Care Quality Commission

Autism Plus Limited

Dorothy House

Inspection report

186c Dodworth Road, Barnsley,
South Yorkshire, S70 6PD
Tel: 01226 291980

Date of inspection visit: 05 May 2015
Date of publication: 29/06/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out this inspection on 5 May 2015 and it was an announced inspection. This was the first inspection the service had had by Care Quality Commission, since opening in August 2014.

Dorothy House was registered on 14 August 2014. It is a new support service from Autism Plus for adults and young people with autism and learning disabilities. Based in Barnsley, it offers residential living/respite (short term care) for up to five people at one time and a support service for people living in the community. People who use the respite service or the support service are able to access the facilities at Dorothy House. The service offers tailored support packages along with en-suite bedrooms, activity rooms, a large kitchen and an outdoor space. On the day of our inspection, there was one person using the support service at Dorothy House and no one using the respite service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; “It’s great here. They look after me well.” “[The service] listen to what I say and more importantly, listen to what [family member, who used the service] says about the care they want”, “The staff are great. They’ve really helped [person who used the service] to build up confidence.” And “[The registered manager] is great. So approachable.”

People were protected from abuse and the service followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information for staff to provide person-centred care and support.

There were issues with repair and maintenance of the service. The registered manager and managing director told us they would contact the landlord of the property to discuss repairs that were outside of their remit, as tenants. However, there were also issues with the décor at the service.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Formal staff supervision had been carried out on a regular basis and annual appraisals had been completed yearly. Staff were up to date with their training requirements.

There were good, regular quality-monitoring systems carried out at the service. We saw that, where issues had been identified, the registered manager had taken (or was taking) steps to address and resolve them.

During our inspection, we found one breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not safe.

There were issues with the maintenance of the service, resulting in some areas of the service not being safe, including windows and doors.

People were protected from abuse and avoidable harm by sufficient numbers of staff being employed.

The service ensured risks to individuals were managed to protect people and their freedom. This included the safe management of medicines.

Requires improvement

Is the service effective?
The service was effective.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities, including knowledge around the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a well-balanced diet and the service ensured people had access to healthcare services, when required.

Good

Is the service caring?
The service was caring.

People were supported by staff who were kind and compassionate and who supported people to give their views of the service, care and support received.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People received care that was personalised and responsive to their needs. The service routinely listened to, and learned from people's experiences, concerns and complaints and encouraged feedback from people who used the service and their relatives.

Good

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

The service promoted a positive culture that was person-centred, open, inclusive and empowering. There was good management at the service, with management visible at all levels.

The service delivered high quality care and ensured this was maintained by regular, appropriate auditing.

Good

Dorothy House

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 checked whether the provider was 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 5 May 2015 and was announced. We gave the provider 48 hours notice of our inspection so we could ensure there would be people at the service on the day. The inspection was carried out by one adult social care inspector.

Prior to our inspection, we spoke with one stakeholder from the local authority, who told us they had no current concerns about Dorothy House. We also checked any previous notifications or concerns we had received about the service so that we could check these during our inspection.

During our inspection, we spoke with the managing director, the registered manager, two staff members and one person who was using the service. After our inspection, we spoke via telephone with the relatives of three people who used the service.

We looked at documents kept by the service including the care records of two people who used the service and the personnel records of two staff members. We also looked at records relating to the management and monitoring of the service.

Requires improvement

Is the service safe?

Our findings

We asked one person if they felt safe at the service and relatives of people who used the service if they felt their family members were safe at Dorothy House. Everyone we spoke with told us Dorothy House ensured people were safe, looked after and protected from abuse. One relative told us; "[Family member] is very safe at Dorothy House. They make sure they are protected and the garden is closed off so even if [family member] does go outside, they won't be able to run away or out onto a road." The person who used the service who we spoke with told us; "I feel really safe."

We asked the person who used the service if they felt they were able to speak with staff if they were worried about anything. The person told us; "Yes, I could talk to the staff if I was worried."

