National Autistic Society (The)

Crossways

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 30 August 2016 and was unannounced.

Crossways is registered to provide accommodation and personal care support for up to eight people who have a learning disability and /or an autistic spectrum disorder. There were six people living at the service on the day of our inspection.

There was a registered manager in post. 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 were supported by a stable staff team who knew them well as the majority of staff had supported them for many years. There were sufficient numbers of staff to keep people safe, for although there were some staff vacancies, these were being recruited to and interim cover was being provided from within the existing staff team and by the services own bank staff.

There were systems in place to reduce the likelihood of abuse and risks were identified and managed. People were supported by staff who were trained and knowledgeable. They knew how to defuse situations and minimise any distress to individuals. There were clear arrangements in place to ensure that any new staff appointed would be inducted and supported.

Staff demonstrated an understanding of the principles of consent and were clear about the procedures that needed to be followed when a decision had to be taken in an individual's best interests.

People were supported to eat healthy and had good access to health care support when they needed it. Staff were caring and kind and supported individuals to maintain relationships with relatives and people important to them.

Care plans were detailed and informative but practice was on occasion complacent. Staff did not always promote people independence and help them to lead as full a life as they may be able to. There were systems in place to consult with people but they would benefit from being more proactive and imaginative.

The manager had the confidence of staff and the relatives. They were positive and were aware that changes were needed to improve the quality of care. They were clear about what was needed and had a plan to take this forward. The provider had systems in place to audit care and oversee care delivery.

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.

Safeguarding procedures were in place for staff to follow should they have a concern about an individual's wellbeing.

There were systems in place to protect people from risks

Staffing levels were sufficient to keep people safe.

There were systems in place to manage medication in a safe way.

Is the service effective?

Good

The service was effective

People were supported by staff who had been trained.

The Mental Capacity Act and Deprivation of Liberty were understood by staff and the manager. Support was available to promote decision making.

People were supported to maintain a balanced diet.

People were supported with their health care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them and who were kind.

The service was welcoming and people were supported to maintain relationships with those who were important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care and support plans were detailed and informative but

people's independence could be further promoted.

Systems in place to consult with people could be further developed.

There were clear arrangements in place to manage complaints.

Is the service well-led?

Good

The service was well led.

The manager was approachable and had the confidence of staff and relatives.

Quality assurance systems were in place to monitor and improve the quality and safety of the service.

Crossways

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 30 August 2016 and was unannounced.

The membership of the inspection team included one inspector and an expert by experience. Our expert was a family carer for an adult with a learning disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service before the inspection. This included statutory notifications. These are events that the care home is legally required to tell us about. We recently received some concerns about the service which we forwarded to the Local Authority Safeguarding team to investigate and prior to the inspection we spoke to them about the outcome of their investigation. They told us that they did not have concerns about the safety of the people living there.

The methods that were used during the inspection included talking to people using the service, visitors and interviewing staff. We also undertook observations of care and support. As a number of people who lived in the service were not able to tell us about their experience verbally 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. After the inspection we telephoned relatives to talk to them about their relative and the support provided at Crossways.

We reviewed care plans and also examined other records in relation to the running of the service. We spoke to two people living in the service, four relatives, four support staff as well as the registered manager.

Good

Is the service safe?

Our findings

Most people had lived at the service in excess of 19 years and looked comfortable and at ease with staff. Relatives told us that they thought that their relative was 'safe' and it was a 'supportive' environment. One person who lived at the service told us that they, "Don't want to tell everyone [about the service]; they will all want to come here".

There were systems in place to reduce the likelihood of abuse. Staff had undertaken training and were clear about the actions that they would take if they had a concern, such as speaking with the manager or other senior staff within the National Autistic Society. They were less clear about the role of the local authority or whistleblowing although the manager told us that this was discussed regularly at team meetings and it was agreed that this would be followed up with staff. Financial procedures and audit systems were in place which were designed to protect people from the risk of financial abuse. We looked at a sample of these personal finances as part of our inspection and the amounts tallied with the records.

Risks had been identified and actions taken to reduce the likelihood of injury. There were a number of health and safety risk assessments in place which were up to date and had been reviewed regularly. Safety checks were undertaken to ensure that equipment was working properly and keeping people safe. We saw that fire alarms and equipment were tested and portable electrical appliances were tested to make sure that they were safe to use. Water temperatures were monitored to reduce the risks associated with legionella and scalding.

