

Education and Services for People with Autism Limited

The Hermitage

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?	Good ●

Summary of findings

Overall summary

About the service

The Hermitage is a residential care home providing personal care for up to 7 people living with a learning disability and/or autism. At the time of this inspection there were 7 people living in the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

People were happy and content living in the home. They received person-centred care where they were at the heart and focus of the support provided to achieve positive outcomes.

Right Support

The provider supported and encouraged people to be as independent as possible. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. People had a choice about their living environment and were supported to personalise their rooms.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People and those important to them, including advocates, were involved in planning their care. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about person-centred care, staffing levels, people's lack of choice and control over their lives and closed culture. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Hermitage

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Hermitage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hermitage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that people would be in during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

Not everyone who lived at The Hermitage was able to talk to us but we spoke or spent time with 4 people who used the service and also spoke with 1 relative about their experience of the care provided.

We spoke with 7 members of staff including the regional manager, senior occupational therapist, registered manager, deputy manager, a senior support worker and two support workers. We also requested feedback from 9 staff members and received 2 responses.

We reviewed a range of records. This included two people's care records and a selection of medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe and protect them from abuse. The provider had a safeguarding system in place to follow in the event of any potential abuse. One staff member said, "I feel all the service users are safe in the home and all their support needs get met. They are all fantastic to work with and support."
- There were systems and processes in place to keep people safe. A relative told us, "I feel [family member] is very safe living in the home."
- Staff were fully aware of people's needs and people appeared happy and comfortable engaging with staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were well managed. Assessments were regularly reviewed, and strategies were in place to help minimise harm.
- The premises were safe and well maintained. Environmental risk assessments were in place and health and safety checks were up to date and carried out regularly.
- Accidents and incidents were recorded and analysed. Any identified lessons learned were clearly recorded and communicated to staff.

Staffing and recruitment

- There were enough staff to meet people's needs. There had been some days when staffing levels were below the ideal level to support people. However, staff were still able to keep people safe.
- The registered manager explained recent struggles they had experienced recruiting staff in the home. They operated a rolling recruitment programme and had some interviews planned for support staff. There was also a permanent cook awaiting the completion of their pre-employment checks.
- Staff were recruited in a safe way. The provider had a safe recruitment policy in place. All appropriate checks were carried out prior to members of staff commencing work for the service, to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed in a safe way.
- Staff administering medicines received regular training and had their competence checked to ensure they were fit and able to do so. One staff member said, "I'm trained to give medicines and feel confident with that."
- Regular medicine checks and audits were carried out to identify errors and take appropriate action.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff provided care to people in line with standards, guidance and law. Staff followed best practice guidance in relation to the management of risk, infection control and supporting people who had a learning disability or living with autism.
- People had lived in the home for a long time. The deputy manager confirmed they had considered the needs and personalities of people already living in the home when assessing new residents previously and would do so, should a place become available.
- People's choices were reflected in their assessments and associated support plans. These were regularly reviewed and updated by staff in partnership with each person and their relatives or advocates.

Staff support: induction, training, skills and experience

- Staff were trained, skilled and experienced. Staff received regular training to ensure they had the correct skills and knowledge to support people safely. One staff member said, "We get enough training to do our jobs but if I needed any more, I would just ask."
- New staff completed a comprehensive induction appropriate to their role which included completion of the care certificate. They also completed training specific to people's needs such as autism and learning disability awareness.
- Staff were supported to perform their roles effectively with regular supervisions and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their nutritional needs. We observed people enjoying their meals in the home. We asked one person if they were enjoying their food and they smiled and said, "Yes thanks." They later went back to the kitchen area to choose a dessert.
- People chose what they wanted to eat and drink. The menu was tailored to people's preferences and there was a variety of food available over the course of the week. When discussing one person, a staff member said, "[Person] is really good at making choices about the food he wants to eat. He knows what he likes and will listen intently to his options."
- People had nutritional support plans in place. These were personalised to each individual and included their favourite foods and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives and maintain their health. Staff supported people to access health care professionals such as GPs, speech and language therapists, physiotherapists and dentist, when

required.

- Care records documented engagement with health professionals and recommendations were reflected in people's support plans and followed by staff.

