

National Autistic Society (The) Greatwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: Greatwood House is a large detached bungalow situated in the extensive grounds of Somerset Court which is owned by the provider and has a number of other separately registered care services on site.. The home accommodates six people who have autism and complex support needs. Up to four people live in the main part of the home; two people live in two self-contained flats attached to the main house. People living at Greatwood House can access all other facilities on the Somerset Court site which include various day services.

At the time of our inspection there were five people living in the home; three people in the main house and both flats were occupied. The people we met had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements

People's experience of using this service: People were supported by a consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence.

The provider and senior staff had completed audits on the home to support quality checks. However, for some areas these had not been undertaken as required and had not prevented shortfalls in the quality of service provision. This was in respect of safe care and treatment and good governance.

Medicines were not always managed safely and measures to prevent infection control did not meet relevant guidance.

Care plans were personalised but did not always contain accurate and complete information. Corresponding records such as health action plans and hospital 'grab packs' contained different information and did not correlate.

There were sufficient staff to support people. Staff felt supported by the manager and the provider. Staff had received training to support their role however supervision had not taken place as frequently as required.

People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care. □

People enjoyed their meals and their dietary needs had been catered for. This information was detailed in their care plans. Staff were aware of people's routines and preferences and they used this information to develop positive relationships and deliver person centred care. Relatives told us that they felt people were well cared for by staff who treated them with respect and dignity. People participated in/enjoyed person

centred activities on offer and staff encouraged people to participate in things of interest to them.

The manager worked in partnership with health and care professionals and the local community. The provider had displayed the latest rating at the home and on the website. Statutory notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and good governance. Details of action we have asked the provider to take can be found at the end of this report. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that the quality of service required improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Greatwood House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a manager however they were new to the service and had not yet registered with the Care Quality Commission. When a manager is 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.

The inspection was unannounced and was carried out by one adult social care inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection we were able to meet with four people however they were unable to tell us verbally about their experiences of life at the home. We also spoke with the manager and other senior management staff, five relatives and five members of staff. We tracked the care and support provided to people and reviewed three care plans relating to this. We looked at records relating to the management of the home, such as the staffing rota, policies, recruitment records, training records, meeting minutes and audit reports. We also made observations of the care that people received.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The medicines management was not based on current best practice there was a risk that people may not receive their medicines as prescribed.
- Medicine administration records (MAR) were not completed appropriately to show when staff had given people their medicines. There were unexplained gaps and the correct codes were not recorded when medicine had been refused or not administered.
- Topical creams had not been dated on opening. This is important to ensure that medicines are not used beyond their expiry date.
- PRN protocols were not in place. PRN medicines often described as 'when required' medicines. A PRN protocol provides guidance as to how and when the medicine should be used and the correct dosage. This information ensures that the medicine is administered as intended by the prescribing doctor.
- People's medicine profiles were out of date and referred to medicines no longer prescribed. The profiles did not contain information about all current medicines.
- Staff had received training in medicine management. Following the concerns we raised the senior staff told us they would undertake a supervision around medicine administration and management with staff.

Preventing and controlling infection

- Overall the home was clean however there were poor infection control processes in place in the laundry.
- There was no dirty to clean flow in the laundry that prevented clean and dirty laundry from being in contact. There were gaps and cracks in the laundry flooring, which meant this could not be kept clean.
- Clean laundry had been stored on the same work surfaces where dirty laundry was handled.
- There was a sluice in the laundry fitted directly next to the worktops; there was no protection from splashing from the sluice.
- The sluice and laundry sink was covered in limescale, so could not easily be cleaned.
- A dust pan and brush used to clear the floor had been placed onto the laundry worktop and the worktops were not free from clutter.
- Staff were not following procedures for ensuring soiled laundry was washed separately in dissolvable bags.
- Staff told us they used protective equipment such as gloves but did not use aprons when assisting people with personal care or when carrying soiled laundry.
- All of the above issues increased the risk of cross contamination.
- Infection control audits did not meet the requirements of the Department of Health Guidance for Infection Control and Prevention as required in care homes.

These failures amount to a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Staffing levels

- We saw staff respond when people requested their support.
- There were enough staff to provide people with a safe level of care and support. However, staff and relatives said this had only recently improved. We were told in previous months there had been a period of high staff turnover and people had been unable to undertake activities of their choosing. Relatives said, "They have had a lot of staffing issues over the last few months but it appears to be getting better" and "Now that there are more staff [person's name] can get back into their activities."
- Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check helped ensure people barred from working with certain groups such as vulnerable adults would be identified.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce risks to people and guidance was regularly reviewed and updated.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Equipment was safe and well maintained.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place. Staff knew how to identify different types of abuse that could occur and were aware of how to report it and keep people safe. For example, one staff member said "I'm confident in speaking to the manager if I have any concerns and I know where the safeguarding phone numbers are if I had to report something."
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.

