Autism Care (North West) Limited

Reiver House

Inspection report

303 Leyland Lane
Leyland
Lancashire
PR25 1HY

Tel: 01772432080
Website: www.autismcareuk.com

Date of inspection visit:
23 August 2018

Date of publication:
26 September 2018

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

Reiver House is a residential care home for up to four adults with autism and severe learning difficulties, often accompanied by complex needs. The accommodation is on two levels and there is access to a garden area and outside space.

Reiver House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring, that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection on 12 February 2015.

The service does not currently have a 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. An application has been received from the newly appointed manager and is currently being processed by the Care Quality Commission, Registration Team.

We found systems and processes were in place to keep people safe. Staff understood their responsibilities and were able to explain the measures they took for safeguarding people they cared for. Any foreseeable risks to a persons safety and health were fully assessed and measures put into place that minimised the potential risk. The measures supported people to stay safe, whilst not unnecessarily restricting their freedom. Incidents and accidents were reported and the management team reviewed all incidents and put measures in place to reduce to reduce the risk of similar incidents happening again.

Medicines were managed effectively and safely. The premises and environment was in need of some refurbishment and chipped paint and damaged wall covering was noticeable. The manager informed us that redecoration was planned and quotes for the work to be carried out had already been obtained. Infection prevention and control was effectively managed.

Staff received appropriate training for their role and they were supported to further develop their knowledge and skills.

People's needs were assessed and care was delivered in line with national guidance. Care plans contained detailed information about each person's individual support and their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were unable to make decisions about their care and support, the requirements of the Deprivation of Liberty and Mental Capacity Act (2005) were followed.

All the people currently living at Reiver House are unable to express themselves verbally, however they clearly felt comfortable with the staff and appeared to be relaxed and happy. From speaking and watching the staff interaction with the people it was evident that caring relationships had developed with people. We saw people were treated with kindness and respect. People felt able to express themselves in a safe and supportive environment.

People living at Reiver House had complex needs and one to one or two to one support was provided to ensure the safety of the people and the staff. Staff had a detailed knowledge of the people they cared for and were able to recognise subtle cues from people that enabled them to respond effectively to their needs, wishes and potential risk. People led full and active lives. They engaged in a wide range of activities based on their personal choices. People were treated equally, without discrimination and information was presented to them in a way they could understand.

We saw there was a stable staff group that had been employed at the service for some time and they spoke highly of the support and leadership they received from the previous registered manager and the newly appointed manager. Staff were able to express their views and opinions and we saw evidence that the service was run in such a way that the people living there could maximise their potential and live a full and meaningful life.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Reiver House

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Following the inspection visit we contacted the commissioning departments of three local authorities that have placed people at Reiver House. In addition we contacted a number of other professionals that access the home to provide a health or social service. This helped us to gain a balanced overview of what people experienced accessing the home.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to inspecting the home.

The inspection visit took place on 23 August 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

During the time of inspection there were three people who lived at Reiver House. We were not able to speak to the people however we did observe the care and interaction between the people and the staff. We also spoke to three staff members, the previous registered manager, the new manager and the deputy manager.

We closely examined the care records of the three people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care

needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to protect them from avoidable harm. Due to the people living at the home being unable to communicate verbally we spoke to a number of professional that provided health or social support. When asked if they felt the people were safe, they told us they did not have any concerns about their safety. One person said "Absolutely, yes I have no concerns."

As people using the service were unable to communicate verbally other forms of communication had to be used. Mainly this was body language and watching for the reaction of the person in a given situation. However staff clearly knew the people well and they were clearly relaxed and comfortable with staff. There was pictorial and easy read information available and staff took time to show the information and access the reaction of the person when discussing any day to day activity.

Staff we spoke with were aware of the signs of abuse and what to look for. They told us they were aware of the whistleblowing policy and would report any concerns to the manager or deputy manager. They were aware of how to escalate issues to the provider's management team, or the local authority safeguarding team if necessary. The manager kept records of all safeguarding concerns and recorded their contact with the local authority when there was a potential safeguarding issue. People were supported by staff who understood the risks they faced and valued their right to live meaningful lives.

Detailed risks assessments were in place to ensure people were kept safe. People's health and safety was assessed and reviewed so they were supported to be as independent as possible. The management of risks also included seeking specialist support when appropriate. Some people were at risk of choking and assessments had been completed by a Speech and Language Therapist (SALT). Safe swallowing plans were in place and implemented by the support staff. A staff member said, "Risks are known by us all. We always try to reduce and prevent risks to people. We have to be on our toes otherwise someone's life can be in danger." The Speech and Language Therapist contacted us following the inspection and confirmed that the staff always followed her advice and the plan that was in place. She said the staff were, 'really good' and the team leader (previous registered manager) knew the people well and worked hard to keep the people integrated into the community. This approach helped ensure equality was considered and people were protected from discrimination.

