

North East Autism Society

Ashgate Cottage

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?	Good ●

Summary of findings

Overall summary

About the service

Ashgate Cottage is a care home for up to three people who have autism spectrum conditions. It is a detached bungalow in a quiet residential area. At the time of this visit there were three people using the service. The service is situated beside another small care home and they are both managed by the same registered manager.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The home was small and personalised, with no obvious signage indicating it was a care home. The feel of the service was homely and determined by people's needs.

People's experience of using this service and what we found

People felt safe and supported by staff who knew them extremely well. Risk assessments were in place. They had regard to people's potential and aspirations rather than what may be difficult for them. Positive risk taking was part of the culture and helped people achieve greater independence.

All relatives were confident in staff and their ability to keep people safe. Staffing levels were regularly reviewed and appropriate to people's needs.

All incidents and accidents were documented and analysed to help identify any developing patterns.

Staff worked well in conjunction with a range of external healthcare professionals. They also had access to an internal team of occupational health and other specialists.

Staff were well supported with a range of ongoing training, supervision and informal support.

People's needs were comprehensively assessed and continually reviewed. Staff had a comprehensive understanding of people's communication needs.

Activities were geared towards people's interests and there was a strong person-centred culture. People's rooms were pleasantly decorated to their tastes and communal areas updated following consultation with people.

Relatives and staff told us the service was well-managed. The provider had in place clear quality assurance and auditing processes. The registered manager continually sought ways to improve the service with a view to helping people live full lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Ashgate Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Ashgate Cottage 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

People receiving personal care were unable to speak with us at length so we spoke with three relatives about their experience of the care provided. We spoke with five members of staff: the nominated individual, the registered manager, deputy manager, a support worker and senior support worker. We observed interactions between staff and people who used the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including training, accidents, incidents, safeguarding, auditing, policies and procedures.

After the inspection

We contacted a further two health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff managed risks appropriately. They had a detailed understanding of the things that could make people anxious or put them at risk. This was recorded in person-centred detail in people's files, meaning any new staff would have a comprehensive overview.
- Staff were experienced in Positive Behaviour Support. They found ways to positively encourage people and help them reduce anxieties. They did not rely on physical restraint or medication. Relatives all confirmed people's wellbeing had improved whilst living at the service.
- The registered manager ensured 'grab pack' emergency transition information was in place should people need to move quickly to hospital.
- Staff helped people try new things which increased people's independence. One relative said, "They are cautious but not overly risk averse – they make sure people are encouraged to try things."

Learning lessons when things go wrong

- Staff recorded incidents and accidents. These were all investigated and shared in a monthly report with the provider via an online system.
- The provider had good oversight systems in place to ensure lessons could be learned from incidents. This included regular visits to the service, internal audits and meetings where registered managers from different services could meet to share good practice and lessons learned.

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff felt the service was safe. One relative told us, "They take everything in their stride calmly – [person] is completely safe there."
- There were appropriate safeguarding and whistleblowing policies in place. The culture was supportive and staff we spoke with felt able to raise any concerns they may have.

Staffing and recruitment

- There were enough staff to safely meet people's needs. This was regularly under review. The provider demonstrated a track record in successfully reducing the amount of staff support people may need, but also ensuring more was in place if needs changed.
- The provider recruited new staff safely by undertaking a range of checks.

Using medicines safely

- Medicines were managed safely by staff who had a comprehensive knowledge of people's needs. Staff followed best practice to record when people may need to use 'when required' medicines and how they

would indicate this. The registered manager completed competence checks of staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The majority of staff had several years experience working at the service and knew their roles well. They were supported by ongoing refresher training and professional development opportunities. For instance, updated oral healthcare training was due the following day.
- The provider managed training needs through a training matrix and monthly reporting. The provider had internal specialists who could deliver bespoke updated training in some areas.
- All relatives had confidence in the ability of staff. One said, "They have a humour when it's right but there's always confidence in what they do. They are great."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to ensure people's needs were assessed prior to them moving to the service. Reviews of care plans were ongoing. There were up to date, meaningful and person-centred updates in care files, clearly highlighted to alert staff. This meant, whilst staff may have known people for years, staff were still alert to any current changes.
- The registered manager was aware of a range of best practice, including recent updates in oral care. Each person had an oral health care plan.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to be as involved as possible in choosing and making their own meals. People enjoyed going shopping to choose ingredients and all meals were made fresh.
- Care plans described in detail the support people needed. Staff sought help from specialists such as dietitians when needed, such as when people may have gone off meals.
- Staff had access to the provider's team of health specialists, who could provide advice and support, for instance regarding occupational therapy. Staff also worked closely with external healthcare specialists to meet people's needs. One professional said, "It was a very, very good team effort. They did everything they could and the outcomes in the end are such a turnaround."

