schedule

appointments for the supervision meetings. Staff also had annual appraisal of their work performance and a formal opportunity to review their training and development needs.

Is the service caring?

Our findings

People using the service had complex needs, which meant they could not readily tell us about their care and support. However, we spent time in the company of people using the service and one person expressed their satisfaction of the care and support they received. Relatives spoken with made positive comments about the care and support their family member received. They told us, “Delighted with the care and attention, it’s very impressive”, “The staff are switched on, caring and interested in their role, they are extremely patient and calm” and “They are fantastic, they know him very well, he is cherished by the staff.”

We observed positive and respectful interactions between people using the service and staff. One relative explained, “All the staff are caring and considerate, everyone is spoken to with respect”.

Staff showed kindness and compassion when they were supporting people.

Support workers spoken with understood their role in providing people with effective care and support. They were knowledgeable about people’s individual needs, backgrounds and personalities. They gave examples of how they provided support and promoted people’s independence and choices. There was a ‘keyworker’ system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their support. Support workers were

familiar with the content of people’s care records, one told us “The care plans provide in-depth information, they tell us how to support people and we regularly discuss any changes and record them in the communication notes.”

We looked at two people’s care records. Each person had a detailed person centred plan, an essential life plan and a health action plan. This information covered all aspects of people’s needs and provided clear guidance for staff on how to provide care and support. There was a detailed profile of the person, which included information about their personal histories and lifestyle choices. The profile described what was important to them and how they could best be supported.

The information contained in the support plans was very detailed and personalised, therefore a summary had been devised to provide bank staff with overview of the person on a need-to-know basis.

People had free movement within Clayton Brook House and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. This meant people had access to privacy when they needed to be alone. We observed people going to their bedrooms and sitting in different areas of the home. A support worker commented, “They find their private areas and take themselves away, we respect their privacy and always knock on doors.” One relative told us, “Privacy and dignity is upheld and they are brilliant regarding confidentiality.”

Is the service responsive?

Our findings

People using the service had complex needs, which meant they could not readily tell us about how the service responded to their individual needs and preferences. However one person shared with us details of their preferred activities and the lifestyle choices they enjoyed. We observed people being supported in various ways in accordance with their care plans, risk assessments, decisions and choices. Each person had a personalised and varied programme of activities. People were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable.

There had not been any new admissions to the service for several years. However, the deputy manager described the process of assessing people's needs and abilities before they used the service. This would involve gathering information from the person and other sources, such as care coordinators, health professionals, families and staff at previous placements. People would be encouraged to visit, for meals and short breaks. This meant people would have the opportunity to experience and become familiar with the service before moving in.

People's support needs, lifestyles and circumstances were regularly monitored and reviews of their care and support were held every six months or more frequently if required. One relative told us, "The staff deal with things fast and effectively." People were supported to prepare and contribute to their reviews by using various methods of communication. This helped people to have as much involvement as possible in the planning and reviewing their care and support. Relatives told us they were actively involved with care reviews and care planning. They said, "We have review meetings twice per year with the manager and keyworker, we discuss things and express our views" and "Fully involved with care planning and reviews, always get told of any matters arising." Relatives also confirmed they were kept up to date on appropriate matters. They told us, "They keep me informed" and "We always get to know what's going on."

Support workers described how they delivered support in response to people's individual needs, abilities and aspirations. We were given examples of the progress people had made by being responsive to their needs and

developing ways of working them. This included improving methods of communication and engagement, reducing people's anxieties and the often experimental approach to enabling new experiences. Staff told us the service was flexible and responsive to people's needs.

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and others. Relatives told us they were welcomed at Clayton Brook House whenever they visited. One said, "I often call unannounced, I always find the staff team stable and knowledgeable. I am absolutely made to feel welcome, greeted with a smile and the offer of tea." Support workers told us how they supported people to keep in touch with relatives, including the arrangements in place for visits.

People were provided with information about the service, as well as a contract highlighting the terms and condition of residence. The information was produced in an 'easy read format' with photographs and pictures to help clarify the main points. We noted there was a poster and information leaflets displayed on a notice board about advocacy services. To support people in negotiating their way around the premises, photographs of the communal rooms had been placed on the doors, drawers and cupboards in the kitchen also had been labelled with photographs to describe the contents.