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

- The service was appropriately designed and adapted. Communal areas were spacious and suitably decorated for the age range of people.
- Staff supported people to make decisions around the décor in their room. For example, one person had recently been supported to implement a jungle theme in their room with a wall to floor mural, ornaments, accessories and bedding. Staff told us the person chose the theme and décor themselves and now love their room.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff received regular MCA training and sought consent from people prior to providing support.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
- Staff were caring and supportive with people. They had clearly established relationships with people and knew them well.
- Staff were passionate about their roles and spoke highly about people. Staff comments included, "I really like it, the service users are all great and I get on well with the team" and, "The service users are all lovely amazing people."

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

- Staff supported people to be involved in making decisions about their care, where possible. Staff supported people to express their views using their preferred method of communication. One relative told us, "They [the provider] involve us and [family member] when planning and reviewing their care and support."
- Staff knew how to communicate with people. Each person had a very detailed communication profile which included how staff needed to communicate with them and different styles they may use to communicate, including finger spelling, Makaton, British sign language, or their own style of signs and gestures and what those meant.
- People received support from advocates such as relatives or a Relevant Person's Representative (RPR), when needed. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported and encouraged people to be independent where safe and possible to do so. Support plans clearly stated what people were able to do for themselves and what they required support with from staff.
- Staff supported people to develop and improve their independence by supporting them with daily living tasks such as cleaning and going to the shops.
- People were given privacy and time alone when they wanted this. People had choice and control regarding when they wanted to socialise with staff and other people or spend time alone in their rooms or other communal areas.
- People's privacy was respected. Staff knocked on people's doors and requested permission before entering. We observed an occasion where a person refused staff entry and they respected the person's

decision but gave reassurance that they were around if they needed them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and support. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Assessments of people's needs were personalised and used to develop detailed support plans for each individual.
- Staff spoke knowledgeably about the people they supported and how they tailored the level of support to individual's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including easy read (where pictures were used to aid people's understanding) and photographs. Pictorial information was on display in communal areas.
- Staff understood how people communicated. They knew how people expressed themselves, so understood when people indicated their choices, were in pain or were becoming distressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were in control of their lives and what they did on a day to day basis. Staff supported people to enjoy their hobbies and interests and to access the local community. One relative told us, "They go out quite a lot in the minibus and for walks. [Family member] really enjoys it."
- Staff made some temporary changes in the home during periods of COVID-19 lockdown to maintain people's individual routines. For example, changing an area of the home into a temporary shop and customising food packaging to replicate people's favourite foods they enjoyed when eating out.
- People's desired goals were recorded, monitored and updated regularly. For example, one person was supported to design their room and choose décor/accessories. This proved successful as they enjoyed quality time in their room, more comfortably following redecoration.
- People were supported to maintain relationships important to them, such as with relatives. People regularly enjoyed quality time with their loved ones including visiting relatives in their homes and staying overnight or for a weekend. One relative said, "[Family member] is always happy to come home for a visit

and they're always happy to go back to the home."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was available in different formats, such as easy read.
- The provider had not received any complaints since the last inspection in relation to the care and support provided. A relative said, "We don't have any complaints about the service. We are highly satisfied with the support and care [family member] receives from the staff."

End of life care and support

- At the time of the inspection no one was receiving end of life care, but the provider had systems in place to support staff to manage these situations.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The registered manager and deputy manager monitored the quality of the service to make sure people received a high standard of care and support. This included the completion of regular audits and daily discussions with staff.
- Staff were kept updated about the home and any improvements via regular meetings and daily communication with each other and management. Some staff felt communication and relationships with management could be improved. The provider was aware of these concerns and were taking action to address this at the time of the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The atmosphere in the home was warm, positive and calm. Staff members took pride in their roles and focused on the people living there. A relative told us, "The staff are fine, they're always helpful. We go up to see [family member] and when we do, they always make us feel welcome."
- People appeared comfortable and at ease with the registered manager, support staff and other people. One person told us they were happy and that they liked staff.
- Systems were in place to involve people, relatives and staff in the running of the home. Key workers regularly obtained people's views of their care and support and any changes they would like to see, as well as their relatives. One relative said, "They are very forthcoming and they keep us well informed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager operated in an open and transparent way. They understood their responsibility to submit statutory notifications for any significant events, when something goes wrong.

Working in partnership with others

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people, such as GPs, speech and language therapists and dentists.
- The provider had developed links with the community such as a local social centre and local pubs and restaurants. People regularly visited the local community for social and hobby type activities.

