North East Autism Society

No 9

Inspection report

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Date of inspection visit: 3 September 2015
Date of publication: 18/11/2015

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

The inspection took place on 3 September 2015 and was announced, which meant the provider and staff knew we were coming. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day, so we needed to be sure that someone would be in.

The last inspection of this home was carried out on 7 August 2013. The service met the regulations we inspected against at that time.

No 9 provides care and support for up to six people who have autism spectrum conditions. At the time of this visit five people were using the service. The accommodation was over three floors and consisted of six bedrooms. People had access to a communal lounge, kitchen and dining room.

The home is a semi-detached house in a residential area. The service is situated next door to another small care home and they are both managed by the same registered manager, who was present on the day of our visit.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were unable to tell us about the service because of their complex needs. Relatives made positive comments about the service and told us their relatives were always happy to return to the home after visits.

Staff had a good understanding of safeguarding and said they would speak up if they had any concerns. Any concerns had been investigated to make sure people were safe.

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 need staff support and supervision when in the community because they had a limited understanding of road safety.

Medicines were managed in a safe way and records were up to date with no gaps or inaccuracies. A signature chart was in place so records could be audited.

There were enough staff to make sure people were supported. Staff training was up to date and staff received regular supervisions and appraisals.

People were encouraged to be as independent as possible, and were supported to do household tasks and take part in activities they enjoyed. People were supported to have enough to eat and drink, and to maintain a balanced diet.

Care plans were person-centred, well written and reflected the interests of individuals.

In a survey carried out by the provider earlier this year, 86% of relatives said they were very happy or happy with the care their relatives received in the home. A relative we spoke with told us, "The staff are lovely; they really get to know you. My [relative's] welfare is at the height of everything the staff do".

We saw that systems were in place for recording and managing safeguarding concerns, complaints, and accidents and incidents. Detailed records were kept along with any immediate action taken which showed the service took steps to learn from such events, and put measures in place to reduce the risk of them happening again.

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.

Good

Suitable numbers of qualified staff were available at all times. The registered manager told us they could increase the staffing levels if they needed to.

Comprehensive checks were carried out on all staff before they started work at the home.

There was a clear system in place for the safe administration of medicines.

Staff knew how to recognise and report abuse.

Risk assessments were carried out correctly and regularly.

Is the service effective?
The service was effective.

Good

Staff were trained to ensure they had the skills and knowledge to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005, and the importance of gaining people's consent.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

People's health care needs were assessed and monitored, and the home liaised with other healthcare professionals where appropriate.

Is the service caring?
The service was caring.

Good

Our observations were staff were caring and patient; they supported people in a respectful way.

There were good relationships and communication between relatives and staff.

Staff ensured they gave people as much freedom as was safe to do so.

Is the service responsive?
The service was responsive.

Good

Care plans were well written and reflected the needs of individuals. They were reviewed and updated regularly.

There were meaningful activities for people to participate in to meet their needs. There were good opportunities for people to go out in the local community.

Relatives knew how to make a complaint. We saw that complaints had been investigated and responded to appropriately.

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

Good

Summary of findings

Staff said there was an open culture and the registered manager was supportive.

Staff felt their ideas were listened to.

The service had effective quality assurance and information gathering systems in place.

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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 3 September 2015 and was announced, which meant the provider and staff knew we were coming. The provider was given 48 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 our inspection we checked the information we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the manager about incidents and events that had happened at the service. A notification is information about an event which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The five 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 observed care and support in the communal areas and looked around the premises. We spoke with the head of care, the operations manager, the registered manager, the assistant manager and two support workers. We talked to two relatives who were visiting the service. We 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 three staff, training records and quality monitoring records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

One relative told us, "My [family member] is safe 100%. The staff keep him safe". One staff member told us, "People are safe here". The relatives we spoke with said people were always happy to return to the home after visits, which they felt was positive.

Systems were in place to reduce the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff told us and records confirmed that staff had completed up to date safeguarding training. Staff had a good understanding of what to do if they witnessed abuse or abuse was reported to them.

A safeguarding log was kept which showed the registered manager had taken appropriate action. The home had a 'safeguarding champion' whose responsibility it was to carry out safeguarding training for all staff. A safeguarding file, which was available to all staff, contained a list of useful contacts if a safeguarding issue arose day or night, and contained a step by step process that was easy for staff to follow.

Some people who used the service had been assessed as having behaviours that might challenge themselves or others, and clear guidance was in place about the triggers staff should look out for. Positive behaviour support (PBS) plans were in place, which gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow these plans and they were effective. One member of staff told us, "I would only use restraint as a last resort, and then only the techniques written in the PBS plans".