Learning lessons when things go wrong

- Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed.

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

People's outcomes were consistently good, and feedback confirmed this.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions had been considered and Mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions in the person's best interests. This process included professionals and people of importance to the person. We found that this had been applied consistently other than in one instance.
- Staff had received training in MCA and asked people for consent when providing support. One staff member commented, "I always ask [person's name] [when providing support] to make sure he is happy."
- DoLS applications had been made as required.

Staff skills, knowledge and experience

- Records demonstrated that staff had not received regular supervision. Regular supervision enables staff to maintain their skills, knowledge and on-going development.
- The provider required supervision to be undertaken with staff every six to eight weeks and a yearly appraisal. We looked at three staff files and the supervision matrix. None of the staff employed had received supervision as required. We have referred to this further in the Well Led section of this report.
- New staff received an induction when they began working at the service. This included orientation to the service and shadowing a more experienced staff member.
- Staff were provided with training and support to ensure they could provide people with the care they required. Additional training had been provided to meet people's specific needs including to support people with behaviours that challenged
- All staff we spoke with had received training in how to support people living with autism and they used this effectively when communicating with people.

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

- Assessments of people's needs had been undertaken before the person arrived at the service. Resulting care plans were detailed, expected outcomes were identified and care and support was reviewed. We did find however that reviews had not always taken place as expected and some documentation was out of date. There is further information about this in the Well Led section of this report.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their religion, diet and gender preferences for staff support. For example, one person was supported to attend Church.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to receive meals which met their choice and dietary requirements. Some people did not like healthy meal choices and staff tried to encourage them to try new healthy foods which they might prefer.
- People were supported to be independent. For example, one person had gained new skills and was able to make their own drinks and some meals. Their relative said "[Person's name] made me a hot chocolate when I visited, I was so surprised that [person's name] had learnt to do this."
- People ate at their own pace; most people chose to eat alone and this was respected. There was a communal dining room people could use if they wished to.

Staff providing consistent, effective, timely care

- Relatives were very positive about staff and told us referrals were made appropriately. One relative said [Person's name] is under a dietician, sees the doctor regularly about his [medical condition] and a dentist when he needs to. I'm happy with his care."
- Staff knowledge about people was good and professional advice provided was followed.
- Staff responded to people's health care needs. Staff had identified when a change in medicines had affected a person's behaviour and caused them to have upsetting incidents. Staff had requested a review of the person's medicines; this had resulted in the person's medicines being changed and fewer incidents.
- Individualised information packs called 'grab packs' were in place to accompany people should a hospital admission be necessary; we found however these did not correlate with information in people's care plans and health action plans. We have referred to this further in the Well Led section of this report.

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

- There was a planned approach to developing areas of the service. The provider had monitored the use of communal areas such as the dining and sensory rooms. These rooms were seldom used by some people and the provider was looking into how these areas could be adapted to better meet people's needs.
- People had chosen to personalise their rooms and flats with photographs, televisions artwork and items relating to their personal hobbies. We saw records that demonstrated that one person had chosen the paint colours for their bedroom.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We observed people were treated with kindness and relatives were positive about the staff's caring attitude. One relative said, "[Person's name] loves the staff and that's because of how they treat him."
- Staff had developed positive relationships with people. One staff member said "Me and [person's name] have been matched; I'm his keyworker. It works because we enjoy similar things and bring out the best in each other."
- We observed staff were kind and compassionate, showed they had formed a strong relationship with people and knew them well. We observed warm interactions and comfort was provided when people appeared upset or anxious. One staff member said, "It's our job to make sure that the support we provide is personal to them [people] and gives them a better lifestyle and freedom of choice."

