

Autism Anglia

# Bourne House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 2 and 3 March 2016 and was unannounced.

Bourne House provides residential and personal care support for up to four people living with autism. There were four people living at the service on the day of our inspection.

There was a registered manager. 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.

The safety of people who used the service was taken seriously. The registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were processes in place to ensure people's safety, including risk assessments with guidance for staff with actions to take to safeguard people from the risk of harm. These identified how the risks to people's safety were minimised and ensured people's human rights to choice and freedom were safeguarded.

Medicines were stored in a safe place. Staff had been trained to administer medicines. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers to provide care and support according to people's assessed needs. Care staff were trained and supported to meet people's individual needs. There was a consistent team of skilled staff who had developed good relationships with the people they cared for. People and relatives valued the relationship they had with the management team and told us they found them approachable and supportive.

Staff were kind, caring and there were systems in place to ensure that people's rights to respect, privacy and dignity were promoted and respected.

People and or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was flexible and responded positively to people's requests about their care and how it should be provided.

The service was committed to providing personalised care and ensured that people using the service were consulted about how they lived their everyday lives. People were supported to access holidays and activities according to their personal choice and preferences.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective

leadership to the service and enabled people to air their views through care reviews, meetings and their involvement in the recruitment of new staff. However, there were no formal quality and safety audits carried out by the manager and monthly regional manager audits were sporadic and none evidenced as carried out since April 2015. This meant that there were no regular quality and safety audits carried out by the provider which would identify any shortfalls in delivery of the quality or safety of the service, and neither actions planned with timescales to evidence planning for continuous improvement of the service.

## 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 because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

### Is the service effective?

Good ●

The service was effective. Staff were highly motivated, well trained and effectively supported.

Staff had been trained to understand their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to healthcare support they required according to their needs.

### Is the service caring?

Good ●

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on with all aspects of their care and welfare. People's opinions were listened to and acted upon.

### Is the service responsive?

Good ●

The service was responsive because people were involved in the planning and review of care and support needs.

People were supported to live life to the full and to follow their

interest and hobbies.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

**Is the service well-led?**

The service was well led. However, the provider did not carry out any formal quality and safety management monitoring of the service on a regular basis. This meant that they did not have a formal system for analysing shortfalls with identified action plans which would evidence any planning towards continuous improvement of the service.

The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved in developing the service.

Staff understood their roles and responsibilities and were supported well by the management team.

**Requires Improvement** 

# Bourne 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 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 the 2 and 3 March 2016 and was unannounced.

This inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, this included the review of statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with one person who used the service and who was partially able to talk with us. We also spoke with two relatives.

We looked at records in relation to the four people using the service. We spoke with three members of staff and the registered manager.

We looked at records relating to the management of medicines and systems for monitoring the quality and safety of the service. We also visited as part of our inspection the provider's head office to review staff recruitment files as these were not held within the provider's registered locations. We also spent time talking with the provider's human resources manager as part of our review of the providers recruitment system and processes.

# Is the service safe?

## Our findings

Care staff had been provided with training in safeguarding people from avoidable harm and potential abuse as part of their induction. They provided us with examples of the different types of abuse which could occur, and what action they would take to ensure people's safety by reporting their concerns to their manager.

Where staff had identified concerns with regards to people's safety and wellbeing, appropriate action was taken to contact other health and social care professionals to support people's wellbeing and protect them from the risk of harm. For example, we saw evidence of the manager's response to identified safeguarding concerns with relevant referrals made to the local safeguarding authority for their investigation.

The provider had taken the responsibility for safeguarding people's finances for everyday expenses. We saw that processes were in place to safeguard people from the risk of financial abuse.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advice when required.

Staff and relatives told us that the staffing levels were sufficient to meet people's needs. Staff told us that the established staff team provided additional cover when required to cover for staff absences. This meant that care for people was consistent. One relative told us, "Staff support is provided from within the staff group. This is important as you know people with autism do not always cope well with change and the staff know this. We have been reassured with how they provide staff to the home."