Relatives of people who used the service told us they felt they were enough staff at the service. One relative told us; "[Person] requires 2:1 support and there are always the staff there." One staff member we spoke with told us; "There's enough staff. We're overstaffed if anything but we do that to cater for people's anxieties. There is one person (who used the service) who had never spent a night away from home so on their first night here, we had one waking staff member and one sleeping staff member, just for extra support."

The relative of one person told us; "I'm a little uneasy about the front door. It has seen better days. There's just been a new lock put on it but I still don't think it's 100% safe. It needs replacing really, all the windows and doors do too."

We carried out a walk-around of the service on the morning of our inspection and found some issues with the maintenance of the premises. We found all bedrooms required redecoration, with gaps in paintwork and small cracks and holes in some plasterwork. We saw windows at the service were not in a good condition, with one bedroom window having a hole in the frame through to the outside. In one of the bathrooms we looked in, we found the skirting board and boxing-in of pipes had not been painted. The communal areas in the service also required redecoration, including a computer room and activities/art room. In a shower room in the communal part of the service, we saw there were cupboards used for storage that did not close and a toilet with a missing lid. In many of the communal rooms we looked in, there were no curtains up at windows and cobwebs on ceilings and around window frames. We spoke with the managing director and registered manager about this, who told us that, due to the property being rented, they were limited to the amount of work they could carry out on the property. The managing director and registered manager told us that, where they were able to, they would make improvements to the premises and contact the landlord regarding repairs and maintenance of the property. However, it is the provider's responsibility to ensure property, equipment and premises are maintained to keep people safe. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding of people at the service was well managed. We saw one safeguarding concern had been raised regarding a person's care and treatment at the service and actions were taken to ensure the concern was addressed and resolved. This included speaking with staff to ensure the same issue did not happen again. We had received a notification of this from the provider when the incident occurred. Staff we spoke with were able to explain to us how they kept people safe and the procedures to follow if they had any concerns of actual or suspected abuse. This demonstrated the service protected people from abuse and avoidable harm.

In care records we looked at, we found risks were managed appropriately and people and their relatives were involved in decisions about any risks they may have taken. For example, in one care record we looked at, we saw risk assessments were in place for areas including anxiety, challenging behaviour, epilepsy and mobility. These assessments had information relating to the level of risk and current controls in place. Risk assessments were signed and dated by staff. We also saw in each file a Personal Emergency Evacuation Plan (PEEP) that contained information for staff on what to do for each person in the event of an emergency. This meant the service ensured adequate risk assessments were in place and there were plans for dealing with emergencies.

We saw evidence of formal and informal communication methods used at the service. Daily logs and handover records were well maintained for each person who used the service and contained details of what the person had done that day and if any of the person's care plans required changes or updates. We saw that people who used the

Requires improvement

Is the service safe?

service contributed to these notes, with one person having written; “I have been swimming” in their daily log. The registered manager showed us evidence of regular contact they had with people and their relatives via email.

We looked at staffing rota’s and saw there were adequate levels of staff per shift, as required. We looked in the personnel files of two staff members and found adequate pre-employment checks had been carried out by the provider, including two reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the service followed safe recruitment practices to ensure the safety of people who used the service.

In care records we looked at, we saw care plans for medicines. These care plans contained details of the medicine name, dose and frequency of administration. We also saw details of how the person wished to receive their medicines. As Dorothy House operates as a respite (short term care) service, no medicines were kept at the service and were instead booked in and out when a person visited the service and left on a respite stay. We saw Medication Administration Records (MAR) were well maintained and signed by the administering staff member when medicines had been administered. The registered manager told us that no unlicensed (over-the-counter) medicines were administered by staff at the service. The medicines policy was adequate and in date, having been regularly reviewed. This meant the service ensured medicines were managed well so that people received them safely.

Good

Is the service effective?

