

National Autistic Society (The) Heath Rise

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 ●

Summary of findings

Overall summary

What life is like for people using this service:

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were supported to make decisions about how their care and their privacy and dignity were protected and promoted. Staff had developed positive relationships with people and had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the

CQC and external agencies.

Further information is in the detailed findings below.

Rating at last comprehensive inspection: Good (report published 20 July 2016)

About the service: Heath Rise provides accommodation and personal care for up to four adults. People living at the service have complex needs that include Autism spectrum disorder and learning disabilities. At the time of our visit there were four people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-led findings below.

Good ●

Heath Rise

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector 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. Their area of expertise is people living with autism.

Service and service type:

Heath Rise is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to four people in one purpose building. At the time of our visit there were four people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection site visit activity started on 10 December 2018 and ended on the 10 December 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We were told that people using the service were unable to engage in conversation with us about their care so we observed them being supported by staff. We also spoke with two relatives and four staff members that included the registered manager and three care and support staff.

We looked at the care plan for one person and the medication records of two people. We undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were supported by staff who recognised the signs of potential abuse and knew how to protect them from potential harm. A relative told us, "I believe that [relative] is very safe at Heath Rise. I do have peace of mind." Through our discussions, staff demonstrated a good understanding of safeguarding reporting procedures including those for external organisations such as the local authority.
- Staff had completed training in safeguarding people from abuse and there was information displayed regarding how to report safeguarding. We saw that incidents had been reported to the relevant authorities as required.

Assessing risk, safety monitoring and management

- Risk assessments were in place that provided staff with guidance about how to support people safely, across several areas of their life.
- We saw risk assessments that included road safety, using public transport and life skills such as cooking. We saw these were reviewed and updated on a regular basis or more often if people's needs changed. The staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

Staffing levels

- Relatives told us there were enough staff on duty. One said, "[Relative] has one to one care and that keeps them safe. There is always enough staff to make sure [relative] has their one to one care."
- We observed there were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us there were enough of them on duty at all times. One said, "Three people have one to one support and one person has two to one support. Our staffing levels always make sure that happens." We saw there was a calm atmosphere and staff did not appear rushed.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff told us that they completed this process before they started to work at the service.

Using medicines safely

- People received their medicines safely and as prescribed. Relatives told us they had no concerns about

how their relatives received their medicines. One said, "Since [relative] went to live at Heath Rise they have had their medicines reduced which is so good. I'm very pleased about that."

- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection

- People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards.
- Staff told us and records confirmed that they had completed training in infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The providers PIR told us that all people had an assessment of their needs completed before they went to live at the service. which was person centred. During our inspection we found that people had received an assessment of their needs and relatives confirmed they were involved in the pre-assessment process.

- Systems were in place to ensure that no discrimination took place, and that people's cultural and life choices were promoted and protected. The support plans gave information on how people wanted their care and support to be delivered. They included information about their hopes and aspirations, their social, cultural and spiritual beliefs and physical and emotional needs.

Staff skills, knowledge and experience

- Staff had the knowledge and skills to carry out their roles and responsibilities. One relative told us, "The carers have good training and that means they can look after [relative] as they need."

- Staff told us that they were provided with appropriate support and training to enable them to carry out their roles. One told us, "I had an induction when I started which was very helpful."

- Records showed staff received an induction and on-going training to enable them to fulfil the requirements of their role. Some training was specific to the needs of people using the service, for example, we saw that staff had received training in epilepsy, positive behaviour management and autism. This helped to ensure staff had information that reflected current best practice in providing care so they could meet people's needs.

- Staff told us they received supervision from a line manager and were given regular feedback on their performance. They said they could discuss any issues they encountered as part of their work and their own learning and development needs.

Supporting people to eat and drink enough with choice in a balanced diet.

- The PIR stated that the menu was chosen by the people who used the service and staff supported them to do this by using pictures of meals. They were supported to shop for their food on a weekly basis. One person using the service was supported to eat meals from their particular culture and their meals were delivered by people from their place of worship.

