Autism Care UK (2) Limited

Rother Heights

Inspection report

Rother Crescent
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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

We inspected Rother Heights on 12 October 2017, the inspection was unannounced. The service was last inspected in September 2015 when it was rated as 'good'. Although the effective domain was rated as 'requires improvement' as we found some issues with staff supervision and training. At this inspection we found the service remained 'Good' and improvements had been made to the effective domain

Rother Heights provides accommodation for up to 28 people and specialises in care for people with autism. The service is a purpose built complex comprising of four bungalows and an administration block. Each bungalow has six single bedrooms with en-suite facilities. There are also two other houses nearby which can each accommodate up to two people.

There was a registered manager employed at the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for the day to day control of the service.

People continued to receive care and support from staff who understood how to keep them safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe. Staff were available to meet people's needs and understood how to best support people and the risks to their well-being. People were supported by staff to have their medicines as prescribed and checks were made to ensure staff supported people with their medicines appropriately.

People received effective care and support from staff that had the skills to meet their individual needs. Staff were supported by the management team through regular supervisions and staff meetings. Staff understood they could only care for and support people who consented to being cared for and throughout the inspection we saw people supported to communicate their choices. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have a balanced diet. People were involved in decisions about what they ate. Staff monitored people's nutritional needs to help them stay healthy. Risks to people with complex eating and drinking needs were identified and monitored. We saw people were encouraged to be involved in the preparation of food and drinks. Staff responded when people were unwell and arranged appropriate healthcare appointments in support of people's well-being.

People continued to receive support from caring staff who treated them with dignity and respect. We saw people were happy in the company of staff, who they looked to for support and reassurance when needed. People were involved in how their care and support was received and their choices were respected by staff.

The service remained responsive. Staff provided care that took account of people's individual needs and

preferences. People and their relatives were listened to and felt confident they could raise any issues should the need arise and action would be taken.

There was a culture of openness, inclusivity and empowerment which was promoted by staff. Clear visions and values were understood and promoted by staff to make sure people received care and support in a dignified, respectful and compassionate way. Robust auditing processes were in place to check the quality and safety of the service provided. The registered manager had submitted notifications about important events that happened to CQC in an appropriate and timely manner and in line with guidance.

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 remains Good.

Is the service effective?

Good

The service was effective.

People were supported by staff who had completed an induction and training to provide effective care.

Staff received regular supervision.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 so people's rights were protected.

People received food and drink which met their nutritional needs and were supported to access to healthcare services when needed.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Rother Heights

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 12 October 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the 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 used this information to plan the inspection.

Not everyone who lived at the service was able to verbally communicate due to their healthcare needs. During the inspection we spent time with four people who lived at Rother Heights and spoke with one person. We also received feedback from two relatives and three external professionals who had experience of the service following the inspection. We looked around the premises and observed care practices on the day of our visit.

We reviewed six people's care records including their medicines administration records. We looked at five staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Good

Is the service safe?

Our findings

At the last inspection in September 2015 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The majority of people we saw at the home had limited verbal communication but we observed staff supported people with a range of communication aids, including interpreting people's body language to help meet their needs and wishes. People welcomed us into their home and appeared happy living at Rother Heights. A relative we spoke with told us, "I am in no doubt that people are safe at Rother Heights, it's a great place."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member said, "I'd report any concerns immediately, no question." Another staff member told us, "I have absolute confidence that anything reported would be dealt with by the registered manager and referred to safeguarding and the local authority." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "I know I can report concerns outside of the organisation. It's called whistleblowing."

There was a system in place to identify risks and protect people from harm. Risk assessments and management plans were in place which provided staff with the information they needed to provide care in the safest possible way. Staff knew about the risks associated with people's care needs and the actions they needed to take to keep people safe. These included risk assessments for choking, falls, nutrition and moving and handling.

People were supported by sufficient numbers of trained staff who knew them and their preferences well. Staff told us there were always enough staff on each shift to provide people with the care and support they needed. Staffing was planned around people's activities and appointments. The registered manager kept the staffing levels under review and had contingency plans to cover in the event of sickness or unplanned absence. The staff duty rota showed there were consistent numbers of staff on duty during the day and night. During the inspection staff had time to spend with people and they did not appear rushed.

