

North East Autism Society

The Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26, 28 and 29 March 2018 and was announced. The provider was given 48 hours notice because the location was a small service for people who are often out during the day; we needed to be sure that someone would be in.

The Court 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 Court is registered to provide residential care and support for up to three adults with a learning disability or autistic spectrum disorder. At the time of our inspection three people were living at the home.

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

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 the last inspection, the service was rated good. At this inspection we found the service had deteriorated to requires improvement.

During this inspection we found the service did not have robust systems and processes in place for the monitoring of DoLS applications and to safeguard people from abuse. Some people did not receive their medicines as prescribed. We also found the service did not have effective quality assurance processes to monitor the quality and safety of the service provided.

Staff had completed safeguarding training and spoke confidently about the actions they would take if they thought a person was at risk of harm. Sufficient appropriately trained staff were available to support people's needs.

An effective recruitment and selection process was in place. The provider carried out monthly health and safety checks to ensure people lived in a safe environment. A business continuity plan was in place to ensure people would continue to receive care following an emergency.

Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

Care plans were comprehensive and included clear information for staff to follow to make sure people's needs were met.

People were supported to maintain good health and had access to healthcare professionals.

The service was responsive to people's individual needs and preferences, enabling people to live as full a life as possible. People were supported to maintain relationships, access the local community and go on holidays.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Accessible information was used throughout the service including an easy to read complaints and compliments procedure and within people's care records.

Staff told us they felt supported by the registered manager and enjoyed working at the service.

The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Relatives felt the organisation was well run and that the registered manager was approachable.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Medicines were not always administered as prescribed.

The service did not always respond appropriately and without delay when a safeguarding concern was identified.

Staff had completed safeguarding training and had a good understanding of the whistleblowing procedure.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service did not have effective systems in place for the monitoring of DoLS applications.

Training and development was up to date. Staff told us they regularly attended supervisions and appraisals.

The service ensured people received care and support from external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they supported.

Relatives told us the staff were caring.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised.

Relatives told us they had no complaints about the service.

People were supported to take part in activities they enjoyed.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance systems were not always effective in identifying areas that required improvement.

The registered manager was approachable and provided strong leadership and direction for staff.

Relatives, people and staff were encouraged to express their views about the service.

Requires Improvement 

The Court

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 26, 28 and 29 March 2018 and was announced. The provider was given 48 hours' notice because the location was a small service for people who are often out during the day; we needed to be sure that someone would be in. An adult social care inspector attended The Court on 26 and 28 March and on 29 March telephoned relatives to obtain their views about the service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team and the clinical commissioning group (CCG), the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 were not able to speak to all of the people using the service because some of the people had complex needs, which meant they were not able to tell us their experiences, so we asked their relatives for their views.

We spoke with one person who lived at the Court, two relatives, the registered manager, the assistant manager and three staff members.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home and visited people's bedrooms with their permission. We examined documents relating to recruitment, supervision and training records and various records about how the service was

managed. We looked at care records for two people who used the service.

Is the service safe?

Our findings

On examining the medicines administration records (MAR) we noted one medicine was prescribed to be taken before breakfast. We were unable to confirm the time it was administered but saw that some staff signatures were for staff that commenced work after breakfast. Also a number of signatures were not present on the staff signature sample sheet. These belonged to staff who supported people at college and who were not employed at the service. We brought this matter to the attention of the registered manager. On reviewing the MARs they confirmed that on a number of occasions the medicine was administered after breakfast. They immediately contacted the pharmacy to clarify the impact on the person and arranged an appointment with the person's GP. We noted this had not been identified in the provider's audits.

PRN (as required medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

Relatives we spoke with told us they felt their family members were safe. One relative said, "Totally safe I have no worries there." One person told us, "Yes, I'm safe."

The registered manager advised that people were assessed prior to coming to live at the Court. This was to ensure that the person's needs could be met by the service. The person, family members and external healthcare professionals were all involved in the development of each person's care package which included the level of support a person needed. We reviewed the staffing rotas and saw that the service ensured sufficient staff were deployed to meet people's needs.

Consistency and familiarity of staff was important to a number of people. Each person had a designated key worker and a regular staff team. The registered manager managed three services that were located next door to each other on the same road. They told us, "If staff are needed they can come from another home. Students (people who used the service) know their faces so it doesn't have an impact on people."

Staff told us and records confirmed staff had completed safeguarding training. They were able to tell us about their whistleblowing process and described situations when they would raise concerns. One staff member told us, "It's so important to keep students [people who used the service] safe." Another staff member said, "If I saw any abuse I would tell the manager straight away, I would not stand for it."

However we found a report in the daily records where a person had been subject to threats of a punitive measure following behaviours that challenged. We discussed this with the registered manager who advised that they had spoken to the staff member about a similar recent incident. They were unable to produce a written account of this conversation or actions to be taken. Following our discussion the registered manager they took immediate action to alert the provider. They also changed the frequency of the time period for reviewing the daily records from monthly to weekly and made a safeguarding alert.