Risks associated with everyday activities such as going swimming, cooking and going into the community had been assessed. The documentation set out why the activity was positive for the individual and what had the potential to go wrong, and the steps needed to make it safer. One person was due to go on holiday and we saw that there was a folder already prepared for staff to take with them which set out key information such as emergency contacts, missing person policy and a temperature probe to check on water temperatures if needed.

Accidents and incidents were logged and reflected on to identify whether the plan that was in place was followed and to identify any potential triggers. The manager told us that no restrictive practices such as restraint or the use of covert medication were in use or required at Crossways. Staff however had undertaken Studio III training which uses diversion or distraction techniques to help staff support people who can become distressed or exhibit behaviours which challenge .A member of staff told us, "We have worked here a long time and know the signs and get in early and defuse." This showed us that staff knew people well in order to prevent a difficult situation from arising.

Staffing levels were adequate and there were sufficient numbers of staff to keep people safe. On the day of our inspection the six people living in the service were being supported by two staff and the registered manager. We looked at the staffing rota for the previous month and saw that there were periods were the staffing levels were lower. The manager told us that these were covered by either the manager or the services own bank staff but some people stayed with relatives at weekends so the number of staff

correspondingly was lower. At night there was one sleep in member of staff and we were told that there was a clear lone worker policy. The staff we spoke to confirmed that these arrangements worked satisfactorily and that people generally slept well at night. There were vacancies for support staff but the manager told us that staff had been recruited and were in the process of going through the recruitment process.

The majority of recruitment records were at head office as they were being transferred over to an electronic format but one individual's records were on site and these evidenced that checks had been undertaken on the member of staff's suitability prior to them starting work. We saw identity checks, references and criminal records checks had been undertaken prior to the individual commencing employment.

Medication was managed safely. The manager told us that there were no recorded drug errors within the last 12 months. We saw that medication was securely stored and room temperatures monitored. The inspection was undertaken on a warm day and temperatures were near to the recommended levels but the manager said that they would continue to monitor this and look at ways to reduce the temperature.

People had medication profiles which listed what people were prescribed and outlined how they preferred to take their medication. We looked at the medication administration charts and saw that these had been completed fully by staff. We observed that checks were undertaken on medication at handover to ensure that stocks were accurate. We checked a sample of medication and saw that they tallied. Opening and use by dates were records on all creams and lotions and those we looked at were within the recommended use by dates. The supplying pharmacist had recently undertaken an audit of medication and the manager told us that this had been positive but it had been agreed that they would purchase a British National Formulary. This is an authoritative and practical guide on the selection and clinical use of medicines so that staff had documentation to consult if they needed to check on a medicine.

Good

Is the service effective?

Our findings

People felt understood and supported by staff. Relatives described staff as experienced and knowledgeable and were positive about the support that their relative received, although one said, "Some are better than others." The majority of the staff had worked at the service for many years and some were preparing to retire. Relatives were aware that there were going to be changes to the team but were optimistic that their relative would continue to be cared for well.

Staff told us that they had the training they needed to carry out their roles. One member of staff told us, "Everyone knows what they are doing." Another staff member said that there is lots of training, "Too much sometimes."

The manager showed us a training matrix which outlined details of which courses staff had completed. We saw that staff had completed training on medication, first aid and support for people whose behaviour was challenging. We saw that refresher training was provided on a rolling basis to ensure that skills were maintained. We saw that the majority of staff had completed National Vocational Qualification (NVQ) level 3. Bank staff confirmed that they had access to a range of training to ensure that they were working in a consistent way to the permanent staff.

We looked at the induction process for a new member of staff and saw that there was an induction process which staff had to complete which covered key areas such as, care planning and health and safety. Staff told us that they had worked on a supernumerary basis before working independently. The manager told us that all new staff would be expected to shadow a more experienced member of staff for a specific period and complete the care certificate which is a new nationally recognised set of minimum standards that new care staff have to complete.

Staff told us that they were well supported by the manager of the service who had an open door policy which meant that they could seek advice when needed. There were some gaps in the records of formal supervision but we saw that a deputy manager had recently been appointed and was due to commence a new programme of supervisions. The manager told us that they had recently commenced reflective meetings with staff to reflect on practice and yearly appraisals were undertaken.