Staff were recruited through a robust recruitment process in which the provider completed a range of pre-employment checks before staff started work at the service. This included staff completing an application form, undertaking a disclosure and barring check (DBS) and taking up a minimum of two references. A DBS check provides information about any criminal convictions a person may have.

People's medicines were stored securely in a locked cupboard. There were appropriate storage facilities available for medicines that required stricter controls. Most Medicines Administration Records (MAR) were completed appropriately. Some MAR's had not had the number of medicines carried forward recorded. This

could make it difficult to check if stock levels were correct. The registered manager told us this would be addressed in individual staff supervision immediately. We checked the number of medicines in stock for seven people against the number recorded on the MAR and saw these tallied. Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these medicines.

Good

Is the service effective?

Our findings

At our previous inspection this domain was rated as 'requires improvement'. This was because staff training and supervision was not always up to date. At this inspection visit we found improvements had been made. The rating has changed to 'good'.

People were supported by skilled staff with a good understanding of their needs. Staff talked about people knowledgeably and we observed people being supported according to their individual needs and preferences. People had allocated key workers who worked closely with them to help ensure they received consistent care and support. Relatives told us staff knew people well. One commented, "The staff are fantastic, very professional indeed."

New staff completed an induction when they started working at the service. Part of this was a corporate introduction into the policies, processes and expectations of the provider. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff told us they shadowed experienced colleagues to get to know people, their needs, preferences and routines.

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training included basic, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, health and safety, fire safety, safeguarding adults, medicines, manual handling, and nutrition and hydration. One staff member told us, "Training is plentiful and always good." Another staff member said, "It is on-going, and I have learnt a lot which I can put into practice."

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 interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Mental capacity assessments had been carried out appropriately. DoLS applications had been made for people and appropriate notifications had been sent for authorised restrictions; the service was awaiting the outcome of some applications from the local authority.

We heard staff offering people choices and gaining consent from them throughout the day. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. We saw that people could access all shared areas of the home when they wanted to. Observations showed people going

back and forth to their bedrooms, the lounge, kitchen, and dining room. People could visit the local community with support from the staff. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People had access to a varied and healthy diet. Some people required a specialist diet due to their health needs and we saw detailed records and menu plans for people. We found healthy snacks were readily accessible. People were supported to choose what they ate and care plans recorded people's likes and dislikes regarding food. One staff member told us, "One person has to watch their weight, so whilst we respect choice we always try to prepare food in the healthiest way possible." A relative said, "The food always appears of good quality."

People were supported to attend medical appointments in support of their wellbeing. One relative told us when their family member had been unwell a medical appointment was made immediately to seek advice, they told us, "Staff acted very quickly and kept me informed. I'm delighted with them." Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

The design and layout of the service was suitable for people's needs. The premises and grounds were designed and adapted so that people could move around and be as independent as possible. There was good wheelchair access throughout.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We were unable to communicate verbally with the majority of people who lived at the home. We observed staff to be kind to people and to take their time when communicating with people so they could understand what support people required. A healthcare professional told us, "In my experience, the people who live at Rother Heights are well cared for and supported to have as fulfilling life as possible."

People appeared comfortable with staff and spending time talking and engaging in activities with them. Relatives described staff as dedicated, caring, knowledgeable, friendly and kind. One relative told us, "The staff are fantastic, I can't praise them highly enough." Staff were attentive and showed people patience and respect. The registered manager told us, "We work in a person centred way and our staff are committed to the people they support."

Staff spoke knowledgeably about people and told us how they preferred their care and support to be given, which showed they knew them well. We observed that staff spoke with people in a respectful manner and always made eye contact with them. For example we saw one person who was being assisted to eat by a staff member. We saw that the staff member made this a positive and fun experience for this person with lots of smiles and laughter.

Staff understood the importance of preserving people's dignity, independence, privacy and choices. Staff were provided with guidance on how people's rights were respected in their care plans. One staff member told us, "It's important not to take over and always check if the person can or will do it themselves." A staff member said, "We do a lot of personal care so preserving dignity is vital."

People were supported to maintain contact with family and friends. People's loved ones were able to visit when they wanted and there were no restrictions on this. The home was spacious and allowed people to spend time on their own or in communal areas. Staff respected people's choices. People's rooms were clean, tidy and bright. People with the support of their families were encouraged to choose how they wanted their room decorated and furnished and they were individual to each person. People's rooms were full of photographs and treasured possessions to make them homely.