Incident forms were completed following episodes of behaviour that might challenge people who use the service or others. These forms described the event, what members of staff had been involved and what had been done. This meant staff could learn from such incidents.

We reviewed the rota for the week of our inspection and noted that the staffing levels were as described. People who used the service had been assessed as requiring high levels of staff support to keep them safe; each person required one to one support and one person required two to one support. Our observations were that when people were in the home there were six members of staff on duty until 9pm, in addition to the registered manager and assistant manager. There were enough staff to support people in the home and for people to attend a local day service. At night time there were two waking night staff. The registered manager told us, "There are enough staff on duty. If I needed extra staff I would be able to get them". Staff told us there were enough staff to meet people's needs.

We found that a thorough recruitment and selection process was in place that ensured staff had the right skills and experience to support people who used the service. We looked at three staff files which contained relevant information and background checks, including a Disclosure and Barring Service (DBS) check and appropriate references. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

We found the provider had safe arrangements in place for managing people's medicines. Medicines were stored securely in a locked cabinet in the main office. Medicine files were in place for each person listing their medicine, dosage, and what time of the day it should be given. There was a record of signatures and initials for each member of staff trained to administer medicines which was used for audit purposes. We observed staff supported people to take their medicines appropriately.

We looked at all the Medicine Administration records (MAR) charts and saw that on the day of the inspection and the week before these had been completed correctly. The home had also put in place a record for each person which counted down their medicine so a running total of medicine could be kept and checked. The home had put in place a system of administering medicine with three members of staff; one member of staff to administer, one to witness and countersign, and one to observe the whole process. This reduced the risk of errors and enabled staff to audit the medicines on a daily basis.

Each person had a personal emergency evacuation plan (PEEP), which had specific details about the physical and emotional requirements that people had. This would help people to be safely evacuated in the event of a fire, according to their individual needs.

Environmental risk assessments were also in place to minimise the risks to people living in the home. We saw detailed risk assessments had been carried out for each

Good

Is the service safe?

person who used the service, which covered every room in the home and all activities. For example, some people needed support with food preparation or setting the dining table. This meant that people could be as involved as possible in day to day activities, with the right support to minimise the risks.

The accommodation was comfortable, clean and spacious. A relative told us, “The property is always clean”. In a survey carried out by the provider earlier this year, 100% of relatives said the home was well decorated and maintained. The provider had carried out regular checks on all aspects of health and safety, and all required certificates were up to date. Staff carried out regular checks and audits on health and safety issues to make sure the premises were safe for people, staff and visitors.

Good

Is the service effective?

Our findings

A relative we spoke with told us, "I'm very confident my [relative] is being looked after. The staff understand autism and they've got strategies to deal with it. They keep us well informed".

The provider had a comprehensive training programme in place. The organisation used a computer based training management system which identified when each member of staff was due any refresher training. The provider monitored completion of training, and a recent audit showed that 98% of required training had been completed. Staff told us and records confirmed they received training which was relevant to the needs of the people who used the service. One member of staff told us "I've got everything I need to do my job and more". Staff told us they received face to face training and used a computer based training system which is known as e-learning.

Examples of training topics included positive behaviour support, safeguarding of vulnerable adults, first aid, infection prevention and control, fire safety, food hygiene and manual handling. New staff received a comprehensive induction programme in these areas. We found that two members of staff held a national vocational qualification (NVQ) level 4 and 13 staff held a NVQ level 3. These are work based qualifications that are achieved through assessment and training; candidates must prove their competence to do the job to the required standard.

The head of care told us, "We insist on the same training for bank staff that we do for regular staff. The society has a family support service so people can remain in the family home, so we try to use these staff in our homes".

Staff told us and records confirmed they had regular supervisions and annual appraisals. We saw that a supervision contract was in place between each member of staff and their manager. This ensured that staff understood the purpose of supervision was to offer support, promote best practice and highlight any areas for development. Team meetings were held around every eight weeks and minutes of these were available for staff not on duty that day. One member of staff we spoke with said, "We have supervisions every six weeks and focused supervisions as needed. Staff carrying out supervisions have to complete the relevant training first. If some things can't wait until the next supervision staff just go straight to the management team". This showed that staff felt management were approachable.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA is a law that protects and supports people who do not have the capacity to make their own decisions, and to ensure decisions are made in their 'best interests' by trained staff.

