North East Autism Society

Moorpine

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
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 11 June 2015. The last inspection of this home was carried out on 9 July 2013. The service met the regulations we inspected against at that time.

Moorpine provides care and support for three people who have autism spectrum condition. The care home is a detached family house in a residential area near the city centre. The service is situated beside two similar small care homes and all three services are managed by the same registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who lived at the home had complex needs that meant they were unable to express their views. Relatives made positive comments about the service. They described the service as safe and said people felt "settled" at the home. Relatives felt included in decisions

Summary of findings

about their family member's care. Staff were clear about how to recognise and report any suspicions of abuse. Any concerns had been investigated to make sure people were protected.

Medicines were managed in the right way, but a recent change in medicines records had led to some recording errors which meant staff needed more instruction in this. There were enough staff employed to make sure people had one-to-one support when they needed it. There had been a few changes to staff members to create a better mix of skills and experience. Relatives said they would like more information about staff changes in the future. In most areas the premises were safe, comfortable and well decorated. However the bathroom had a split in the flooring and the shower tray base was cracked, which presented health and safety hazards for the people who lived here. These were addressed shortly after the inspection visit.

Relatives told us they had confidence in the way people's needs were met by the service. One relative commented, "My [family member] requires a high level and very complex level of support and we are appreciative of the efforts that the organisation make towards this for him and the other residents."

Relatives also felt staff were competent and supported to provide the specialist service to meet their family member's needs. Staff were well trained in supporting people with autism. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure any restrictions were in people's best interests. For example all of the people who lived there needed staff support and supervision when out in the community because they had little understanding of road safety.

People were supported to enjoy an active lifestyle that included healthy diets which met their individual preferences. They were encouraged to be involved in shopping, choosing and preparing meals.

Relatives felt staff understood each person and supported them in a way that met their specific needs. They felt fully involved in reviews about their family member's care. Relatives told us they felt people were well cared for in the home. Each person had a range of social and vocational activities they could take part in. People's choice about whether to engage in these activities was respected.

Relatives were invited to comment on the service in an informal way and they felt able to give their views about the home at any time. The results of previous annual satisfaction questionnaires had not been collated so they had not been shared with relatives and other relevant agencies, but this was going to be done in the future. People and relatives had some information about how to make a complaint, although this did not contain contact details about who to complain to. However relatives said they were confident that any issues would be looked into.

Relatives and staff felt the organisation was well run and the home was well managed. One relative commented, "The people in the organisation care about the people who use its service. They are very willing and understand people's needs." There was an open, approachable and positive culture within the home and in the organisation.

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?

Requires improvement

The service was not always safe. People were supported with the medicines in a safe way but the records about this were sometimes incorrect. The safety of the house was regularly checked, but two defects that had been reported by staff were not fixed until after this inspection.

Relatives said people were settled in the home and they had no concerns. Staff knew how to report any concerns about the safety and welfare of people and the provider took action to look into any reports.

Risks to people were managed in a way that did not compromise their right to an active lifestyle.

There were enough staff to meet people's needs. The provider checked potential new staff to make sure they were suitable.

Is the service effective?

Good

The service was effective. Relatives said staff were well trained and experienced in supporting people with their autism needs.

Staff felt supported by the managers to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. People enjoyed their meals at the home and were involved in choosing and preparing their meals. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. Staff understood and acted on people's individual preferences.

People's privacy, dignity and independence were promoted.

Staff helped people to communicate their choices and decisions about their own lifestyles.

Is the service responsive?

Good

The service was responsive. Relatives felt the service was personalised to meet each person's needs. Relatives felt involved in reviews about people's care.

People were offered daily activities, either individually or in small groups, to promote their independent living skills. People's choices about whether to engage in these activities were respected.

Relatives had written information about how to make a complaint. They said they knew how to raise any concerns and were confident these would be dealt with.

Summary of findings

Is the service well-led?

Good

The service was well-led. Relatives said the service was well organised and felt the provider operated its service in the best interests of people with autism spectrum condition.

The home had a registered manager who had been in post for several years. Staff told us the registered manager and provider were approachable, open and supportive.

Suggestions from people, relatives and staff were used to improve the service. The provider carried out assessments to check the safety and quality of the service for the people who lived there.