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

- People and relatives were consulted about their care. Care plans were being reviewed and relatives confirmed they had been invited to attend. We also saw that one person had written in their own care plan expressing their preferences.
- Staff explained to people what they were about to do and asked for their opinion. For example, when assisting a person to prepare for the day ahead, we heard staff explain to the person that they were going out and then what they would be doing at lunch time. The staff member asked the person if they were happy with this and the person responded positively.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and the staff were committed to provide the best possible care for people. One relative said "[Person's name] never looks like he lives in a care home. The staff particularly [staff name] always makes sure [person's name] looks stylish and is dressed in clothes that reflect his age. [Person's name] wouldn't stand out as having learning disabilities if you saw him. Which I think is important to him."
- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care. One staff member said, "I always put my gloves on and am ready to help [person's name] shower but I stand back and let him have space to shower and just offer encouragement to make sure he washes properly. I stay outside to give him privacy."
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome. We were also told that internet video calling was used for some relatives to maintain contact from a long distance.
- People were supported in promoting their independence. One relative said "[Person's name] is in his [older age] and they're [staff] always getting him into trying new things."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- Care plans were person centred and were detailed enough to ensure that staff could provide personalised care that enabled people's routines and preferences.
- Staff were knowledgeable about people and their needs. Staff knew how to communicate with people. Staff ensured they used their knowledge about people when giving choices, particularly where people were unable to communicate verbally. We saw staff using hand gestures and words that had particular significance for the person and aided their understanding.
- Relatives felt the staff were responsive. One said "[Staff name] treats [person's name] with great positivity. On occasion when [person's name] has started to withdraw and become anxious, [staff name] has introduced new activities to keep him occupied."
- People engaged in activities of their choosing. Each person had their own activities schedule. We saw people took part in activities such as woodwork, arts and crafts, yoga, cinema and bowling.

Improving care quality in response to complaints or concerns

- None of the people we met had made a complaint or raised a concern, however the formal reporting process meant that this would be difficult for them given their learning disabilities.
- Staff told us that they knew when people were unhappy about something or with someone as their behaviour or body language changed. Staff said they would try to resolve the issue there and then. These occasions were not recorded. It is good practice to record informal complaints to ensure that any recurring themes are identified and dealt with.
- Relatives we spoke with were confident that if they did make a complaint it would be dealt with quickly. We saw that any complaints made had been investigated and addressed providing the complainant with a formal response.

End of life care and support

- Within the care plans there was some information in relation to end of life care. However most people using the service did not have the mental capacity to understand this. Therefore the service had sought the views of their relatives to be included in care plans.

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

Service management and leadership systems did not always support the delivery of high-quality, person centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- In the last year there had been a period of instability during which time there had not been a permanent manager in place. Additionally there had been a high staff turnover. During this time the quality assurance systems used by the provider had not ensured that sufficient management resources were put into place to prevent shortfalls in the quality of service. Although a new manager had recently been employed there were still shortfalls that required attention.
- Medicines had not been managed safely. Monthly medicine audits to ensure safe provision had not been undertaken since June 2018.
- Infection control audits had not been undertaken to the standard required; they did not cover the laundry in the detail required and therefore had not picked up on the shortfalls identified.
- Care plans, health action plans and 'grab packs contained conflicting information. People's records were not always up to date. There was also a failure to identify recording errors and omissions in the care records. We saw records which were incomplete and incorrect. The absence of a robust governance system to ensure records were up to date and correct exposed people to risks of unsafe or inappropriate care or treatment.
- Information was not always provided in a format to support people's needs. Not all people had a care plan they could access. This is a requirement by the Accessible Information Standard.
- Staff supervision had not been undertaken. We were told by senior staff that during the period the management had not been stable, staff supervision had been 'put off'. This was in order to deal with the day to day issues that were occurring with staffing and a number of safeguarding incidents. Staff told us that they had not always felt supported during this time and that a number of staff had left as a result. Supervision would have given staff an opportunity to raise their individual concerns.

These failures amount to a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff

- The home had a calm atmosphere and was welcoming and friendly. On the day of the inspection we regularly heard and saw staff and the manager engaging with people in a pleasant and informative manner.
- People and relatives had regular meetings. We saw that items raised had been actioned. For example, outside activities and person-centred holidays were under discussion for the year ahead.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us they felt listened to and that the manager and provider were approachable. One staff member said "The managers are very supportive even the senior managers understand our role."
- Staff told us and we saw records to show they had regular team meetings. Staff said they worked well together as a team. One staff member said "We [staff] have a very good bond. We're very supportive of each other and we work together to help people achieve the best life they can."
- The provider and manager held individual and group meetings with people and relatives to review the running of the home.

Working in partnership with others.

- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. People attended day services and groups outside of the service.
- Statutory notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. Statutory Notifications had been made as required.

Continuous learning and improving care

- The senior staff positively encouraged feedback and acted on it to continuously improve the service, for example the environment of the home. One relative told us they had suggestions about a person's room. We saw that work was being planned to take the suggestions into account.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against the risks associated with unsafe medicine management.</p> <p>The provider did not meet the requirements of the Department of Health Guidance for Infection Control and Prevention as required in care homes.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance systems used by the provider had not ensured that sufficient resources were put into place to prevent shortfalls in the quality of service.</p> <p>The absence of a robust governance system to ensure records were up to date and correct exposed people to risks of unsafe or inappropriate care or treatment.</p>