We looked at how complaints were managed and responded to. We asked relatives for their views on the complaints processes. They made the following comments, "I'm not aware of the complaints procedure, but would be fully aware of how to access this process if needed", "I'm not very aware of the procedure, but I would go to the manager or deputy, I would expect it to be dealt with, they wouldn't ignore it" and "They are very good at sorting things out, they listen and resolve things, I have never needed to go further."

The service had policies and procedures for dealing with any complaints or concerns. We noted a copy of the complaints procedure was on display in the hallway. The procedure described how people could make a complaint and indicated the expected timescales for investigating and responding to concerns. The procedure did not include contact details of people in the wider organisation who would respond to complaints, therefore the registered manager agreed to add these details.

Is the service responsive?

There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints. The

registered manager also explained that systems had been introduced to respond more effectively to 'minor issues' which meant concerns would be de-escalated and responded to proactively.

Is the service well-led?

Our findings

People using the service had complex needs, which meant they could not readily tell us about their experience of the leadership and management at Clayton Book House. However we asked relatives for their views and they made the following comments: “The service seems to be reasonably well managed”, “The registered manager and deputy are excellent, they have had a very calming effect on the service. It seems to be run extremely well” and “I think the management is alright, I trust them to know what they are doing.” During our discussions and observations we found the managers had a sound knowledge of the people who used the service and of the staff team. We noted people appeared to be relaxed and at ease, in the company of the management team.

All the relatives spoken with mentioned that there had been a period of instability within the staff team, which had resulted in the use of agency staff. They considered this had impacted upon the provision of continuity of structured care and support for their family members. However, all described the progress made by the managers to appropriately respond to this matter. The registered manager also explained that staff retention, development and support, was to be reviewed nationally within the organisation.

There was a manager in post who had been registered with the Care Quality Commission at this service since 2013. The registered manager also had responsibilities for other services in the organisation, but spent regular time at Clayton Brook House. In January 2014 the registered manager was awarded an ‘Outstanding Leadership’ award for the north region by the National Autistic Society. There was a deputy manager and team leaders, with designated responsibilities for the day to day running of the service. The management team was supported and monitored by an area manager and meetings with managers from other services in the organisation were being introduced.

Support workers spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. There were clear lines of accountability and responsibility. If the registered manager or deputy was not present, there was always a senior member of staff on duty with designated responsibility for the service. Support workers spoken with indicated the service was well organised and managed.

They described the managers as supportive and approachable. One support worker told us, “I think the service is definitely well-led, the managers are approachable and supportive, we know they are there for us.”

The management philosophy at the service was based upon the SPELL framework, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. The managers and staff had access to a range of policies and procedures which were centre upon these principles and values.

There were systems and processes in place to consult with people who used the service, other stakeholders and staff. Arrangements were in place to promote ongoing communication, discussion and openness between people using the service, staff relatives and others. Relatives confirmed communication systems were good. They had been given the opportunity to complete satisfaction surveys annually; we looked at completed surveys and found they included positive responses. The registered manager explained that the results of surveys were to be conveyed in the forthcoming newsletter.

Staff, had opportunity to develop the service by participating in regular meetings and as part of consultation surveys. One support worker commented, “We have regular handovers and keyworker and house meetings, they listen and things get done, it’s very proactive.”

The registered manager and deputy, expressed commitment to the ongoing improvement of the service. Information included within the PIR (Provider Information Return) showed us the managers had identified several matters for development within the next 12 months. These included; further monthly quality monitoring systems, more person centred ‘living’ care records and further staff training on autism.

The registered manager and deputy manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this the deputy manager carried out audits of the service which included checks on the care plans, medication processes, activity evaluations, risk assessments, finances, records and health and safety. We saw completed audits during the inspection and noted any shortfalls identified

Is the service well-led?

had been addressed as part of an action plan. This meant there were systems in place to regularly review and improve the service. There was no specific audit on the control and prevention of infection, however by the end of the inspection the registered manager was able to show us an audit tool which was to be used for this purpose.

There was an electronic based 'dashboard', this included month on month recording and monitoring of incidents,

notifications to CQC (Care Quality Commission), CQC visits, sickness levels, training levels and complaints. The dashboard provided the registered manager and providers with essential information for the monitoring of the quality of services. Quality audits and reports were also being completed by managers from other NAS services and the area manager visited regularly. Reports included any recommendations and follows up on previous reports.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.