The core staff team had been stable since the last inspection. The staff team was small and long standing so they knew people well. One staff member said "We love working here, we all get on, the previous registered manager was supportive and it feels like the new manager is going to follow in her footsteps that's why we stay." Another staff member said, "The number of staff on duty is determined by the needs of the people living here, one person has one to one care 24/7 others just need one to one at key times of the day so we staff it accordingly." Safe recruitment practices were followed to ensure staff were suitable to work with vulnerable people and those with complex needs. These practices included criminal record checks, obtaining a sufficient number of references from previous employers and proof of identity.

Staff told us they were encouraged to report incidents and accidents. Records we reviewed, provided a

detailed description of the incident, and actions taken by staff. All incidents and accidents were reviewed by the manager and action taken to minimise further incidents. The manager said that "We try to use these difficult situations as a learning curve and work towards a positive outcome."

Medicines continued to be stored and managed safely. Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicines records also contained a photograph of the person to aid identification and prevent misadministration. Staff received training in medicines administration and their competency was checked regularly. Policies were in place for the safe management of medicines. The pharmacist used by the service was contacted following the inspection and confirmed that the management and staff managed the medication well and considered Reiver House to be a good home.

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed. The fire department had conducted an inspection the day prior to the Care Quality Commissions inspection and raised some concern regarding the condition of the office chair. We also raised the same concerns as it posed a fire and infection control risk. A new chair was on order but the manager agreed to remove it immediately. People had Personal Emergency Evacuation Plans (PEEPs) in place. These told staff how to support people in the event of an evacuation of the home.

The home was visibly clean throughout however some parts of the home required some refurbishment as there was chipped and damaged paintwork visible.

Staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to them living at the service. This was confirmed within the assessment records we reviewed. Documentation indicated the involvement of other professionals including occupational therapists, SALT, psychologists, dentists and chiropodists. Care records showed that staff followed the guidance of health professionals for example with regard to diet, activities or managing behaviours care and support was delivered in line with current legislation, standards and evidence based-guidance to achieve effective outcomes for people living with a learning disability.

Registering the Right Support CQC policy. The care service is aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff told us and staff records confirmed they received a comprehensive induction when they commenced working at the home. This included shadowing, reading policies and attending sessions to orientate them to the culture and specific needs of the people they supported. One staff member told us, "The training is really good, there are sessions you attend but a lot of it is now online." Once completed the induction training leads to the completion of the nationally recognised care certificate.

The manager tracks all the training undertaken and received a regular print out from head office of any outstanding training. Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. Staff were offered training specific to the people they supported for example; challenging behaviour, epilepsy and autism awareness. A health and social care professional said, "Staff seem skilled and come across professional."

Staff told us they received regular one to one supervisions. One said, "We have our supervisions about every couple of months, the manager is really supportive." Evidence of these and annual appraisals were held on the individual staff file.

People's nutritional needs were assessed and care plans were in place, providing information on the support people required with eating and drinking. People were encouraged to eat a balanced diet; however, they were able to choose what they wanted to eat and drink and they had access to snacks of their own choice. Everyone was registered with a doctor and dentist and had regular heath checks and medicine reviews. People's health needs were recorded and monitored by staff who took prompt action if any changes were noticed.

In the main staff work full day shifts and handover to the night staff at 8pm. Regular dialogue is maintained by means of a diary notes and comprehensive handovers to ensure all important information was passed on. One staff member told us, "Handovers are essential, it is important for the people not to have any sudden change to their support needs. The information is vital for us to ensure continuity and minimise any anxiety."

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.

Where possible consent to care and treatment was always sought in line with legislation and guidance. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of all the people with a DoLS in place and the reason why. The manager had a system in place to ensure where required DoLS authorisations were renewed in a timely manner. We reviewed all DoLS authorisations and found them in date. We also found comprehensive mental capacity assessments in place for specific decisions demonstrating an understanding of the requirements of the MCA.

The premises were adapted to meet the needs of the people living there. The home and surrounding gardens were accessible to all and there were a number of areas where people could spend quiet time as well as communal areas.

Good

Is the service caring?

Our findings

All of the people living at the home were unable to tell us about their experiences of living there. However, we spent a short time in the lounge and was able to experience a relaxed atmosphere. People were clearly relaxed and comfortable with the staff.

