

Autism Care (North West) Limited

The Meadows

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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 23 August 2018. The inspection was announced. We contacted the service on 22 August 2018 to give notice of our visit on 23 August 2018 because this is a small service and people who live there are often out during the day. We needed to be sure people would be available when we visited.

The Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides personal care and accommodation for up to six adults who have a learning disability and/or autism.

At the time of our inspection there were four people living in the home. Two people received support with their personal care and two people were provided with accommodation but did not receive personal care. Only the people who were supported with personal care were receiving a regulated activity. CQC only inspects the service being received where people receive accommodation together with personal care; such as help with tasks related to personal hygiene and eating.

At our last inspection of this service in November 2016 we found the service had been redesigned and refurbished to provide four self-contained flats to give people a high standard of accommodation and the opportunity to gain greater independence. At that inspection there was only one person using the service. We found no concerns with how the service was being provided but judged it was too early to give a quality rating for the home.

There had been an experienced registered manager employed until 1 August 2018. A new manager had been appointed to oversee the day-to-day management of the service and had applied to be registered with us. 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.

People told us the home was a good place to live and said they liked living there.

People were treated with kindness and respect. The staff knew people well and were trained to provide their support.

Although there were enough staff to provide people's care, the staff told us there had been occasions when there were not sufficient staff to ensure the safety of the service. After our inspection the registered provider sent us detailed information about staffing levels and provided assurances that there were sufficient, suitably trained staff to ensure people were safe.

Safe systems were used when new staff were employed to check they were suitable to work in a care service.

The staff were trained in how to provide people's care safely. Medicines were handled safely and people received their medicines as their doctors had prescribed.

The staff in the home were knowledgeable about The Mental Capacity Act 2005 and people's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Hazards to people's safety had been identified and managed.

People were provided with meals, drinks and snacks that they enjoyed and were supported to make healthy eating choices.

People were supported to access local and specialist health care services to maintain good health.

The staff supported people to gain greater independence. People's privacy and dignity were respected.

The service had 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. However, the registered provider had not ensured people were only admitted to the home if they were compatible with individuals who already lived there. This had led to some people not always being able to enjoy their accommodation as they preferred.

People were supported to follow a range of activities they enjoyed in the home and the local community. They were able to see their families and friends as they wished and were able to maintain relationships that were important to them.

Care was planned and provided to meet people's needs. Appropriate specialist services had been included in assessing people's needs to ensure their care was based on best practice.

The registered provider had a procedure for receiving and responding to complaints.

Although there was no one in the home who required end of life care, people had been asked if they wished to share their wishes about how they wanted to be cared for as they reached the end of life.

The manager and staff in the home asked people for their views about the service they received. They carried out checks on the service to ensure people were safe and received a good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and hazards to their safety had been identified and managed.

There were sufficient staff to provide people's care.

Medicines were handled safely and people received their medicines as their doctors had prescribed.

Is the service effective?

Good ●

The service was effective.

The staff were trained to provide the care people required.

People were supported to have meals they enjoyed and to make healthy eating choices.

The principles of the Mental Capacity Act 2005 were followed and people's rights were protected.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were supported to follow a range of activities they enjoyed in the home and community.

Care was planned and provided to meet people's needs.

The registered provider had a procedure for receiving and responding to complaints about the service.

Is the service well-led?

The service was not consistently well-led.

Although the service had been developed in line with good practice, the registered provider had not ensured the principles of Registering the Right Support were followed.

People who lived in the home and their families were asked for their views about the service.

There was a new manager employed. The new manager was aware of her responsibilities and was applying for registration.

Requires Improvement ●

The Meadows

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.

The inspection took place on 23 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by two adult social care inspectors.

There were four people living in the home when we carried out our inspection. However, only two people required support with their personal care and were receiving a regulated activity. We spoke with both people who received personal care and one person who did not require this support. We also spoke with two members of the care team, the manager of the home and the former registered manager of the service.

During the inspection we looked at care records for the two people who required personal care and recruitment and training records for three staff. We also looked at a range of policies and procedures and records relating to how the manager and registered provider assessed the quality and safety of the service.

Before the inspection we reviewed the information we held about the service to plan our inspection.

Is the service safe?

Our findings

People who lived in the home told us they felt safe there. They told us the staff gave them advice about maintaining their safety. One person told us, "[Staff member] helps me to be safe."