Moorpine

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 11 June 2015. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

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 any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the local authorities to gain their views of the service provided at this home.

The three people who lived at this home had complex needs that limited their communication. This meant they could not tell us about the service, so we asked their relatives for their views.

During the visit we spent time observing how staff supported the three people. We spoke with the registered manager, the head of adult care and two support workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff, training records and quality monitoring records.

Requires improvement

Is the service safe?

Our findings

The three people who lived at this home had autism. Their complex needs meant they had limited communication and they found it difficult to comprehend the world around them. This meant they could not tell us their views about the service. They had lived at this house for several years together. We asked their relatives for their views about whether people were safe at this service. One relative told us, "I have no concerns about the service. If I had any issues I would feel able to raise them." Another relative told us, "My [family member] is clearly settled, and if something arises which unsettles him it is dealt with."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated by computer-based refresher training. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. The provider had clear policies about safeguarding vulnerable adults. Staff showed us they had access to the procedures in the small office (which doubled as a sleep-in room) and on the provider's computer system. One staff member told us, "People are safe here and the manager is very strict about making sure everyone, including staff, are safe."

Over the past year the provider had made two safeguarding referrals to the local authority in relation to concerns about the support of one person who lived at the home. Both matters had been investigated, action taken and the outcome shared with the local authority, which was satisfied with the way the matters had been dealt with. This showed the provider took the concerns seriously and worked in collaboration with local authorities and other agencies when any concerns were raised.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, each person needed to be supervised when in the kitchen preparing meals, or out in the community because they lacked road safety awareness. The risk management plans were detailed and clearly showed how each person should be supported in a safe way to minimise the risks.

The accommodation for people was warm, modern and comfortable. However during this visit the vinyl floor covering to the bathroom was split exposing porous under-flooring which could not be kept clean. This could present an infection control risk. Also the plastic shower tray was broken which could present a hazard if people caught their feet on this when entering or leaving the shower. The registered manager told us that these issues had already been reported to the provider and were included in the budget for replacement. Shortly after the inspection the registered manager took action to have these issues temporarily repaired by the provider's maintenance team.

The provider's health and safety team visited the home regularly to check that all required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The staff carried out monthly health and safety risk assessments. Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers each month. These reports were analysed for any trends. There had been only a few minor accidents in the home over the past year. There was a clear 'business continuity plan' with arrangements in the event of any type of emergency, including evacuating people from the building and arranging alternative accommodation if necessary.

Relatives and staff felt there were enough staff to support the people who lived at the home. One relative told us, "There are definitely sufficient staff, in fact there seems to have been an increase in staff." On the day of this inspection the registered manager and three support workers were on duty. The staff rotas showed that there were always a minimum of three support workers on duty through the day and evening to support the three people who lived there. This also meant one person had one-to-one support through the day as they preferred to stay in the house or go on short activities in the community such as walks and shopping. Through the night there was one staff member on sleep-in duty.

The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. The registered manager told us that support staff were "very flexible and can cover at the drop of a hat". He also described how support staff from

Requires improvement

Is the service safe?

the other two neighbouring homes had opportunities to work at Moorpine so they could become familiar with people's individual needs and could provide suitable cover if necessary.

There had been only one new staff appointment to Moorpine. However the registered manager described various moves of some staff members to other homes over the past year. The main reason for this was to ensure compatible staff teams in each of the three neighbouring homes so that they could provide the best mix of staff skills and experience on each shift. Some of these changes had been recent. One relative commented, "We would sometimes like more information about staff changes."

We looked at recruitment records for the new staff member and spoke with them about their recruitment experiences. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

Medicines were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. Staff understood what people's medicines were for and when they should be taken. Staff had worked well with GPs to review people's medicines and to make sure that people were not taking unnecessary medicines. All the staff were trained in safe handling of medicines except a new staff member who would receive this training as part of their induction training programme. Staff competency in managing medicines was checked around three times each year.

Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). The home had very recently changed pharmacists and the registered manager said he was pleased with the new local pharmacy service. However the new pharmacy used slightly different MARs forms and codes. There was some confusion amongst staff about which codes to use. We saw a couple of examples where staff had recorded a code 'N' meaning 'not required', but on the new forms this meant 'not given due to nausea'. Also, staff were recording 'O' meaning 'other' for times when medicines were not given. The forms required an explanation on the reverse of the MARs to show the reason why a medicine was not given but there were instances where this had not been recorded. These recording issues did not mean medicines management was unsafe, but it did mean that the information being recorded was incorrect. The registered manager stated he would discuss the new forms with the pharmacist and all the staff to ensure they understood the new format and codes to use.

Good

Is the service effective?

Our findings

Relatives told us they had confidence in the way people's needs were met by the service. One relative commented, "My [family member] requires a high level and very complex level of support and we are appreciative of the efforts that the organisation make towards this for him and the other residents."

Relatives also felt staff were competent and supported to provide the specialist service to meet their family member's needs. For example, a relative told us, "Staff seem skilled and willing. They take a specific interest in autism training."

Staff told us, and records confirmed, that they received relevant training to meet the needs of the people who lived at the home. One staff commented, "We get plenty of training. It's a good mix of face to face training and refresher training on-line. We get time allocated to do our on-line training."

The organisation employed a training manager who co-ordinated and arranged the required training for each staff member. New staff received a comprehensive induction training programme that included an introduction to autism, safeguarding and all necessary health and safety subjects. A new member of staff confirmed this and told us, "There is a probationary plan in place for me and induction training. I have had the induction pack which is very relevant to anyone who has not worked for North East Autism Society before. This makes me feel very supported."

The organisation used a computer–based training management system which identified when each staff member was due any refresher training. The training records showed that all staff members were up to date with their required training. The registered manager had access to the system so he could check at supervision sessions with individual staff members that they were up to date with their training.

Staff told us, and records confirmed, they had regular supervision sessions with senior staff and an annual appraisal with the registered manager. Staff had individual supervision where they could discuss their professional development and any issues relating to the care of the people who lived there. In this way staff told us they felt supported to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. All of the staff had received training in MCA and DoLS. Staff understood the reason for DoLS, to make sure people were not restricted unnecessarily unless it was in their best interests. The registered manager had made DoLS applications to the respective local authorities that were involved in each person's placement. This was because people needed 24 hour supervision and also needed support from staff to go out. Two people had DoLS authorisations from their respective local authorities and the application for the other person was being processed. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

Relatives felt staff were skilled in meeting people's behavioural needs. For example one relative told us, "Without this level of expertise at Moorpine we feel my [family member] would be living in a much more restrictive environment." Staff were trained in ways of helping people to manage behaviours when they became anxious or upset as that might lead to them injuring themselves or others. Staff described the Positive Behaviour Support (PBS) training and techniques they used.

There were detailed PBS plans for each person who had needed this support from time to time. The plans guided staff to support them in the most effective way to meet their individual needs. This was usually redirecting people to a quiet area for time and space away from the cause of their anxiety. It was good practice that there was also a record of a 'best interest meeting' held by all relevant parties about the physical support one person previously needed with self-injurious behaviour. All staff who worked for North East Autism Society were trained in PBS, and received refresher training every 18 months. This meant if other staff were covering shifts at the home, or were out on group activities with people, they understood how to support people in the least restrictive way.

Staff supported people with communication aids to help them make sense of information and to make their own informed choices and decisions. These included, for example, the use of a picture exchange system (PECS), hand choices (for making a choice between two items),

photographs and simple pictures. One person used an iPad with pictures and photographs of their family and activities they enjoyed so that they could use this to support their communication.

People were encouraged to be as involved as possible in choosing menus, grocery shopping and preparing meals. Staff used a four week menu that was based on people's preferences, and people were also asked at their regular house meetings if there were any other dishes they would like to add to the menu. People were able to choose and make some of their own snacks. People were also involved in preparing evening meals with the support and supervision of staff. Most meals were prepared from scratch using fresh ingredients. This helped people to improve their independent living skills.

Relatives commented positively on the way staff found a balance between making sure people's meal preferences were met, as well as promoting a healthy lifestyle. Relatives told us people enjoyed good meals and were physically active. People also enjoyed occasional take-away meals and meals out at pubs and cafes as part of their activities in the local community.