Our findings

We asked one person who used the service and three relatives if they had been involved with care and support planning and assessments. Everyone we spoke with told us they had. The relative of one person who used the service told us; "[The service] listened to me about everything. They take everything on board." Another relative told us; "I am involved massively. They are coming to my house next week to let me know about progress since [family member] has started using the service. They keep me up to date and informed." Another relative we spoke with told us; "They always keep me informed about care planning. We are involved in reviews and everything. [Family member] has told them what they want and need and they have catered to those wants and needs."

We asked one person who used the service if they were able to partake in activities both at the service and in the local and wider community. The person told us they were. They said; "We go out sometimes. I like going for a walk in the park or something. Me and [staff member] have been to the park."

We checked staff personnel files to see if staff received adequate induction at the beginning of their employment at the service, ongoing training, regular, formal supervision and annual appraisals. We found that all staff members completed a six week induction on commencement of their employment, which included all mandatory and relevant training. This included safeguarding, manual handling, mental capacity and autism, which was carried out using a Care Certificate workbook. The Care Certificate is an element of the training and education that ensures staff are ready to practice within their specific sector. Although the Care Certificate is designed for staff new to care, it offers opportunities for existing staff to refresh or improve their knowledge. Refresher training courses were available for staff to undertake and training update requirements were met. The registered manager told us they sourced outside training opportunities from the local authority. We saw staff received regular, formal supervision in which discussions were had with the registered manager about training, improvements and goals. There were (at least) three and (at most) six supervisions carried out per staff member in a 12 month period. Annual appraisals were undertaken with all staff members, where items covered included targets, development and training. This demonstrated staff had the knowledge and skills they needed to carry out their roles effectively.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the service to be acting within MCA 2005 legislation. In one care record we looked at, we saw evidence that the person had a MCA assessment and DoLS authorisation in place, which had been approved by the relevant local authority team and was due for review after six months. We also found that best interest decisions had been made on the person's behalf with the input of the person's family and other relevant healthcare professionals. We spoke with one staff member about MCA 2005 and DoLS and they were able to explain to us what they meant for people who used the service. This demonstrated the service acted in line with the MCA 2005 and DoLS.

In care records we looked at, we saw people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice. For example, in one care record we looked at, we saw information regarding the person's diet and nutritional intake. This information stated; "[Person] needs support and encouragement to eat foods that are healthy and to drink sufficient fluids." We also saw information in this care record that demonstrated staff gave the person choice by presenting two options of food to the person and asking them to choose, so they were not overwhelmed by too much choice. We spoke with this person's relative, who told us; "They give [family member] a couple of choices because they can't deal with decisions very well. [Family member] always gets enough food and they're happy there." This demonstrated people were given choice and control over their diet and the foods they ate and were supported to eat, drink and maintain a balanced diet.

We saw people and their relatives were involved in regular reviews in monitoring their health and, where required, referrals were made to, and assistance sought from

Good

Is the service effective?

appropriate healthcare professionals whilst the person was using the service. This demonstrated the service supported people to maintain good health and have access to relevant healthcare services.

Good

Is the service caring?

Our findings

One person who used the service and relatives of people who used the service told us people were cared for and supported with kindness and respect. The relative of one person told us; "[My family member] is really happy there. Staff treat them so well. We (person's parents) have only ever been away for two nights but now, with Dorothy House, we are going away for three nights. The staff at the service have helped build [family member's] confidence for us to be able to do that."

We spoke with one person who used the service and asked if they felt they mattered and were listened to. The person told us; "They do listen to me all the time." They also told us; "I like it here. The staff listen to what I want to do."

We found the service promoted people's independence. One person who used the service told us; "They help me to do things for myself." They also told us; "They ask me what I want to do and if I need help with it."

One staff member we spoke with told us about people who used the service, their needs and preferences. For example, the staff member told us about one person who used the service who needed encouragement to eat a healthy, nutritional diet. They told us; "[Person] struggles with eating different foods so we have worked with [person's parent] to figure out what we can do to help. Now, when we go swimming or do an activity, we take certain snacks and offer them as we're walking so it's more informal but [person] doesn't really think about the fact that they are eating something different." This demonstrated staff knew people who they supported well and worked with families to ensure distress and anxieties were avoided in areas such as eating and drinking to effectively meet people's needs.