People's medicines were stored and managed safely. Staff who handled medicines had been provided with training. We saw that records were maintained which described medicines prescribed and the medical conditions these were prescribed for. Medication administration charts (MAR) were in place for recording medicines when administered. There were clear arrangements in place for the use of as and when required medicines (PRN). We also saw that the use of homely remedies had been agreed with the individuals GP. However, it was agreed that the carried forward amounts from one month's cycle to another should be recorded on the MAR chart to improve auditing.

As part of our inspection we visited the provider's head office to review staff recruitment files as these were not held within the provider's registered locations. During this visit we spent time talking with the human resources manager regarding the providers recruitment system and processes. The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of either an application form or submission of curriculum vitae (CV), a formal interview, previous employer references obtained, identification and criminal records checks. Gaps in previous employment were identified and reasons for this explored. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support.

## Is the service effective?

### Our findings

Staff had received a variety of training relevant to their roles and responsibilities. This included training in autism awareness. This enabled staff to understand the needs of people with autism which included guidance on the use of appropriate methods of communication. We saw that people's communication needs had been assessed and guidance provided for staff in care plans describing how best to support a person with limited ability to communicate verbally. Staff used a range of methods to communicate with individuals and ascertain their views. For example, with the use of pictorial prompts for ascertaining people's views as to their food likes and dislikes in planning weekly menus and choice of leisure activities.

One relative told us, "The staff have the right skills to meet the needs of people with autism. They just know and understand the complex communication needs of people and the issues to be aware of. They are very good."

People received their care from staff who had been appropriately supported. One newly appointed member of staff within the last year told us they had been provided with a programme of induction including formal training and opportunities to shadow other staff. This they told us supported them to grow in confidence and become familiar with people's care and support needs before they worked alone.

Staff received support through one to one supervision support meetings and regular staff meetings. These provided opportunities to monitor staff performance and support planning for staff development and identification of individuals training needs. One member of staff told us, "We receive good training and we are competency assessed on medicines administration." Another told us, "We have supervision fairly regularly but we also have lots of informal discussions on a daily basis."

Staff understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected. Staff received training and support to enable them to meet the needs of the individuals they supported. Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their understanding of people's needs and the importance of protecting people's human rights and obtaining their consent with regards to the care and support provided. People's care records provided information on their capacity to make decisions about their everyday lives and how their care and support was to be provided.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for management reference.

People were supported to maintain good health and have access to healthcare services. People had been supported to access annual health checks. Relatives told us they were regularly updated with any changes

to their relative's health care needs and advised of any concerns.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced for each person which described their health care needs and how best to support each person. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately. In the event of a person requiring hospital admission, a health passport document had been produced, this would accompany the person with important information about their care and communication support needs.

Care staff understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where concerns had been identified, the relevant health professionals had been contacted. This included access to GP's, psychologists and specialist speech and language therapy. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. Weekly menu plans recorded people's choice and when they had reviewed their options and changed their menu according to personal taste. People were supported to maintain as much independence as possible and were encouraged to be involved in food preparation and cooking. One relative told us, "They know [relative] loves to cook and they support them to do this." Dietary requirements were noted within people's care and support plans. People were referred for specialist dietary advice when this was required.

## Is the service caring?

### Our findings

We observed people to be at ease and comfortable when staff were present. The atmosphere was relaxed, warm and friendly. It was noted that staff were not rushed in their interactions with people. People were treated with warmth, kindness and staff had time to chat. The one person we spoke with told us, "I like all the staff. They are all nice to me." One relative told us, "I have not had any concerns about any of the staff. They all appear to be kind and caring of people."

The living environment was appropriate to the particular lifestyles and needs of the people living in the service. The environment was homely, clean, safe and comfortable. People's rooms had been decorated according to their personal choice and taste. People had their personal possessions with them. People's wishes and choices were supported and respected and people were encouraged to be as independent as possible with how they spent their time and lived their daily lives.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People had been involved in planning and review of their care. This included what activities they chose to be involved in. Care plans described how people chose to spend their day. One relative told us, "[our relative] has made so much progress since they moved to Bourne House. They consult with us and [relative] we feel involved in their care and this is important to us."