All of the staff had received training in MCA and DoLS. The registered manager had made DoLS applications to the relevant local authorities for every person who used the service. This was because they needed support from staff to go out and because people needed 24 hour supervision. DoLS applications contained people's individual circumstances and needs, and were person-centred.

Four people had DoLS authorisations from the relevant local authorities and one application was being processed by another local authority. Staff were working collaboratively with local authorities to ensure people's best interests were protected.

Staff had a good understanding of MCA and DoLS. One member of staff we spoke with said, "I treat everyone as an individual with the right to make their own decisions. Sometimes people have capacity to make decisions for some things like what they want to eat, but not others like what to spend their money on. As a multi-disciplinary team we make best interest decisions when a person lacks capacity to make a certain decision". This showed an understanding that people can make decisions about some things but not others. The provider was following the requirements of MCA.

People were supported to maintain good health because they had access to healthcare services. Staff told us they had a positive working relationship with the local Speech and Language Team (SALT) and with professionals at Monkwearmouth Hospital's Learning Disability Support Team. One member of staff said, "We have lots of interaction with the SALT and their input has really helped the staff get to know and understand residents better".

Each person had a 'health action plan' which contained details of people's specific medical needs such as dental and eye care. These were written in a way which helped

Good

Is the service effective?

people to understand their content and be involved. Essential information, including medical history, was recorded about people on 'A&E (Accident and Emergency) grab sheets'. This would be useful in the event of an emergency, if a paramedic needed to be called or if someone needed to go to hospital.

People were supported to have enough to eat and drink, and to maintain a balanced diet. Menu choices were displayed in written and picture format so people could understand and make decisions about what they wanted to eat and drink. Support staff cooked the main meal of the day which was served in the evening on week days, as most people were out during the day. The provider operated a four week menu planner, but alternatives were available if people did not like the menu choice. Menu choices were varied and healthy. A log was kept if people missed meals and this was checked regularly. We saw people helped with meal preparation, set the dining tables and washed dishes with support.

Good

Is the service caring?

Our findings

We observed positive and caring relationships between people and staff. People were cared for in a person-centred way. One member of staff told us, "I'm passionate about my job as I can have relationships with those who use the service". Another member of staff told us, "I treat everyone as an individual".

Staff felt their colleagues treated the people who lived there with respect. One support worker told us, "It's a great atmosphere here and we do a good job. You've got to be a certain type of person to do this job".

People living at the service had limited verbal communication skills but were included in meetings to review their care with support from key workers and a 'communications champion'. Advocacy services were available, but none of the people living at the home used this. We saw staff giving people information in a clear way that suited their individual needs, so they could make decisions. Staff told us that people found it difficult to cope with too many choices or too much information at once. A support worker told us, "I don't give too much information or too many choices as this can be confusing. Rather, I ask closed questions, stay positive and am consistent in my behaviour".

In a survey carried out by the provider earlier this year, 86% of relatives said they were very happy or happy with the care their relatives received in the home. A relative we spoke with told us, "The staff are lovely; they really get to know you. My [relative's] welfare is at the height of everything the staff do. Staff tend to come up with the ideas and share things with me that sometimes I wouldn't have thought of. The staff are brilliant".

The home had received several compliments from relatives. One person's relatives said they were 'very happy and satisfied with the quality of care'. Another said their relative's support plan was 'fantastic'; they were 'very pleased with it and found it very interesting to read'. They also said, 'All the staff appear to know [relative] very well'. Another person's relative thanked the home for taking the person on holiday this year. The relative said, 'We really appreciate the time and effort that went into it……..it's great that staff know my [relative] so well and can anticipate any issues that may cause problems'. The home also received a thank you card from a person's family.

There were good relationships and communication between relatives and staff. The registered manager told us that staff had "a good rapport" with people's relatives. Relatives received weekly updates from a senior support worker. People were encouraged to maintain family relationships by visits, or by being supported to help choose cards and gifts for birthdays or other occasions. A list of people's important dates was kept so people could be supported to do this.

Staff ensured they gave people as much freedom as was safe to do so. People were supported to be as independent as possible and to take responsibility for household tasks such as laundry, making drinks and preparing meals. Where people liked to spend time in their bedroom alone, their privacy was respected. We saw people's bedrooms were decorated in a way that reflected their preferences.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at care records for two people. Their care plans were detailed and showed what care, treatment and support was needed to ensure personalised care was provided to people. The care plans were written from the person's perspective and contained goals or 'SMART' targets for daily living. We saw that care plans contained input from other professionals such as the occupational therapist and psychiatrist.