We observed staff asking people for consent and offering choices as part of providing support. Staff told us that they had undertaken training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of the principles of consent. We saw that people were assumed to have consent and the manager showed us a range of tools which they used to support decision making around health. We saw individual recordings when consent had been requested such as for photographs .We saw examples of decisions which had been taken in the person's best interest and the processes and consultation staff had undertaken to ensure decisions were lawful. In one example we saw that an advocate had been used to support an individual.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of their responsibilities and told us that appropriate applications for DoLS had been made.

People were supported to have sufficient to eat and drink and maintain a balanced diet. We saw that there was a four week rolling menu in place and the manager told us that people in the service contributed to this. Care plans documented peoples preferences and we saw for example that one person did not like strong flavoured food and new food should only be introduced one at a time. Staff had a good awareness of healthy eating and we saw for example they were supporting one individual manage their consumption of fizzy drinks. We observed both lunch and the evening meal and saw that people ate well, the food was freshly cooked and looked nutritious.

People were supported to attend health care appointments such as with the optician, dentist and chiropodist. Each individual had an annual health check were areas such blood pressure and weight were checked. Individuals had a health action plan which set out the contact details of professionals who were supporting them and detail of how best to support and promote their wellbeing. Relatives we spoke with told us that they were kept up to date with changes in their relative's health and had confidence that the staff would seek advice in an emergency.

Good

Is the service caring?

Our findings

People and their relatives told us that this was a caring service. One relative told us that "Staff have a good understanding of my relative, it has all been very stable. [The staff] understands my relative's anxieties and triggers." Another relative told us that their relative was, "Happy there."

People had lived together at this service for many years and some of the staff had worked there in excess of ten years. These longstanding relationships contributed to staffs understanding of people. The interactions we observed between staff and people living in the service were relaxed and friendly. Staff communicated clearly and gave people the information and explanations that they needed to help them make decisions. There were systems in place to assist communication for example, one person had a board which they used to communicate and we saw that staff helped them to maintain a diary so that they knew which staff were coming on duty and what was happening, as this helped them feel more in control of their daily life.

We saw examples of kind and compassionate care. One person for example had been supported to visit a relative who was unwell and a pictorial guide was in place to help explain to the individual what was happening and the plan moving forward.

We saw that people's rooms had been personalised with pictures and other items which reflected their interests. One person had found it challenging sharing a communal space and we saw that a separate space had been set aside for them to use.

Staff were respectful and polite thanking people for their cooperation as they went about their duties. Staff were aware of peoples privacy and respected the fact that some people liked to spend time in their room. Locks were in place for those individuals who wished to keep their bedroom door locked. We observed staff knocking on people's doors and being generally aware of privacy as they went around the service. One person told us that staff had got the balance, "About right."

People were supported to maintain relationships with people who were important to them and a number of people spent weekends away with family members. Families told us that they were made to feel welcome and were invited to barbeques and their relative's birthday celebrations.

Keyworkers were in place and the families we spoke with knew who the keyworker was and told us that they were involved in purchasing items of clothing for their relatives and organising trips out.

There were systems in place to support people to express their views. One person for example told us that they had been helped to chair their own review and we saw that another person had an advocate. They were someone independent who could help individuals speak up and ensure that their interests were being met. We saw that one person had helped with the interview process for staff. Families told us about the recent partnership days where refreshments were provided and the trustees from the National Autistic Society were available for discussions about the service. Questionnaires had recently been sent out to people who used the service and relatives and we were told that the results would be collated by head office

and any areas identified would be the subject of an action plan so that the service could develop with their input.

Requires Improvement

Is the service responsive?

Our findings

Care plans were detailed and personalised. Information was included about what was important to the individual, their achievements and priorities for the next year. Where appropriate there were positive behaviour support plans which identified potential behaviours and provided staff with guidance on how to de-escalate. We observed staff following this plan when one individual began to become distressed.

However not all the staff we spoke to were aware of the contents of the care plan and one told us that although they contributed, the care plan was largely undertaken by the manager. Staff knew people well as they had worked at the service for some time but there was also some complacency and a lack of creatively. Our observations were that some routines were undertaken in a way that they had always been done which meant that peoples independence and choice was not always fully promoted.

