

North East Autism Society

The Court

Inspection report

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Date of inspection visit:
24 May 2019
04 June 2019

Date of publication:
31 July 2019

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 Court is a care home which provides accommodation and support for up to three people living with a learning disability or autistic spectrum disorder. There were three people living at the service when we visited.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service had made improvements and introduced new documentation to support its governance arrangements. Effective systems were in place to monitor people's Deprivation of Liberty Safeguards (DoLS). The registered manager was responsive to people's needs and promoted an open, inclusive culture at the service.

Systems were in place to ensure the environment was safe. People were protected from abuse. Robust recruitment checks were completed for potential new members of staff. Health and safety checks were regularly conducted and contingency plans were in place to support people in the event of an emergency.

People were supported by a well-trained, experienced and motivated staff team. Staff treated people with dignity and respected their privacy. People were at the centre of the service. The service promoted positive risk taking, independence and empowered and supported people to achieve set goals with positive outcomes.

People were supported to engage in meaningful activities of their choice. Staff supported people and encouraged them to be as independent as possible.

Care plans were person-centred and clearly outlined people's support and care needs. Effective systems were in place to monitor the quality of the service. The service focused on people's continuous development. People were regularly consulted and involved in all aspects of the service.

A complaints procedure was in place. People and relatives were supported to raise any issues or concerns. Staff told us they were supported by the management team and the provider.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published date 24 May 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

The Court

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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

The Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not all the people living at The Court were able to fully share with us their experiences of living at the home.

Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. With permission we looked around the service including people's bedrooms. We spoke with two support staff, the registered manager, deputy manager and regional manager.

We looked at two people's care records, their medicines records and other records related to the management of the service.

After the inspection

We spoke with one relative and received five questionnaires we asked staff to complete.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have systems and processes to respond appropriately and without delay when safety had been compromised. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had introduced new documentation to ensure concerns were recognised and dealt with immediately.
- Staff had completed safeguarding training and had a good understanding of how to safeguard people.

Assessing risk, safety monitoring and management

- Checks were regularly carried out to make sure people lived in a safe environment.
- Contingency plans were in place to ensure people received continued care and support in the event of an emergency.
- Environmental and individual risks to people had been identified and mitigated. Staff worked with people to develop plans to support with positive risk taking without applying restrictions on the person.

Staffing and recruitment

- Staffing levels were determined by people's needs. The registered manager regularly reviewed staffing levels to ensure people were supported appropriately.
- People were supported by a well trained, experienced and familiar staff team.
- Thorough pre-employment checks took place as part of their recruitment process to ensure suitable staff were employed.

Using medicines safely

- The management of medicines had improved. The registered manager had introduced new documents to support in the monitoring of medicines.
- Medicines records were completed and accurate. These showed people had received their medicines as prescribed.
- Staff were aware of STOMP, a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour.
- The registered manager had identified difficulties in obtaining a specific medicine following a no deal Brexit and was actively sourcing other suitable medicines.

Preventing and controlling infection

- The service had a homely feel and was clean and tidy.
- Staff supported people to maintain the cleanliness throughout the service.
- Staff had access to personal protective equipment and had been trained in infection control.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and actions were taken following incidents to keep people safe.
- The provider gathered information from safeguarding concerns and accidents and incidents. It analysed the information and looked for trends or patterns, cascading learning points to all its services.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the service did not maintain accurate and complete records in regard to people's Deprivation of Liberty Safeguards (DoLS) applications. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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.

- The registered manager had made improvements to the monitoring process of DoLS applications ensuring no one was restricted unlawfully. Staff were proactive in communicating with DoLS assessors.
- DoLS applications were only made following an assessment of the person's capacity.
- Staff had a good understanding of MCA and how it related to people. We observed staff supporting people with day to day decisions and respected their choices.

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

- People were involved in a full pre-assessment prior to moving to the service to ensure their needs could be met. People were supported in visiting the service to make sure they were comfortable and happy with the

move.

- People's care plans contained support plans and outlined people's preference in the way they wished to be supported. These were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. One staff member told us, "I can speak to them [management team] at any time so feel supported well."
- Training was up to date and was specifically designed to ensure staff had the appropriate skills to support people safely.
- The service had a well-established team of support staff, some of whom had worked for the provider for many years.

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

- Staff encouraged people to have a healthy, balanced diet but recognised it was people's choice to make. One relative told us how their family member had successfully lost weight. They said, "They [staff] did it slowly. I was so impressed. With gentle exercise and a good diet, [family member] can do so much more now."
- People were supported to be involved in the mealtime experience either by preparing meals, shopping for the items or laying tables and washing up.
- Care plans outlined people's preferences, including what people liked and disliked and where they prefer to eat their meals.