During the morning of the inspection all the people were out on a day trip with the staff on their return we observed people and staff interacting positively with body language and gestures. Staff provided support in a sensitive manner, encouraging people to participate where they could, and they showed genuine warmth and affection in all their interactions. We saw staff provided encouragement and positive feedback to improve their sense of well being, whilst giving gentle
reminders or re-direction.

The atmosphere throughout our inspection was one of familiarity, friendship, support and calmness. It was evident that staff knew the people well and in most cases could anticipate the needs of the individual. A staff member told us about a person who on admission had very low self esteem but through working with the person and giving positive feedback the person was now joining in activities with confidence.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends.

Support plans continued to outline the importance of promoting people's privacy and dignity and staff spoken with were fully aware of the need to respect those in their care. Relatives and professionals told us that the staff were kind and that they treated people with respect, we saw this for ourselves. Information was produced so that is was meaningful to each person with the addition of pictures or photographs. Personal information was stored securely in a locked cupboard or the office.

People and their representatives were involved in review meetings to review the support they received and to have a say about their support. People had the support of advocates if and when needed so that their voice was heard.

Good

Is the service responsive?

Our findings

People continued to receive a service which was responsive to their needs. Each person had detailed care plans that identified how their assessed needs were to be met. Care plans included information on their background, hobbies and interests and likes and dislikes.

The activities people were involved in were tailored to their ability, choice and lifestyle to encourage participation and reduce social isolation. Staffing was provided based on the assessment of risks the activity to be undertaken. The manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The service was working according to the framework.

Care plans included detailed assessments, and took into account people's physical, mental, emotional and social needs. A shorter, simpler care plan was also produced which presented information using pictures so that they were more accessible to the people concerned. Care plans were regularly reviewed and updated if any changes had been identified. Relevant health and social care professionals were involved where required. Health professionals' advice was listened to and acted upon by staff.

Care plans were sufficiently detailed to guide staff on the nature and level of care and support they needed, and in a way people preferred. This preserved the balance between levels of care needed and people's independence skills.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover meeting is where important information is shared between the staff during shift changeovers.

There was a complaints policy which detailed the procedures for receiving, handling and responding to comments and complaints. Relatives and health professionals spoken to said that they would not hesitate about bringing any concerns to management. We noted that the home had a system for documenting and resolving complaints. The manager explained that she encouraged people to speak with her or staff about concerns openly and this was confirmed by people we spoke with.

All relatives had been approached and asked to complete a formal satisfaction survey, there had been one returned which provided positive feedback.

No one at Reiver House was receiving end of life care.

Good

Is the service well-led?

Our findings

There had recently been some changes to the management structure, with the previous registered manager and deputy manager securing another position in the company. A new manager has been appointed from within the company and an application to register with the Care Quality Commission has been received and is currently being processed. The previous registered manager had been working along side the new manager to ensure continuity in the service.

The ratings from out last inspection in 2016 were displayed on the front page of the home's website and was displayed in the home.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the manager had an 'open door' policy which meant that staff could speak to her at any time if they wished to do so. A member of staff said, "The manager is very supportive, I know I could see her any time I wished." Staff felt the management respected their views and felt their opinions and suggestions were listened to. Comments from one staff member we spoke with included, "She is very understanding with any concerns we may have."

We reviewed policies relating to the running of the service and found that all of them had been reviewed to include the latest good practice guidelines in respect of consent. This meant that staff had access to the most up to date guidance. It showed the governance structures and policies were updated in a timely manner.

Staff told us that there were verbally kept up to date and staff meetings were held regularly. Minutes of the last staff meeting demonstrated staff were updated about a range of matters related to the home such as peoples welfare, planned activities and recruitment.

Staff told us the management promoted equality and diversity and ensured everyone was treated fairly. Staff understood their roles and responsibilities and had job descriptions that guided them about how they were expected to provide care. Staff were aware of the vision and the values of the service and told us these were discussed at staff meetings and during supervisions. This was confirmed within the records we saw where we saw themes related to the values such allowing people to choose the life they wanted to live.

Effective systems were in place to monitor the quality of the service and the care provided. A range of monthly and quarterly audits were completed by the manager and submitted to the head office. Audits were also completed of areas such as health and safety and infection control. The manager had an action plan to address areas for improvement identified in the audits. The manager submitted weekly data on key performance indicators to the head office and clear thresholds or targets were identified for the service.

A relative spoken to following the inspection confirmed that the manager does keep in contact with her and informs her of any changes to the service or to the care of her loved one.

The management team worked with the local and funding authorities to ensure they were working in accordance with people's needs and obligations with the commissioning contract.

One staff member commented, "I think we have a fantastic team here, from top to bottom. We all work well together."