We observed people to be treated with dignity and people's privacy was respected by staff. For example, in the manner in which staff talked with people and respected their personal space by knocking on the doors of their room and waiting to be invited before entering. Relatives told us that people were respected as individuals and care provided according to individual needs, wishes and choices.

People's personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family, friends and the local community.

## Is the service responsive?

### Our findings

Care staff had a good insight into people's wishes, preferences and needs. The registered manager was also knowledgeable and spent time with people on a regular basis, which gave them insight and up to date knowledge of people's care and support needs.

Care plans were detailed and informative. These provided staff with the guidance they needed, setting out people's choices and preferences and provided a clear picture of how each person wished to receive their care and support. Staff had been provided with guidance as to each person's likes, dislikes and what action to take, if they became distressed by situations and or others.

Care staff told us that people's care and support plans provided them with the information that they needed to support people in the way that they preferred. Care and support plans were regularly reviewed and updated to reflect people's current care and support needs. They also told us that people's needs were regularly discussed and any updates communicated at daily handover meetings.

People's diverse needs, such as how they communicated were described in care plans in great detail. Multi-disciplinary meetings involving those responsible for the overall care and support of people were held on a regular basis to discuss people's changing needs and update care plans to reflect people's changing needs. However, we noted that further work was needed to evidence that people's long term goals and aspirations had been assessed and planning in place to work towards achieving these goals. We discussed this with the manager who recognised this was an area for development and planned to take this forward with staff for discussion and action.

People told us they were supported to follow their own interests. Staff supported people to go on holiday to a place of their choosing and with activities which enabled them to develop their educational, social and independent living skills. We noted there was a pictorial programme of planned, personalised activities on display. This showed us that people had a full range of personalised activities available which included regular access to the community. Staff also supported people to learn skills. For example, with food preparation, choosing their weekly shopping, menu planning and access to learning opportunities such as cooking, arts and crafts. One relative told us, "[our relative] is well supported with a good range of activities. They are good at knowing what each person likes to do and they think of [relative] when they plan outings knowing their love of star wars, likes and dislikes." Another told us, "The care is very personalised. The staff go out of their way to ensure people are content with their lives."

None of the people we spoke with had any complaints about the service. The registered manager told us they had not received any formal complaints within the last year. We saw the provider had a complaints policy which detailed the procedure for logging a complaint and was available for people to view. Relatives told us if they had any concerns they would not hesitate to speak with staff and the manager. One relative told us, "we had an issue we were concerned about some time ago and it was sorted out, promptly, no problem. They are very good there and we are very happy with the service."

## Is the service well-led?

### Our findings

The manager was registered with the Care Quality Commission (CQC) to manage two services. Staff told us the manager was supportive and spread their time evenly across the services to support staff and the people who used the service.

Staff morale was positive. Staff told us they worked well together as a team. The culture of the service was centred on meeting people's personalised needs. Staff told us there was an open, transparent culture where issues were openly discussed and the focus was always on the needs of people who used the service.

People and staff were positive about the management of the service. Relatives told us, "It is a very homely place, you feel at home straight away when you visit." "The management is good and we always feel we can talk about any concerns we might have."

Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities, as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns and enabling in support of their personal development.

There were clear communication systems in place such as handover meetings and communication books for passing messages from one shift to another. The provider had systems in place to support staff and monitor performance such as, supervision and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. Staff and relatives told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards.

However, there were no formal quality and safety audits carried out by the manager and regional manager audits were sporadic. We noted that the last monthly regional manager audit was last carried out in April 2015 where a management review of care planning was conducted. This meant that there had been no formal quality and safety audit carried out by the provider for 11 months. This did not reassure us that there were systems in place which would evidence identification of any shortfalls, with planning for improvements with action plans with timescales in place to evidence planning for continuous improvement of the service.