Care records showed that people's needs were continuously reviewed and care plans were audited regularly. This meant that care records were up to date and people's needs were being assessed regularly so staff knew how to support them appropriately. The registered manager told us that staff needed to be flexible as "what a resident wants today may not be what they want tomorrow". The assistant manager told us, "The needs of our residents change on a daily basis and we need to respond to that". The provider's operations manager told us that care plans were "constantly a work in progress".

People had limited involvement in their care planning because of their complex needs and limited communication. Relatives were involved in care planning, along with people's key workers and the communication champion. We saw from people's care plans and by talking to staff, that staff knew people's likes and dislikes well. Care plans also contained indicators of wellbeing and differences in mood so staff could understand when a person was happy or not and respond accordingly. Staff could describe what people's usual behaviour was like and knew when people were not happy.

The assistant manager told us, "One person won't always eat their tea, but if staff eat with them they are more likely to eat, so we make a point of doing this. Another person prefers female staff to support them so we accommodate this". This meant that the service was responsive to people's needs and preferences.

The head of care told us, "The care here is very personalised. The team work hard to provide a wide range of activities and they work closely with the residents' families. We try to have set staff teams for continuity but there is flexibility around gender. We also try to match keyworkers with residents if they have a shared interest where possible. Staff here know the residents so well that peaks in behaviours can be picked up quickly and appropriate techniques employed".

Each person in the home had a daily timetable that was varied. A relative told us, "Number 9 has a lot of activities for the young adults to attend and it feels like [my relative's] home". Most people went to a local day facility where they could take part in educational or vocational sessions. On evenings and weekends people had the choice to go shopping, to a disco, for a meal out, to the local pub or do sports activities. The service had also taken people on holiday earlier this year. The registered manager told us, "We plan holidays around the interests of residents". This meant that people had a range of activities to choose from and had regular contact with the local community.

The home had capacity for six people but currently five lived there. The head of care told us, "although we have capacity for six residents we're going to stay at five and not go to our full capacity as everyone is settled".

The provider had a complaints policy which was available to people, relatives and stakeholders. Records showed that one complaint had been made about the service in the last 12 months. We looked at how this complaint had been managed and found that the service had fully investigated the issue and acted appropriately.

In a survey carried out by the provider earlier this year, 100% of relatives said they were aware of how to make a complaint. One relative we spoke with said, "I've never had to make a complaint. If I want to ask anything or check something I just ring up as the staff are very approachable. I don't sit at home worrying about my [relative]".

Good

Is the service well-led?

Our findings

People who used the service were unable to tell us their views on how the home was managed. Relatives told us, "To me the staff are great" and "The staff are brilliant". One relative we spoke with said, "I can't think of anything that needs to change". Relatives were asked to complete an annual satisfaction questionnaire. 100% of relatives responded to the last questionnaire, and the responses were positive. The operations manager told us that feedback from the relatives' questionnaire had been incorporated into an action plan.

The home had a registered manager who had been in place for several years. He was also the registered manager of a similar home run by the same provider next door. Relatives described the manager as "great" and someone who "always listens". One relative we spoke to said the registered manager had "been very good in addressing all of my worries".

Staff told us there was a good atmosphere at the home, and they felt supported by the management team. A support worker said the registered manager had been "so supportive". They also told us, "The management team listen to staff ideas and let us try things. The company are always looking at ways of improving the service".

The head of care told us, "We try and empower the registered manager". He also told us the provider was hoping to get Investors in People in the future. They said, "We think this will help us retain staff, and we want staff to take ownership of this".

We saw that systems were in place for recording and managing safeguarding concerns, complaints, and accidents and incidents. Detailed records were kept along with any immediate action taken which showed the service took steps to learn from such events, and put measures in place to reduce the risk of them happening again.

We saw audits were completed regularly by the registered manager who also completed a monthly report for senior managers. This report covered staffing issues, maintenance issues, incidents and accidents, and behavioural interventions. This meant the registered manager, senior managers and the trustees could monitor the service for any trends. The operations manager told us it was their role to report on the quality of all NEAS services (the provider) and then develop a quality improvement plan. The head of care told us the operations manager's role was also to "share good practice between locations".

The assistant manager told us the service had implemented a safeguarding competence checklist after a member of staff had seen it used in another NEAS location. We saw this and thought it was a good prompt for staff.

Staff meetings were held regularly and minutes of these were taken so staff not on duty could read them later. These meetings were used as an opportunity for staff to share best practice and raise any issues.