None of the three people needed a special diet, although one person did need their food to be softer as they had problems with swallowing. For example, crusts were cut off sandwiches. Staff dined alongside people so they could make sure people managed their meal in a safe way. Staff kept a record of people's meals, a monthly record of each person's weight, and their nutritional health was regularly checked. This meant people were fully supported with their nutritional well-being.

It was clear from discussions with staff and from records that people were supported to access a range of relevant community and specialist health care services. The three people were registered with a local GP, opticians and dentists. One person was also supported to access psychiatric services if necessary. It was good practice that the staff had liaised with one person's GP to create a 'red alert' arrangement so that they could make an urgent appointment, if necessary, as the person had a history of frequent infections.

The provider employed a range of care professionals including an occupational therapist and a speech and language therapist (SALT). The SALT had worked with the staff at Moorpine to make sure they were able to help one person with their swallowing difficulties.

Staff kept a 'grab sheet' of important information about each person that could be provided to health care professionals in the event of an accident or emergency. The information included, for example, what medicines people were prescribed, their communication methods and how they expressed pain.

Good

Is the service caring?

Our findings

People were unable to express their views about the staff and how they were supported. We saw people had a good relationship with staff members and were comfortable in their presence. We saw staff were supportive, friendly and patient with people and made sure people had time to respond to any questions or choices.

Relatives made positive comments about the caring and friendly attitude of staff. One relative told us that in all areas, including caring, "the staff and manager meet a high standard". Another relative commented, "Yes, very caring."

Staff understood the individual likes and dislikes of each person and offered people a small number of choices based on their known preferences. This was important because people with autism cannot cope with too many choices. The choices that people did make were respected. For example, people could choose to dine wherever they wanted in the house. Some people preferred to eat their meals at the kitchen table, other people preferred to dine in the lounge. If people chose to decline any activities or events this was respected.

In discussions the support staff we spoke with felt their colleagues were all "caring" and "professional". One member of staff commented, "Staff understand each person as an individual. We try to communicate in the best way for them and include them in all decision making processes."

People's individual skills were promoted to help them be as independent as possible in their daily lives. For example, one person enjoyed working in the kitchen with staff and particularly enjoyed making drinks. The home bought a liquidiser for this person to use and they enjoyed the noise and vibration the machine made. People were also encouraged to be as fully involved in household tasks as possible, such as laundry, cleaning and shopping.

People were treated with dignity. The staff spoke about people in a way that valued their individual personalities as well as their diverse needs. Relatives felt people were supported well and they appreciated that people were encouraged to be as independent as possible. One relative suggested their family member might occasionally benefit from a little more monitoring with their personal appearance but stated this was not an issue about staff, rather it was one of the person's ways.

Each person's bedroom had been decorated and furnished to suit their individual choices and needs. For example one person had a very sparsely decorated room because they found it too difficult to cope with lots of furnishings. We saw that people made good use of their bedrooms for privacy and quiet time. A new conservatory had been built since the last inspection. This provided an additional sitting space for people to engage in their hobbies.

People were supported in a gender appropriate way. For example most of the support staff were male and one person benefitted from mainly having assistance from a male member of staff. Staff discussed people in a way that valued and respected their diversity and individuality.

Relatives said they were kept informed and included in the care of their family member. One relative commented, "I have a regular dialogue with staff at the home and with [a senior manager]."

Good

Is the service responsive?

Our findings

The people who lived at Moorpine could not be involved in planning their care service because of their limited communication and the complexity of their needs. Relatives said they felt involved in planning and reviewing their family member's care. Relatives were invited to annual reviews of their family member and also felt able to comment on the care service at any time. Relatives felt the service was tailored to meet each of the three people's needs. For instance, one relative commented, "It's very personalised, there's no question."

We found several examples of highly personalised care and support for the individual people who lived there. For instance, one person was anxious about events and venues they had not experienced before, including attending a relative's forthcoming wedding. To help alleviate the person's anxiety, support staff helped him to have a couple of rehearsals of travelling to the wedding venue so that he would be familiar with journey and the venue, and would be less stressed on the actual day of the wedding.

We looked at the care records for two people. Their care plans were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs.

The care plans were written from the perspective of the person, and described people's abilities as well as their care needs. For example, one person's care plan stated, "I understand clearly spoken language but need approximately 10 seconds to process what was said to me." Care records showed that people's needs were continuously reviewed by the staff at the home, and annual reviews were held with care professionals and relatives.