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

- Records showed regular health care professional involvement in supporting people with their physical and mental health needs.
- One staff member described how one person was reluctant to engage with any medical intervention. With the introduction of support strategies over a 12 month period the person is now happy to attend medical appointments. One relative told us, "I could not believe that they [staff] got [Family member] to the dentist, we could never manage it."
- Guidance from external healthcare professionals was adopted into people's care plans.

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

- The service had a homely feel and was well decorated and maintained.
- People were supported to personalise their rooms and had access to large spacious communal areas to socialise in.
- One person had shown an interest in gardening. The registered manager supported the person to build a green house and created a new seating area for all to enjoy the garden.

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 has now remained the same good. 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 treated people with kindness and compassion. One relative told us, "They [Staff] are so caring. I would give them six stars."
- People were comfortable in the company of staff. Staff spoke to people politely and respectfully.
- Staff spoke fondly about people and were knowledgeable about people's life histories, care needs, likes and dislikes. They were aware of people's preferred communication and non-verbal signs of communication. Staff told us how people's body language and gestures, gave them cues to what the person wanted.
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

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

- Staff supported people to express their views. Staff regularly consulted with people, enquiring if were happy and if they wanted anything.
- People were supported in decision making with positive risk taking.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Staff acknowledged that they needed to protect people's human rights to privacy. Staff were able to describe situations when they supported people with dignity and respect. One staff told us, "We always close the door when supporting with personal care and encourage people to be as independent as possible."
- People were promoted to be as independent as they were able and wished to be. One relative told us, "I couldn't believe the improvement. [Family member] has developed so much."
- People were encouraged to develop their independence with a range of activities specifically designed for them. Care plans outlined people's set goals and how staff were to support the person to achieve a positive outcome.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

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 now remained the same rating good. 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

- Care plans were personalised and designed around the person's needs. These included people's life histories, preferences and care needs. Care plans clearly described how the person wished to be supported.
- Care plans were written in an easy read format to aid people's understanding of their care and support.
- People and relatives were fully involved in the development of care plans and regular reviews took place.
- People were empowered to make their own decisions and choices. Staff told us, "We take the lead from the person. I might suggest things but it's their choice."
- People participated in a range of social and recreational activities. Activities include walking, trampolining, shopping, going to restaurants and the pub. People were supported on holidays away. Staff took photographs of people enjoying activities to show their relatives.
- Staff worked with people to achieve set goals. One person had gained employment working in the provider's centre. One relative told us how staff had supported their family member to engage in exercise, slowly increasing their activity and as a result the person had lost weight and now enjoys trampolining.
- Staff supported people to maintain relationships important to them. One relative told us, "This is [family member]'s home we are their respite."

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.

- Care plans were written in an accessible way to aid people's understanding of their care and support.
- Documentation throughout the service was in easy read format.

Improving care quality in response to complaints or concerns

- People received a personalised residents' guide which was specific to them. This contained information about the provider's complaints process and procedures.
- No complaints had been received in the last year. One relative told us, "I have no complaints they are amazing." One staff member told us, "We regularly check that everything is okay."

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The registered manager told us that if the time came people and their families would be fully supported.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider did not have effective systems to ensure it was able to monitor and assess the quality of their service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The service management team had designed additional documentation to supplement the provider's audit to drive improvement within the service.
- The registered manager completed a monthly audit and the area manager conducted a quarterly audit. Any areas for action were noted and monitored.
- The management were responsive to people's needs. The registered manager demonstrated a positive approach to learning and development and was proactive in cascading changes in practice to staff. For example, staff received training about STOMP.
- The registered manager promoted the use of defibrillator equipment and as a result the provider purchased equipment and organised training for all staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of the service. Staff encouraged people to be involved in all aspects of the service.
- The registered manager was passionate about ensuring people received good quality person centred care and support.
- The provider and staff worked with people to achieve their set goals with positive outcomes.
- Staff were respected and valued. The registered manager was complimentary of the staff team.
- The service had a friendly atmosphere and staff morale was high. We observed staff worked well as a team.

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 provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The registered manager was responsive to concerns identified and quick to put things right. One relative

told us, "They are amazing and are very open."

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

- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received great care and support.
- The registered manager was visible about the service and was responsive to the needs of people and supported staff well.
- Staff told us the management team were supportive and approachable. One staff member told us, "[The registered manager] has helped me they are brilliant."
- The service had submitted the required statutory notifications to CQC following significant events at the home.
- The registered manager told us they felt well supported by the provider with access to support and resources to manage the service effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked to provide yearly feedback about the service. Whilst the service responded to individual feedback they did not collate the information to drive improvements in the service.
- Staff had opportunities to discuss issues and make suggestions for improvements. One staff member told us, "I feel listened to."

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for people.
- People were central to their annual review and were supported by health care professionals involved in their care and support. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.