North East Autism Society

NEAS, Short Term Residential Breaks

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

This inspection took place on 10, 15 and 18 September 2015. We gave 24 hours notice of this inspection to ensure there would be someone on site during our visit.

NEAS, Short Term Residential Breaks provides care and accommodation for a maximum of seven people at a time with autism and learning disabilities. On the day of our inspection there were 27 people registered to use the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

NEAS, Short Term Residential Breaks registered with CQC on 20 August 2013 and had not previously been inspected by CQC.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The accommodation was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

Where people did not have capacity, consent was obtained from family members.

People who used the service, and family members, were complimentary about the standard of care at NEAS, Short Term Residential Breaks.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they stayed at NEAS, Short Term Residential Breaks and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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 sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Where people did not have capacity, consent was obtained from family members.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

Care records showed that people's needs were assessed before they stayed at NEAS, Short Term Residential Breaks.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good

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

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Good

NEAS, Short Term Residential Breaks

Detailed findings

Background to this inspection

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

This inspection took place on 10, 15 and 18 September 2015. We gave 24 hours notice of this inspection to ensure there would be someone on site during our visit. One Adult Social Care inspector took part in this inspection.

Before we visited NEAS, Short Term Residential Breaks we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

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.

During our inspection we spoke with three family members. We also spoke with the registered manager, area manager and three care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at NEAS, Short Term Residential Breaks. They told us, “She’s definitely safe”, “Yes, she is safe” and “Yes. Now there’s CCTV, there’s less worry for me”.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out every three years and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The service employed seven permanent members of staff and a booking spreadsheet was used to create a rota for the following month. Bookings were confirmed with family members prior to finalising the rota to ensure there weren’t any last minute amendments. The rota was provided to staff at the end of the previous month which meant the first week on the rota was short notice. The area manager told us a team meeting had been held recently to discuss the rotas and some staff weren’t happy with the short notice. This was discussed and it was agreed the rota would be provided as soon as possible.

We discussed staffing levels with the area manager who told us there was always a member of the NEAS, Short Term Residential Breaks core staff on duty and during busy periods or to cover absences, North East Autism Society bank staff were used. The area manager told us that on rare occasions, agency staff had been used. We discussed staffing with the staff. They told us, “We do need one or two more permanent members of staff but we get carers from agency staff. We tend to get the same ones” and “There is consistency because we use the same agency staff”.

NEAS, Short Term Residential Breaks comprises of two lodges on farmland. We saw that entry to the premises was via locked doors. The accommodation was clean, spacious and suitable for the people who used the service. We saw there were communal bathrooms, wet rooms and toilets in the lodges. All of these were clean and contained wall mounted dispensers.

Each lodge had a ‘health and safety checks’ file. Which included daily, weekly and monthly checklists for staff to complete. These included daily cleaning checklists, fridge/freezer checks, weekly fire alarm and emergency lighting checks and monthly fire drills. We saw hot water temperature checks had been carried out for both lodges and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014 apart from on 7 and 9 September 2015 when temperatures were recorded as high as 45.5 degrees in one of the lodges. We discussed this with the manager who told us immediate action was taken and a member of maintenance staff repaired it immediately. Checks on the following days showed that the temperature was back within safe guidelines.

Each lodge had a ‘risk assessments’ file and included risk assessments for workplace, fire, lone workers, CCTV impact and other equipment. We also saw risk assessments were in place for activities carried out in the lodges, for example, using cooking equipment. We saw each risk assessment recorded the type of activity, any hazards, the person in danger, what measures should be taken and how the risk was adequately controlled.

Portable Appliance Testing (PAT) was being carried out at the time of our inspection visit and everything was found to be in order. We saw the ‘maintenance records’ file, which included Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), fire service certificate, electrical installation certificate and water treatment/testing certificate. All of these were in order and in date. We also saw the service had a business continuity plan in case of loss of premises or utilities. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider’s safeguarding policy and looked at the safeguarding file. We saw a copy of the safeguarding risk threshold tool and records of safeguarding incidents, including copies of those notified to CQC. We saw there had not been any safeguarding incidents at the service since October 2014. All safeguarding incidents had been dealt with appropriately and notified to the local authority and CQC.