- Details of people's dietary likes and dislikes were recorded in their care plans. Where it had been identified that someone may need extra support to maintain their nutritional support, appropriate steps had been

taken to help them maintain their health and well-being.

Staff providing consistent, effective, timely care

- People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, we saw that the service worked closely with local leisure centres and different health professionals.

- Regular reviews were held with a multidisciplinary team including people's GP, and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

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

- People's diverse needs were met by the adaption of the premises. Each person had their own bedroom which reflected their personal preferences and interest. The registered manager told us that the main kitchen area in the home was being upgraded and people using the service would be able to contribute their ideas.

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

- Consent was sought before care and support was provided. One member of staff said, "We always inform [people] what we are going to do before we do anything."

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.

- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our visit the registered manager confirmed there were two DoL'S applications approved and two were waiting approval.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Staff had a kind and caring approach to supporting people. A relative, "The staff are all very nice. They look after [relative] very well and they seem to understand them."
- Staff interacted with people positively, they supported them with their diverse needs and had a good understanding of their social and cultural diversity. The PIR informed us that all staff were trained in positive values, equality and diversity and understanding autism. We saw that the agenda for the staff meeting included the team's vision for Heath Rise which included things such as 'people laughing' and 'all people's opinions being listened to'.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.

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

- People were supported to be fully involved in every aspect of their day to day living for example, choosing what clothes to wear, when to bath or shower when and what to have for their meals.
- Each person had a keyworker to support them to achieve their goals, from booking a holiday to visiting family.
- We saw that people could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence.

- Staff respected the privacy and dignity of each person and they could give us example of they how they did this. For example, shutting people's doors when supporting them with personal care.
- Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored secularly.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met.

Personalised care

- People received person centred care that met their needs. A relative told us, "[Relative] receives consistently good care. [Relative] has improved since they went to live at Heath Rise. Another said, "I'm very happy with the care [relative] gets. I can't fault the care they get."
- As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care and support could be developed, ensuring the person was at the centre of their care. Each care plan was tailored to the needs of the individual and provided staff with guidance on how to support people in the best way.
- People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. We saw that people attended activities of their choosing and were supported to try new activities and experiences.
- Staff worked to meet each person's complex communication needs by using communication support plans and tools. For example, people had communication schedules using pictures and this was carried out on a daily basis. When giving information to people pictorial social stories were used and in people's care plans there were communication passports to help staff understand each person's communication needs.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- The PIR informed us that there had been no complaints received in the last 12 months. We looked at how people were supported to raise a complaint if they wanted to. We were told that people living at the service would find it very difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- Staff told us they would raise any changes in behaviour or any concerns that a person may not be happy

to the registered manager.

- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints but I would complain if I was not happy."

End of life care and support

- At the time of the inspection, nobody was receiving end of life care.

Is the service well-led?

Our findings

Well-Led: This means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager told us they promoted an open and transparent ethos and staff told us they felt valued and listened to. One member of staff commented, "We are working together to develop and improve the service. Some of the staff have come from another service and we are building our team so we are all on the same page about how to provide good care."

- Relatives and staff told us they felt the service was well-managed and the registered manager was always available. One relative said, "I can talk with [name of registered manager] if I need to."

- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus. They achieved this through staff meetings and one to one supervision sessions.

- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon. Staff told us, and we saw, information was readily available in the service for staff to refer to if they needed to do this. The National Autistic Society had introduced a free phone or email system if someone was concerned about wrongdoing.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service. We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken. For example, they completed regular checks to ensure care plans were

reviewed and where necessary updated monthly. We found that care plans had been reviewed monthly which showed the quality checks on the care plans were effective.

- Staff felt they were well trained and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff

- The service involved people as much as possible in decisions about their care. The provider had forged good links for the benefit of the service within the local community and key organisations, reflecting the needs and preferences of people in its care, and also, to aid service development.

- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

- The registered manager demonstrated an open and positive approach to learning and development and ensured staff had access to the training they needed, including specialist training in behaviour management.

- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any incidents there would be a review where staff involved were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, speech and language therapists and psychologists. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.