Hazards to people's safety had been identified and action taken to reduce or manage risks. The staff we spoke with were knowledgeable about how people may be at risk and the actions they needed to take to ensure people were safe.

All the staff we spoke with said they had received training in how to identify and report abuse. They said they would be confident reporting any concerns to a senior staff member or to the manager of the home.

People told us there were enough staff to support them to follow a range of activities in the home and in the community. Throughout our inspection we saw that people were confident and comfortable around the staff working in the home.

There were enough staff working in the home to meet the needs of the individuals who received a regulated activity. People told us they liked the staff and said the staff provided the support they required.

During our inspection we were informed about a concern regarding the service's ability to support one individual who did not require support with their personal care. One staff member told us there had been occasions where there had not been enough staff in the home to ensure the safety of the service. We shared the concern raised with the manager of the home and the registered provider. Following our inspection they provided us with detailed information about the staffing arrangements and gave us assurances there were sufficient, trained staff available to ensure the safety of the service and everyone living in the home.

People told us the staff gave them the support they needed to take their medicines safely. The staff said only team members who had completed training in handling medicines supported people to take their medicines.

Medicines were stored securely to prevent their misuse. Checks were carried out on the medicines held for people and medication records to monitor that people had been given their medicines as their doctors had prescribed. People received the support they needed to take their medicines safely.

The premises were safe for people to live and work in. The staff had been trained in how to evacuate people safely in the event of a fire. People had Personal Emergency Evacuation Plans that gave guidance for the staff on the support individuals would need to evacuate the premises safely.

Safe systems were used when new staff were employed to ensure they were suitable to work in the home. All new staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have any criminal convictions that would make them unsuitable to work in the home. New staff also had to provide evidence of their conduct in previous

employment. People who use the service were protected because thorough checks were carried out before new staff were employed.

The staff had completed training to carry out their roles safely including fire safety, infection control and safe handling of food. We saw the staff followed good practice to protect people from the risk of infection.

The manager had systems to analyse and learn from incidents and accidents in the home. She had sought additional specialist support for one individual to ensure they were safe in the home. Issues identified were shared with the staff team and other social care professionals as appropriate to ensure shared learning to protect people who lived in the home.

Is the service effective?

Our findings

People told us the staff employed in the home knew the support they needed and provided this. We observed that people received the support they needed from staff who were competent to carry out their roles.

The staff said they had been provided with a range of training to give them the skills and knowledge to provide people's care. This was confirmed by training records we saw.

The manager of the home was supported by senior staff who were responsible for leading and supporting the staff team. The staff we spoke with said they felt well supported by the team leaders and by the manager of the home.

The service provided support to people who could have complex needs. Appropriate specialist services had been included in assessing and planning people's care to ensure this was in line with best practice. Staff were also provided with training to meet individuals' complex care needs.

People told us they received the support they needed to eat and drink enough to maintain their health. People were able to make their own drinks and snacks and had a choice of meals, drinks and snacks they enjoyed. The staff supported people to make healthy eating choices and to maintain a healthy weight.

People told us the staff helped them to access local and specialist health services as they needed. Records showed people were supported by local GPs and dentists and by specialist services as they required. Advice from specialist services had been used to plan people's care. We observed the staff followed advice from the specialist services that supported individuals.

The environment was suitable to meet people's needs. People had their own flats and were supported to furnish and decorate their accommodation to their own taste.

Throughout our inspection we observed people were asked what support they wanted and care was only provided with their agreement. The staff gave people information and guidance and gave people the time and support to make choices about their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

The manager and staff in the home had a good understanding of the MCA and how to respect individuals' rights. People were supported to express their wishes and the decisions they made were respected. Where people had been assessed as unable make important decisions about their care good practice had been followed and decisions had been made by appropriate people in the individual's best interests. Where people required restrictions on their liberty, to ensure their safety, appropriate DoLS applications had been made to the local authority as required.

Is the service caring?

Our findings

People told us they liked the staff who worked in the home. One person told us, "They [staff] are my friends." Another person said, "I like the staff, they are nice."

Throughout our inspection we saw the staff treated people in a kind and caring way. The staff gave people their time and spoke to people in a friendly and respectful way. We heard people laughing and joking with the staff and saw people were relaxed and confident around the staff working in the home.

The staff told us they were confident they provided good care to people. One staff member told us, "People are well cared for."