We heard about the wide range of activities and holidays people had taken and saw photographs of the experiences people had. Relatives also expressed their pleasure about this aspect of the service. Comments included, "The service is very active in getting people out and about. From trips to the shops to more organised days out to the coast, I like the fact that they get out and do things with their time rather than just sitting inside." People were also supported to have access to advocacy services that are able to support and speak on behalf of people if required.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and staff were as responsive to people's needs as they were during the previous inspection. The rating continues to be 'good'.

Before admission to the service an assessment was undertaken to assess whether the service could meet the person's needs. The registered manager or area manager met with them and their representatives to talk about their needs and wishes. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person required. The registered manager told us that people were able to visit the service for 'orientation visits' to meet the other people living at Rother Heights and to meet the staff. One relative said, "We were able to look around and meet everyone concerned. It helped to answer any questions we had."

People's care plans were an accurate reflection of people's choices and centred on them as an individual. Each person had their needs, preferences and wishes clearly documented. These were written in an easy to read format which included pictures. Care plans were updated regularly and when people's needs changed. Each person had an annual review with the people who were important to them. Records of the review covered all aspects of their lifestyle, health and wellbeing.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative in order to keep staff informed. One staff member told us, "We also keep up to date with any changes because we have a good handover when we come on shift and read the communication book."

People were supported to follow their interests and take part in social activities. Regular activities were planned inside the service and people were frequently supported to take part in external activities. Staff told us there had been many trips out. We saw people enjoying their trips in photographs which were incorporated into their care plans and displayed in the service. These activities included, picnics, baking, go-karting and horse riding as well as trips to the coast.

People and their family members were asked for feedback on the service. Staff were also able to give feedback at team meetings. A relative we spoke with told us families were encouraged to be involved in important meetings affecting their family member's care. They told us it was important that they were consulted and contributed to the process and also to understand their family member's changing care needs.

The provider had a complaints process in place should anyone need to record any complaints. We saw information on how to complain was available to people in suitable formats for people living at the home. Relatives we spoke told us that had not had reason to complain but felt able to speak openly to staff and were assured action would be taken if needed. One relative said, "I have full confidence that any concerns

raised would be dealt with appropriately." The provider collated information on complaints received across all services to share learning and good practice across their homes.

Good

Is the service well-led?

Our findings

At our previous inspection we found the home and staff was well-led, and at this inspection it continued to be. The rating continues to be 'good'.

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. One relative said, "The door is always open to the manager if I want to speak to them."

People knew each other and staff well. A board displaying photographs of the staff on duty was displayed in the building. There was a culture of openness, inclusivity and empowerment which was promoted by staff. The registered manager and staff spoke with each other and with people in a kind and respectful way. People were involved in making decisions about how the service was run.

Some people had lived at the service for a long time and had built strong relationships with staff. People looked very relaxed in the company of each other and of the staff. People smiled and laughed with staff. There was a happy and inclusive atmosphere at Rother Heights.

The registered manager was in control of the service day-to-day and had good oversight of the service. There was a clear staff and management structure which staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by people using the service and the registered manager. Each building had a house manager who demonstrated an extensive knowledge of people living at the home, and advised staff on people's care needs where necessary. They worked alongside staff regularly, and this meant they were aware of the challenges faced by staff and make sure staff felt well supported and confident. One member of staff told us the management team were approachable and available when they needed them. They said, "We can speak openly and honestly in meetings." Although, another staff member told us that they thought team meetings were irregular and that a turnover of senior staff did not provide consistency. The registered manager told us there had been a recent management appointment which would provide stability. We saw team meeting minutes which demonstrated they happened with some frequency.

The provider had systems in place to assess and monitor the quality of the service. The manager and the senior care staff completed regular audits and took appropriate action to rectify any shortfalls in a timely way. The provider also had a central audit team which conducted a periodic inspection of Rother Heights. A report and action plan was produced to address an issues identified. Most issues were rectified immediately, others had to be planned and budgeted for, such as replacing kitchen worktops.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up to date. People's confidentiality was protected because the records were securely stored and only

accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to review the notifications and decide whether any action was needed on their part.