Good

Is the service safe?

We discussed with the area manager how challenging behaviour was managed at NEAS, Short Term Residential Breaks. The area manager was an accredited physical intervention instructor and had completed the positive behaviour support (PBS) course via the British Institute of Learning Disabilities. The area manager also told us that all staff were trained in how to manage behaviour that challenges and we saw positive behaviour support plans in place for the people who stayed at the service.

We discussed PBS training with staff who told us, "I did a PBS training course about how to deal with challenging behaviour and restraint techniques", "I've had several sessions of the training" and "We have been regularly trained in how to de-escalate the situation so restraint is a last resort. It's very rare that I've been involved in anything like a restraint". We also saw copies of 'safeguarding adults competency questionnaires' in staff files, which had been completed by staff and showed that staff had a good understanding of safeguarding.

We saw accident books in each lodge that recorded on a form who had the accident, when and where it happened, a description of the accident and whether it resulted in any injuries or ill health. Copies of the accident forms were placed in each person's care record. The area manager told us no analysis of accidents had been carried out as there were very few accidents at NEAS, Short Term Residential Breaks.

We saw a copy of the provider's 'medication policy' and saw each lodge had a medicines cabinet in the kitchen. These cabinets were locked and inside was a locked box for controlled drugs. Controlled drugs are medicines which may be at risk of misuse. We discussed medicines management with the area manager who told us they hadn't needed to store any medicines in the fridge however locked boxes were available that would go in the fridge if required.

We saw medicines support plans were included in each care record and 'grab sheets' were available for staff as a quick reference.

We saw 'medication brought in/out of short breaks' sheets. These were used to record medicines being brought into the service and taken out. These included the person's name, medicine, dose, date in and amount, and date out and amount. We asked family members about medicines and how they were transported to the service. A family member told us, "They are all in a locked case and I give the key to a member of staff."

We saw copies of 'medication competency questionnaires' in staff files. One questionnaire we looked at from August 2015 stated, "Suggested [staff member] take a higher level medication course in order to raise standards further. [Staff member] is a good candidate for medication champion."

Good

Is the service effective?

Our findings

People who stayed at NEAS, Short Term Residential Breaks received effective care and support from well trained and well supported staff. Family members told us, "She's well looked after", "Staff are lovely and friendly", "It's [accommodation] is lovely. They've got plenty of room" and "She is happy to go".

We looked at the provider's electronic training matrix and saw mandatory training for all staff at NEAS, Short Term Residential Breaks included health and safety, first aid, food hygiene, manual handling, safeguarding, mental capacity, deprivation of liberty and positive behaviour support (PBS). The area manager told us that all mandatory training had to be completed by the end of the member of staff's three month probation period. An action plan was created for any mandatory training still outstanding after this time and had to be completed within a further three months.

We looked in staff files and saw copies of training certificates however we did not see all the certificates for the courses listed as complete on the training matrix. The area manager told us that certificates were sent to the member of staff's home address and the service had not received copies of all of them. We also saw staff completed an induction workbook when they started working at NEAS, Short Term Residential Breaks. The induction included policies and procedures, an introduction to the service and staff, an induction portfolio (completed within the first six months) and induction training, as listed on the training matrix.

We discussed training with members of staff who told us they had completed the training listed on the matrix. Staff told us, "Honestly, I've never been in a job where I've had so much training. I've done all the mandatory training and investor's in people training", "I've recently done a three day first aid course and physical intervention training", "I've done training in admin of emergency drugs for people with epilepsy, DoLS training and safe handling of meds" and "I'm happy with all the training".

We saw staff had supervision contracts in place. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The supervision contract explained the supervision process, including expectations, frequency, length, location and purpose. We saw staff received regular supervisions, which discussed topics such as training, mentoring and safeguarding, and records were signed and dated by the member of staff and supervisor. All staff also received an 'annual performance review'. This was a review of performance during the previous year, plans for the following year, learning and development and action plans. Staff we spoke with told us they received regular supervisions and annual appraisals. This meant staff were properly trained and supported in their role.