We looked at care records and found that people and their families, where appropriate, had been involved in making decisions and planning their own care. We saw evidence of people's input, which included details of people's preferences, likes and dislikes. For example, in one care record, we saw information detailing that the person liked to be left alone to lie on their bed when they became anxious. We found a 'person-centred plan' (PCP) in the care record that the person had helped to fill in. The PCP included details of people who the person felt were important in their life. However, we found this PCP had not been fully completed. We spoke with the registered manager about this, who told us they would ensure this was completed with the person on their next visit. We saw information in the care record stating the person liked swimming, DVD's and walking around school. This information was recorded both in words and using picture symbols as an 'easy-read' alternative.

The registered manager told us that, as a matter of routine, they did not give information to people about advocacy services that were available. An advocate is a person who speaks on behalf of another, when they are unable to do so for themselves. However, we saw in care records that relatives and healthcare professionals had been involved in care and support planning to ensure the person received care and support as they wished. We asked the registered manager about advocacy services that were available for people to use. The registered manager was able to tell us where they would source an advocate from and the role of Independent Mental Capacity Advocates (IMCA's). IMCAs seek to ascertain the views and beliefs of people and gather and evaluate all relevant information about that person. The IMCA then writes a report to help decision-makers, like doctors, reach decisions which are in the best interests of the person concerned.

We looked around the service and found there were locking mechanisms on the inside of all bathroom and toilet doors. We also saw that people's rooms all had a door that they were able to close. This meant people were given privacy when they needed it.

The registered manager carried out formal monthly observations of staff providing care and support to people. These observations addressed areas including; keeping people safe and healthy, listening to people and treating people with respect. If any actions were identified where staff needed to improve their practice, this was recorded and fed back to the staff member. This demonstrated the service ensured that staff understood, and put into practice, respecting people's privacy, dignity and human rights.

Good

Is the service responsive?

Our findings

One person who used the service and the relatives of people who used the service told us they knew how to complain, if they needed to and that they were provided with this information by the service. The relative of one person told us; "I know how to complain if I need to but there really is no need. It is the most comfortable I have felt in a long time. [My family member] used two other places for respite before but now we have Dorothy House, we wouldn't go back there. Dorothy House is perfect."

People and their relatives told us the service was responsive to their needs. One person who used the service told us; "Whatever I want or need, [staff] help with it." The relative of one person told us; "[My family member] has their needs met. If [family member] wants to do a certain activity or do something different, there's no question about it, [staff] would sort it."

We found care files contained details to demonstrate that people and their relatives, where appropriate, had been involved in assessments, planning and reviewing of their care. People and their relatives were able to give their views about what support they wanted from the service and the amount of support, to assist with their independence. We saw a "dreams and aspirations" notice board at the service that contained details of people's goals, including; 'look after my own pet', 'helping others', 'learn to drive', 'employment' and 'going on holiday'. This demonstrated the service ensured people were able to identify their goals and work towards them.

Care records we looked at contained details of how people would like to receive their care and support. This included personal histories, preferences and interests. We also saw people were supported to take part in activities they liked, such as swimming. We also saw a "good news" board at the service, where particular achievements of people were recorded. For example, we read; "[Person] is going to the gym", "[Person] has visited Barnsley fire station" and "[Person] passed their English college module". This meant the service supported people to follow their interests, take part in social activities and provide feedback and encouragement when goals and aspirations had been achieved.

The service had a 'sensory room' that people who used the service were able to use. Many people with an autism spectrum disorder (ASD) have difficulty processing everyday sensory information such as sounds, sights and smells. The sensory room contained items to assist people with their sensory needs, including a light projector, colour changing lamp, beanbags and a wall that items with different textures were glued to, such as pasta, fur and leaves. There was also a box in the sensory room that contained tactile items such as hand-squeeze eggs, fluff balls, a mirror tray, 'space blankets' and groan tubes. This meant the service catered for people with sensory needs and had made reasonable adjustments at the service to ensure this was possible.