The staff knew people well and knew the things that were important to individuals. They used their knowledge of individuals to engage them in conversation and to provide prompt reassurance if people showed they felt anxious.

The staff asked people for their views about their support and gave them choices in a way that was appropriate to each individual.

We observed the staff respected people's privacy and dignity. They knocked on doors to private areas before entering and ensured confidential information about people was not discussed in front of other individuals. Throughout our inspection the staff spoke about people who lived in the home in a respectful way. This supported people's dignity.

Each person who lived in the home had their own flat with a bedroom, sitting area and kitchen. People told us they were supported to carry out tasks themselves and to gain independent living skills. People were supported to self-care with the staff providing guidance and support as they needed.

The manager of the home knew how to contact local advocacy services. Advocates are people who are independent of the home who can support people to make important decisions or to share their views.

Is the service responsive?

Our findings

People who used the service told us they had been included in planning and agreeing to the care they received.

Each person had a detailed care plan that gave guidance for staff about how to support them. The care plans included information about the about the activities people like to follow and their preferences about how they wanted their care to be provided. They gave the staff information about each individual and what was important to them as well as information about the care people needed. People had signed their care plans to show they had agreed to them.

The staff told us the care plans gave them clear information about how to support individuals.

People told us they followed a range of activities they enjoyed. One person told us about a trip to an amusement park. They said they had chosen who they wanted to share the activity and which staff they wanted to support them in the activity.

People were also supported to follow individual activities they enjoyed. The staff knew the activities people liked and gave them support to engage in them as they wished. One person told us they had enjoyed visiting a local seaside town and another person said a staff member had applied nail varnish for them. They told us the staff were also supporting them to attend a local hair salon and said they were looking forward to their appointment.

People told us they were supported to see their families and friends as they wished. They told us their relatives could visit them in the home. People had been asked about the relationships that were important to them and supported to maintain them.

The registered provider had a procedure for managing and responding to complaints about the service provided. We looked at records of one complaint that her been received since our last inspection in November 2016. We saw the complaint had been investigated and a response provided to the person who had raised the concern.

People who lived in the home told us they would speak to a staff member or to the manager of the home if they wished to raise a complaint. One person said, "I'd tell [named staff member], she'd sort it out." People were confident any concerns they raised would be listened to and resolved.

At the time of our inspection the home was not providing support to people who required end of life care. The staff told us they would work with appropriate health and specialist services if a person required support as they reached the end of their life.

People who lived in the home had been asked if they wished to share their wishes for how they wanted to be supported if they required end of life care. This had included anyone they wished to be included in caring for

them or supporting them to share their views.

Is the service well-led?

Our findings

People told us the home was a good place to live and said they were happy living there. They told us they knew the manager of the home and liked her.

There had been a registered manager employed to run the service until 1 August 2018. She then moved to another service and cancelled her registration with us. The registered provider had employed a new manager and she had applied to be registered with us.

The former registered manager attended the inspection to support the new manager. We saw people knew the former registered manager and were confident approaching her and the new manager. The new manager said she had felt well supported by the former registered manager of the home.

The staff we spoke with said they felt well supported by the team leaders, former registered manager and the new manager. However, they said they had not felt the registered provider listened when they had raised a concern about the service.

The service had been designed around best practice in supporting people who had a learning disability or autism; including Registering the Right Support. It was a small home in a residential area and people were supported to be active members of their local community. The manager and staff placed people who lived in the home at centre of the service provided. However, the registered provider had agreed to the admission of one person who was not compatible with other people who lived in the home. This had affected other people who lived in the home as they were not always able to enjoy their accommodation as they liked.

During our inspection we had discussed the concern raised with the manager of the home and she had shared this with the registered provider. After our inspection the manager informed us a senior manager had visited the home to ensure the quality and safety of the service were maintained.

The staff in the home and the manager carried out regular checks to monitor the quality of the service provided. These included checking people received their medicines safely, ensuring care plans were accurate and up to date and checks on the safety of the environment.

Throughout our inspection we saw the staff and manager asked people for their views and acted on their feedback. The registered provider had also sought the views of people's families by asking them to complete quality surveys.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as serious injuries to people and authorisations to deprive people of their liberty. The manager ensured all notifications of significant events had been provided to us as required. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The manager and staff in the home had worked with local and specialist health services to ensure people continued to receive the support they required as their needs changed. Advice from the health care professionals who supported people had been incorporated into individual's care plans to ensure they continued to receive the support they required.