We discussed mealtimes with the area manager, who told us people who used the service usually prepared meals in the lodges with the assistance of staff. We saw information was provided in the care records for people with specific dietary needs. For example, one person experienced difficulty chewing and swallowing food. Staff were instructed to offer soft foods and to help the person cut food into small pieces if needed. The area manager told us that people could also go out for meals to local pubs and cafés if they wished.

We saw one of the lodges had CCTV equipment fitted. The area manager told us this was only activated when one person was staying at the lodge for his safety and the safety of staff. We discussed this with the person's mother who confirmed it. We saw there was a sign next to the camera advising people that the CCTV was not activated.

We saw a key fob system was in place on the front doors of the lodges. The area manager told us that people were allowed to go outside only under the supervision of members of staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at the DoLS file and discussed DoLS with the registered manager, who was aware of their responsibility with regard to DoLS. We saw copies of DoLS applications that had been submitted for people who used the service and were awaiting authorisation by the local authority. This meant the provider was following the requirements in the DoLS.

Good

Is the service effective?

We saw signed consent forms were included in the care records. Consent was obtained for the taking and use of photographs and video footage, activities and outings, first aid and medical treatment. Where people did not have capacity, consent was obtained from family members. Family members told us, “We get a full update”, “They always ask” and “They ask if it’s ok to go out of the lodge”.

The layout of the accommodation provided adequate space for people with walking aids or wheelchairs to mobilise safely. The bathroom in the larger lodge had a ceiling hoist track that went through a doorway into an adjoining bedroom. The area manager told us it had not been used yet but was in place in case of need and all staff would be trained in its use prior to the person who required it arriving at the service.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at NEAS, Short Term Residential Breaks. They told us, "They are lovely and friendly" and "He gets on well with all the staff".

We looked at care records and saw individual support plans (ISP) were in place. We saw the care records included an 'all about me' sheet that told staff what the person could understand, what staff could do to help, how the person communicates and other support needs.

We saw that people and family members had been involved in writing the individual support plans, were able to make their own choices and people were able to maintain their independence where possible. For example, "[Name] communicates what activities he enjoys", "Staff should ask if he requires any food cutting into smaller pieces", "Staff should support [Name] to prepare and cook his meals in the lodges" and "Staff should promote [Name's] individual living skills by asking him to do his own dishes after the meal".

We asked family members whether staff supported people to be independent. They told us, "You can't give her independence but they respect her" and "Yes, they do". There was one person staying at the lodge at the time of our visit and we saw they were vacuuming the carpet. The area manager told us people were supported to be independent and helped out in the kitchen and with the cleaning.

We asked staff how they maintained people's independence. They told us, "We do our best to make them as independent as possible" and "We promote their independence as much as we can by letting them do things for themselves. Obviously we help them if we have to". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw bedrooms in the lodges were basically furnished however the area manager told us people were encouraged to bring their own personal belongings with them when they came to stay. We saw bedroom doors had thumb locks on the inside so that people could lock their own bedroom door for privacy if they wished.

We asked family members whether staff respected the dignity and privacy of people who used the service. They told us, "She has a lot of privacy. She gets a lot of attention. They always ask if she wants to do anything", "The staff are fine. Her personal care is done by a female, they do that" and "I have spoken with the support workers and they have the same attitude as me. They don't treat him any differently and he gets on well with the two lads. If he wants privacy, he just goes to his own room".

Family members told us the service regularly provided information and updates, including a communication book that was completed after each stay. One family member told us, "We get a full update, including food and drink. Even brushing her teeth." We also saw in the care records reports of health care professionals such as occupational therapists.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

We discussed the referral procedure with the area manager who told us a full needs assessment was carried out for the person prior to admission. This was carried out with family members and social workers and included an initial visit to NEAS, Short Term Residential Breaks by the family so they could have a look around. The area manager told us the service could accommodate a maximum of seven people in the accommodation however due to the complexity of people's individual needs, it was rare that seven people would be accommodated at the same time.