Relatives felt there was a good range of activities that suited each person. On weekdays two people had a timetable of vocational sessions, such as gardening and woodwork, at the provider's nearby workshop and day centre. The third person preferred to be involved in activities in the house or going out with staff in the local community.

People had opportunities to go out each evening and at weekends to social or sports activities such as trampolining, rock climbing, cycling and swimming. People's choices about whether to engage in these activities were respected. The provider also arranged an annual holiday for people who used the service to places such as Center Parcs. One person found it difficult to cope with long periods away so day trips to places of interest were arranged for him.

The provider had a complaints procedure which was available to people, relatives and stakeholders. This information was set out in the home's statement of purpose. The procedure stated complaints could be made in person, in writing or by telephone to a number of senior managers. However there were no contact details for these post-holders, so people might find it difficult to do this.

In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation. There were 'indicators of well-being' records that showed how each person might present themselves if they were upset or unhappy.

Relatives told us they would feel comfortable about raising any concerns and were confident these would be acted upon. One relative told us, "I can talk to them about any issues at any time."

There had been no complaints about the service over the past year. However one relative told us that a neighbour had raised a comment about the potential noise from people when they were using their back garden. The registered manager confirmed that an informal comment had been received from a neighbour. The relative felt the provider had acquiesced to the neighbour rather than promote people's use of their own garden. The manager had arranged for an unused piece of land, adjacent to the three small care homes, to be turned into a 'secret garden'. This was an additional garden area where the people from all three homes could spend time and relax.

Good

Is the service well-led?

Our findings

People were unable to comment on the way the service was managed. Relatives told us the home was well managed and the service was well led by senior managers. One relative commented, "The people in the organisation care about the people who use its service. They are very willing and understand people's needs." Another relative said, "Fantastic people run it. The appointment of [the chief executive officer] was a master stroke."

The registered manager had been in post for several years. He was also the registered manager of two similar neighbouring care homes that were operated by the same provider. Staff told us the registered manager was open and approachable. For instance one staff member commented, "The manager and assistant manager are always very supportive and the head of operations is always appreciative."

People were assisted to hold residents' meetings from time to time (although none had been held for the past four months). The records of the meetings showed people were encouraged to give their opinions and suggestions about menus, activities and whether they liked the staff and living at Moorpine.

Relatives were invited to complete an annual satisfaction questionnaire. The responses of the annual questionnaire in January 2015 were positive. For example, one relative wrote, "We feel our [family member] is safe, happy and well-looked after." The registered manager stated any suggestions for improvement from relatives were discussed individually with them. However the questionnaire responses were filed away and were not collated for any emerging trends or actions. In this way any positive comments were not shared with staff or others in the organisation, and any suggestions were not shown to be acted upon. A senior manager acknowledged this, and described how the surveys were now going to be collated by head office so that the results could be used to support and develop the service.

Staff had also been invited to complete a survey a few months earlier. The results included a suggestion from staff for more face-to-face time with the registered manager rather than email instructions. As a consequence, there had been an increase in staff meetings so that staff could meet with the manager and have two-way conversations. Staff told us they felt included in discussions and suggestions about how to improve the care service for people. Staff said they felt valued by senior managers.

Staff meetings also gave the staff the opportunity as a team to discuss strategies for supporting people with specific issues. For example, at a recent meeting staff had looked at ways of increasing one person's engagement at mealtimes. Staff had agreed that a sensory box would be placed next to their chair in the dining area and this had been helpful.

The registered manager and staff carried out a number of audits to ensure the welfare and safety of the service, such as monthly health and safety checks. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The provider had carried out a self-assessment of its services in 2014 (and had begun to do this again for all its services in 2015) which identified the organisational key strengths and areas for development. The self-assessment report included an action plan with areas for development and these were being addressed as part of the provider's on-going quality assurance process. The head of care described how the organisation was involved with the national Autism Alliance, which is the largest UK network of specialist autism charities. The provider had planned improvements for staff support and was working towards the Investors in People award. In this way the provider aimed to continuously improve and develop the support for the people who used its services and the staff who worked there.