Safeguarding alerts had been made to the Local Authority and CQC. Each month the registered manager

collated the safeguarding information onto a performance management data return which was reviewed by the provider.

The provider did not have systems and processes to respond appropriately and without delay when safety had been compromised.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk management plans for a range of person specific identified risks. These described the risk and clearly identified the control measures needed to minimise risks to ensure the person remained safe. General risk assessments for the environment and premises were also in place.

The provider continued to have an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included obtaining written references and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider ensured the premises were safe for people and staff. Staff completed regular health and safety checks. Records relating to the maintenance and safety of the building were up to date. The provider had an extensive business continuity plan which detailed staff the actions to take following an emergency. Regular fire drills took place with a personal emergency evacuation plan (PEEP) in place for each person which recorded how to support people should they need to be evacuated in an emergency.

Communal areas and people's rooms were all clean and tidy. Staff maintained the cleanliness of the premises and supported people in undertaking household tasks. Infection prevention audits were regularly completed.

Is the service effective?

Our findings

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 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 application 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 service did not have effective systems in place for monitoring DoLS applications. Written confirmation of one person's application had not been received since 2014. The registered manager advised they had continued to approach the local authority for them to address the matter without success. Records were not readily available and the registered manager had to review emails to show what action had been taken. They stated they made applications in 2016 and 2017 but were unable to find copies of the applications. On reviewing the February 2018 service audit it read, 'All DoLS in place and renewal dates sent off.' We questioned the effectiveness of the audit as it was factually incorrect.

The service did not maintain accurate and complete records in regard to people's DoLS applications.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager conducted an assessment prior to people coming to live at the Court. They told us, "We have a meeting with the person, their relatives and any health care professionals involved in their care to discuss the person's needs and ensuring the placement is right for the person."

Relatives we spoke with told us staff had the appropriate skills to support their family members. One relative said, "They [staff] are all competent in their roles." Another relative said, "I think they have the skills." Staff members completed mandatory training covering areas such as safeguarding, health and safety, food hygiene, mental capacity and first aid. Staff told us other training was also available. One staff member said, "We can ask for other training. I am hoping to do some more training around autism."

Staff told us they felt supported by the provider. They told us and records confirmed staff received regular supervisions and had the opportunity to discuss their development with the registered manager.

People were supported to have a balanced healthy diet. People were involved in the planning and preparation of meals. Staff promoted people's independence and were sensitive to people's needs and gave

support when people needed a little assistance. Allowing the person to maintain control of the cooking and not taking over the preparation. During our inspection one person prepared a lasagne which everyone enjoyed together at teatime. The service monitored people's weight and supported people to make healthy food choices.

Staff we spoke with had an understanding of the importance of enabling people to make their own decisions. Care plans detailed how people were to be supported to make decisions in every part of their lives.

People had access to a range of professionals including speech and language therapy (SALT), GPs and mental health professionals including the behaviour support service. Guidance from these healthcare professionals was adopted into people's care records.

The home had a large kitchen with a communal lounge and a dining area. The registered manager showed us a newly created quiet area in a building in the garden. People's rooms were personalised and contained decorations and objects chosen by the person. One relative told us, "[Family member]'s key worker has discussed with me changing the wallpaper as they think [family member] would prefer that."

Is the service caring?

Our findings

Relatives we spoke with were complimentary about the staff working at the Court. One relative told us, "I can see [family member] is really happy." They continued, "When [Family member] is home they count the days down before they return to the Court. They go in so happy it gives me peace of mind." Another relative said, "Staff are amazing so caring." One person told us, "I like it here."

During our inspection we observed friendly interactions between staff and people using the service. Relatives told us staff were friendly and welcoming. One relative said, "They always make me feel welcome and keep me up to date on things." One staff member told us, "We get to know the family too, they are just as important."

The service involved people in all aspects of their care and the running of the service. One person helped the registered manager design their new office layout and produced a plan. The registered manager told us how a person had helped write the questions to recruit new staff. People were regularly consulted either when gathered together at residents meeting or during individual chats.

People were encouraged to be as independent as possible. People were developing their life skills whilst at college and staff worked with people to achieve their independent goals. One person had set the individual goal of preparing a meal for themselves, their peers and staff. People worked together in the home on household tasks. One staff member told us, "[Person] has increased their cooking skills."

People were treated with dignity and respect. A number of people received one to one support this was provided in an unobtrusive manner.

Staff respected people when they wished to be alone but were close by to ensure they remained safe. One person told us, "Once I go to my room that's me by myself." People were supported to maintain relationships important to them and to develop new friendships. One person told us that they enjoyed going to wall climbing with their friend who lived in the service next door.

The registered manager had actively introduced the services of an independent mental capacity advocate (IMCA) to support a person with decision making in their on-going care and support needs.