For example we observed that staff prepared both main meals without assistance from the people living in the service. The evening meal was plated up and covered in gravy; people did not have opportunity to help themselves and decide on what and how much they wanted. We were unclear why people were not involved to different degrees depending on their needs and abilities. Staff told us that they knew what people wanted and liked but we were not assured that people always had autonomy and control. People ate their meal at the table but staff sat on the sofa and ate separately from trays which did not contribute to a homely feel. The manager told us that people had opportunity to cook and participate in activities such as baking but accepted that these were not daily occurrences. Planned support based upon daily living skills could bring consistency and meaningful quality to people's individual lives.

People were supported to access a range of activities. Individuals, who were able to make direct requests, had these met within the limitations of funding and availability of staff. One person told us, "It's a nice programme" and they were, "Pretty active". Some individuals did fewer activities than others and we were told that this was at their request. People largely attended activities in external venues and we saw that each individual had a daily activity programme which included some work placements and attendance at sheltered workshops. On the day of our visit we saw that two people went horse riding, another participated in a music session. We observed one individual hoovering then blowing bubbles in the garden. People had access to holidays and were accompanied by support staff.

Some of the families we spoke with told us that they would like their relatives to participate in wider range of activities and as well as having more one to one time. The manager told us that they were not currently funded for one to one hours for individuals but was speaking with local authorities about this as part of the review processes and was looking at staff deployment. However we noted that on the day of our visit there were two staff on duty but there was little engagement or activity with the people living in the service, who returned to their room when they had completed their formal activities. Staff we spoke with largely saw their role as transporting people to activities and preparing the evening meal. In the intervening period staff sat in the lounge.

People living in the service were encouraged to give feedback via a weekly meeting. As part of the inspection

we observed how the meeting worked in practice and noted that it was very brief and focused on what people would like to eat on the "choice night". Given that it was people's home we could not understand why people could not choose what they wanted to eat on a daily or weekly basis. The manager told us that some people do not like meetings but none the less we have agreed that more inventive and imaginative ways should be found to consult with people.

There was a complaints procedure and pictorial guide on display although some of the people living in the service would need support to access these. One person told us that they would be happy to raise concerns but another told us that they would get family support to do this. Relatives we spoke with expressed confidence that any concerns would be taken seriously. The manager told us that no formal complaints had been received since the last inspection, however a neighbour had raised an informal issue about a hedge which the manager said had been addressed to their satisfaction.

Good

Is the service well-led?

Our findings

Relatives expressed confidence in the manager of the service, one said, "The manager does a good job. " Another relative told us that the manager was trying to make changes at the service and they had confidence in them.

The manager had worked at the service for many years and was well known to people living there, staff and relatives. The manager also managed a nearby day care service and was supported in their day to day management by a deputy manager and senior staff. The manager was positive and open in their approach to the inspection. The areas that we identified as needing improvement were areas that the manager told us that they were aware of and had a plan to address. The plan included the development of staff skills, looking at staff deployment and recruiting new staff. The manager told us that they were committed to change and aware of the need to move the service forward which was also in line with the expectations of the National Autistic Society.

Staff told us that morale was, "Mostly good" there had been some issues with wages but they "Were getting over this." Staff told us that the manager was supportive and approachable and staff meetings were held on a regular basis. Reflective meetings were also undertaken with staff to reflect on practice and explore how situations could be managed differently. Appraisals were being undertaken with staff on a regular basis.

Handover meetings took place at shift changeover and we observed that key information was handed over to ensure that staff coming on duty had the information they needed. Out of hours there was an on call system which worked across the local area. The manager told us that managers undertaking on call had access to key information to enable them to respond in a consistent way.

The manager understood their responsibilities and had sent us the statutory notifications that were required to be submitted to us for any incidents or changes at the services. Records and other documentation was ordered and well organised which meant that information could be accessed promptly when needed.

There were systems in place to monitor the quality of the service and drive improvements. The manager undertook her own audits on areas such as medication, health and safety and care support and provided information to the provider on a regular basis. The service also was audited by the regional manager and managers from other similar services. Reports were available and where areas were identified as needing attention, actions plans were in place setting out the actions needed with a clear timescale. The manager showed us a copy of their service annual development plan which they were working on which brought together findings of the different audits.