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs and provided a range of flexible options. The provider had recently completed the building of a conservatory off the lounge, which provided additional quiet space. One person had the outdoor area outside their room converted into a relaxing bench/patio area. Relatives confirmed that any improvements or changes to the building were made in the interests of the

people's whose home it was.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had an up to date working knowledge of DoLS and the need to ensure people's capacity was considered on a decision-by-decision basis. Where people were able to make smaller decisions, this was enabled and empowered. Where people were not able to choose, appropriate best interest decision making was in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- Staff members treated people patiently and with calmness, affection and respect. People's needs and wishes determined how staff responded; staff were skilled in terms of appropriate training but also emotionally. One relative told us, "They observe people so well and know when someone isn't 100%."
- Staff demonstrated respectful and supportive behaviours. One relative said, "They are always so patient, they're angels really. I can't speak highly enough of them."

Supporting people to express their views and be involved in making decisions about their care;

- People and their relatives were involved in decisions about people's care. Staff used photos to regularly involve people in reviews of their care. One relative said, "They don't just think about the person in isolation. They think about us and the other people living there. It really is a family."
- Residents meetings were informal but this was how people preferred it – sharing their views over the dinner table for example after a busy day. They and their relatives contributed to all decisions in the home, including decorations and refurbishment, activities and meals.

Respecting and promoting people's privacy, dignity and independence

- The service excelled at helping people maintain family relationships important to them. One person was supported by staff to attend a relative's wedding. Their relative said, "We didn't think it would be possible but they made it happen. It made the day." One relative lived slightly further away but confirmed they were in contact with people and the service every other day.
- People's communication needs had been assessed. Staff demonstrated confidence and skill in understanding people's verbal and non-verbal communications. Care plans set out in detail how people who may not be able speak could communicate whether they were having a good or bad day, and how staff could respond.
- Relatives told us staff treated their family members with dignity and respect. Continuity of care was a strong theme in relatives' feedback. The service did not use agency staff and most staff had known people for several years. One relative said, "It makes such a difference – it took a long time to build that trust".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were extremely detailed and person-centred. Each contained an 'All about me' guide giving key information about people, as well as care plans covering all areas.
- Staff updated these files regularly and continued to add person-centred information as people's needs changed. They recognised the changing interests of the younger adults they supported and updated plans accordingly. Any new staff would have a comprehensive overview of each person, from a perspective of what they could do with help, rather than what they may not be able to do.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff relished supporting people to participate in activities and accessing the community. They encouraged people and empowered them. One person who was previously extremely anxious about leaving the house now regularly enjoyed going to local parks, cafes and pubs with staff.
- Staff took time to understand people's life histories and preferences so they could tailor one to one activities for them. For instance, some people loved pamper sessions, others Disney movies. One relative said, "They know what [person] loves to do and help with that – it's really important [person] sends birthday cards and gifts so they help them do that with real care and attention."
- The registered manager worked proactively to ensure people had access to a range of new opportunities. For instance, they built strong working relationships with a music therapist who now visited on a weekly basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a range of information available in easy read formats. The provider was able to provide information in a range of other forms where needed. Staff took time with people to personally ensure they understood how best to communicate with people. They used holiday brochures, catalogues and pictures to help people make decisions.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place. Relatives were comfortable raising any issues but had none currently. They confirmed the registered manager responded positively to any feedback or queries.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All staff ensured the provider's ethos of valuing each person's individuality was practiced, leading to consistently improved outcomes for people.
- Relative's feedback about the management of the service was consistently extremely positive. They said, "They are always in touch and really proactive" and "I can't ask for more of them – they seem to think of everything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sent out questionnaires to relatives on a bi-annual basis as they felt yearly was too frequent. Relatives confirmed they were regularly asked for feedback and encouraged to contribute ideas to the service.
- The provider held regular managers' meetings.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated an awareness of how areas of new best practice could help continually improve the service. They were supported to act creatively to ensure people who used the service could try new things. One relative told us, "They are constantly looking for ways to improve."
- The provider had a consistent and structured approach to quality assurance. Delegated senior staff provided reports to the provider on a monthly basis. These covered any incidents, training, health and safety delegated appropriately to experienced staff. They provided regular reports to the provider, who held them to account if there were any queries or shortfalls, for instance a lack of training completed. The registered manager undertook comprehensive 6-monthly audits of all aspects of the service.
- Staff were experienced and confident in their roles. The provider ensured registered managers from various services had the opportunity to meet regularly with others and shared best practice and common queries.

Working in partnership with others

- The registered manager was an enthusiastic advocate for the service and had established strong local links with a day centre, disco and local businesses.