People's 'all about me' records were used to help staff in knowing about and understanding the person. For example, "[Name] needs to know exactly what he is doing and what is required of him" and "[Name] can easily become over-excited and unfocused when there are more than two or three people around him".

The care records contained profiles of each person and described the person's daily routine, bathing routine, night time routine and mealtimes. These profiles were centred on the person and the care they required. For example, "Staff should give [Name] some privacy while having a bath/shower. However, they should stay in close proximity to the bathroom in case [Name] requires assistance or is in difficulty", "Name needs prompts to move on to the next task" and "He requires support to wash his hair".

We saw 'accident and emergency grab sheets' were provided for each person who used the service in case the person required medical attention or had to go to hospital. These included details of the person's medical history, method of communication, dietary needs, likes and dislikes.

We asked staff how they got to know the individual needs of people who used the service. They told us, "The ISP. At the same time, you have to make your own impressions. The ISP helps initially but the more you work with people, you get to know their needs", "We have an individual plan for each person, talk to other staff, talk to the carers and family if we can before they come in. We keep reviewing and refreshing the ISPs" and "We update their care plans and try to bring them on as much as possible".

We saw copies of 'daily care reports', which were completed by staff on a daily basis and included the general mood and well being of the person, whether any incidents had taken place, what independent living skills, social development and personal development had taken place, meals and refreshments and medical appointments. These were signed and dated by staff and used to update individual support plans.

The area manager told us there were several activities available to people who used the service. There was a sensory garden on site, including a "wellie cupboard" and plans were in place to build an activity course, which would include obstacles. We discussed activities with family members, who told us activities included going for walks and to the shops, bowling, meals out, football and arts and crafts. We saw activities were recorded in individual support plans. For example, "[Name] loves to play with his friends, especially fun, physical, sporting activities like football." Family members told us, "She's kept busy" and "He has a tablet which he takes with him".

We saw the complaints file, which included a copy of the provider's 'compliments, complaints and suggestions' policy. This provided information about what is a complaint, management and responsibility, confidentiality and how to complain. The service also had an easy read complaints procedure available.

We saw copies of records of complaints, which included details of the person making the complaint, details of the complaint, what action had been taken and the outcome. We saw a complaint from the previous year, which included what action had been taken and whether the person making the complaint was happy with the outcome. We spoke with the family member who had made the complaint and they told us they were satisfied with how the complaint had been dealt with and they had never needed to make a further complaint. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, “I have [area manager’s] and [registered manager’s] number. I can ring them anytime. I have done”, “I rang to make sure she was alright. They put your mind at rest”, “I feel I can say what I need to say”, “They are always there, you can always speak to them” and “Couldn’t recommend them enough”.

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. They told us, “Definitely to be honest. [Area manager] has an open door. You can go and tell her anything”, “They are approachable”, “Oh yes, very open. I feel like I can ring [area manager] anytime” and “[Area manager] is very approachable as a manager. We have a good staff team”.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of monthly staff meetings. We looked at the minutes for the staff meeting in July 2015 and saw lodge maintenance, health and safety and person centred activities were on the agenda. There was a staff signature sheet with the minutes and we saw that seven members of staff and the area manager had signed to say they agreed with the minutes.

The service had links with the local community via a community centre in a nearby village and a café in a nearby town. The area manager told us staff at the café had got to know the people who used the service and have learnt more about autism. The area manager also told us a local golf club had offered golf lessons to the people who used the service and people also went to pubs in the local area for meals.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the ‘quality assurance’ file, which included copies of quality audits that were carried out by another manager within the organisation. The most recent was on 7 September 2015 and included a check of policies and procedures, person centred care, health and safety records, health and medical records, safeguarding, personal finance, environment, staffing, management and residents. Each area included evidence, actions and completion dates. Examples of actions included, “All staff to be trained in all aspects of PBS”, “Staff to complete autism awareness workbook” and “Two complaints this term”.

We saw there had been consultation with families following questionnaires sent out to family members in February 2015. Feedback received suggested the questionnaires weren’t fit for purpose and new questionnaires had been designed to be sent out to family members in October 2015.

This meant that the provider gathered information about the quality of their service from a variety of sources.