People's confidential information was held securely in a locked office.

Staff had completed equality and diversity training and the provider had an equality and diversity policy to support staff in promoting the protected characteristics of the Equality Act 2010. Whilst no one at the service had expressed any religious, sexuality or cultural needs the registered manager advised people would be fully supported.

People were encouraged to express their individuality. People were supported to choose their clothing and take part in activities they enjoyed. Staff supported people to personalise their rooms, purchasing

decorations and objects to suit their individual taste. Staff described to us affectionately people's personalities, likes and dislikes and their preferred methods of communication. Staff we spoke with had a good understanding about people's individual communications needs and how people used gestures and prompts to express themselves.

Is the service responsive?

Our findings

Care plans contained a personal profile called 'All of me', indicators of well-being, a range of person specific support plans and SMART individual goals. Support plans contained comprehensive personalised information about the person's needs and wishes. They gave clear guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Where people lacked the capacity to make a decision for themselves the service ensured relatives were invited to reviews. Relatives we spoke with told us they were involved in discussions about their family member's care and support. One relative said, "I receive regular phone calls and am involved in all parts of [family member]'s care." Another relative told us, "I am informed about all the meetings and [the registered manager] lets me know if anything happens in-between."

An accident and emergency grab sheet and a hospital passport were readily available for staff to access if a person needed to attend hospital and receive emergency treatment. These detailed people's preferred method of communication, basic medical history, current health problems and medication.

The service consulted with the person, relatives and external healthcare and social care professionals in creating people's daily routines. Ensuring activities were specific to each individual person, considering their likes and dislikes and level of engagement. People were supported to maintain their interests and develop life skills to become more independent. A number of people attending college and were employed in part time work. People were encouraged to be physically active and a number of people enjoyed walking, wall climbing and going to the gym.

Relatives we spoke with told us how staff helped their family member plan annual holidays. People were supported to access the local community attending local pubs and restaurants. We observed people also enjoyed time to relax in their rooms or the communal areas watching TV or playing video games. We noted from timetables people lived full lives going to college during the day then an activity on the evening. One staff member told us, "It is [person]'s choice. They have a busy day so sometimes they are tired it's okay to say no I don't want to go out tonight."

The service used technology to enable people to communicate with family members. One person was supported to use an iPad to 'face time' with their family. Throughout our inspection we saw the service used accessible information. Easy read format was in bedded into people's care records to support people in understanding their care and support.

People received a personalised residents' guide which was specific to them. This contained information about the provider's complaints process and procedures which was written in an easy to read format. Staff also discussed the complaints process during residents' meetings and with people at 1:1 discussions. We examined records relating to complaints and saw the service had received no complaints since our last inspection. Relatives we spoke with told us they knew how to raise concerns if required.

Is the service well-led?

Our findings

The provider did not have effective systems to ensure it was able to monitor and assess the quality of their service. The provider carried out regular quality assurance audits. Areas reviewed included care records, DoLS, medication, health and safety, and environment. However, the issues we identified during our inspection were not recognised. For example, DoLS applications and the administration of medicines. We questioned the effectiveness of the audit with the registered manager.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The registered manager and assistant manager also managed two other services. The three services are located next door to each other on the same road. Following a recent CQC inspection at one of the other services the registered manager and assistant manager were proactive in using that information to make improvements at the Court. They used the information to introduce additional documentations to support the actions carried out in relation to safeguarding concerns, handovers and spot checks.

Relatives were complimentary about the staff and management teams. Comments included, "They [staff] are so thoughtful," "This is the best service." and "[The registered manager] is fantastic, they do a great job."

The provider had a clear vision and core values in place which promoted a positive environment supporting staff to develop and empowering people to be as independent as possible and be a valued member of society. This was evident when we spoke with staff as all were passionate about ensuring people got the most out of life.

The service actively sought relatives and people's views about the quality of the care provided at the home. Accessible information formats surveys were used to capture people's view. People were supported day to day to give on-going feedback and during residents meetings.

The service worked in partnership with multidisciplinary teams to ensure people received joined up care and support. The registered manager had a good working relationship external health professionals involved in people's care.

Staff we spoke with were happy working at the Court. One staff member told us, "We work well as a team, we all fit together." Another staff member said, "We are a young team which is good because so are the students."

The service had an open culture. Staff told us they were well supported by the registered manager. One staff

member said, "[The registered manager] is great he takes time to listen. They make time for you. They have helped me a lot." Another staff member told us, "Both managers are approachable."

Staff had regular opportunity to discuss aspects of the service, career development and share best practice. Team meetings were held and involved staff from all three services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective quality assurance processes to monitor the quality and safety of the service provided. The service did not have systems and processes to respond appropriately and without delay when safety had been compromised. The service did not maintain accurate and complete records in regard to people's DoLS applications.</p> <p>17(2) (a), (c)</p>