We looked at the complaints and compliments file held at the service and found there had been one complaint made and five compliments. The complaint was regarding one person who used the service having an area of sore skin, on returning home from the service, after a short respite stay. The service carried out an investigation into this, spoke with staff, implemented action plans and updated care plans. This demonstrated the service acted on complaints made and ensured outcomes were mutually agreeable with both the provider and the complainant.

We asked the registered manager if complaints and compliments were used as an opportunity for learning and improvement at the service. The registered manager told us that, although no formal trend analysis of complaints and compliments had been undertaken specifically for the service, they looked at any complaints and compliments received themselves to ensure any recurring problematic areas could be addressed.

Good

Is the service well-led?

Our findings

One person who used the service and the relatives of people who used the service told us they felt able to speak with the registered manager at any time and felt they were involved in decisions made about the service. We spoke with the relatives of three people who used the service, who all told us the registered manager was approachable. One relative said; "[The registered manager] is great. I can easily speak to him." Another relative told us; "[The registered manager] is brilliant. So easy to talk to and just a nice person. He makes you feel really at ease." One person who used the service told us; "[The registered manager] is good. I can talk to him anytime."

We asked one person who used the service and relatives of people if there was anything that would improve the service. One person told us; "It could do with painting and redecorating." The relative of a person who used the service told us; "It is a little tired and needs freshening up. When [the provider] first got the building, it was a right state and they have done a lot of work on it but it definitely still needs a freshen up and a lick of paint."

Staff we spoke with told us they were actively involved in developing the service. One staff member we spoke with told us; "We always give suggestions for how to make things better. Obviously, loads more money would help but that's not possible but anything that we suggest that can be changed is."

We asked staff if they felt supported to question practice and raise concerns. One staff member we spoke with told us; "Yes. I actually did raise some concerns about a staff member to [the registered manager] and it was addressed and sorted." The staff member also told us; "[The registered manager] is really good. We can talk to him at any time and he is very supportive with us all [staff]." Concerns were documented in staff supervision notes, if appropriate.

We asked the registered manager how they ensured the day to day culture of the service was in line with the values of the service. The registered manager told us they ensured they were honest and fair in their management of staff. They told us they made themselves contactable and took ownership and accountability for the service. The registered manager also told us they spoke with staff during their supervisions about the service and how they felt to ensure the staff team were happy. They told us they operated an 'open door policy', where staff were able to come to their office and speak with them at any time.

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The registered manager, who was present on the day of our inspection had registered with CQC in August 2014, when the service had opened and had several year's experience working within the health and social care sector.

We looked at the audits carried out at the service. We found that an annual health and safety audit was carried out at the service. We also found assessments and audits of gas, electricity, water and fire were conducted and a control of substances hazardous to health (COSHH) assessment was completed for all chemicals and products used at the service. All electrical equipment had been Portable Appliance Tested (PAT). A monthly quality report was completed, looking at staffing levels, people who used the service, health and wellbeing, CQC, training, human resources and budgets. Other monthly audits that took place at the service included medicines and infection prevention and control. Any actions identified were recorded, dated and signed by the auditing staff member. The provider told us they ensured all actions were signed when they had been addressed and completed. This demonstrated the service had good auditing systems and identified areas that required attention or improvement.

We asked the registered manager if they had received any responses from 'quality assurance' surveys sent out. The registered manager showed us feedback forms that had been filled in by people when they had attended one of the coffee mornings held at the service. All feedback on these surveys was positive. We asked the registered manager how they ensured people were aware of how to contact the service if they had any feedback. The registered manager told us everyone who used the service and their relatives had contact details for the service and the registered manager. The registered manager showed us evidence of regular contact with people who used the service and their relatives through email. This demonstrated feedback was sought from people who used the service and their relatives and the registered manager made themselves contactable for any other feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 15.—(1) All premises and equipment used by the service provider must be— (a)clean, (b)secure, (c)suitable for the purpose for which they are being used, (d)properly used (e)properly maintained, and (f)appropriately located for the purpose for which they are being used. (2) The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.