

Autism Wessex

Autism Wessex-Rose Cottage

Inspection report

Rose Cottage, Derritt Lane, Bransgore,
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Date of inspection visit: 3 and 5 August 2015
Date of publication: 25/09/2015

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 

Overall summary

This was an unannounced comprehensive inspection that took place on 3 and 5 August 2015. One inspector visited the service on both days.

Rose Cottage provides residential care for up to four younger adults with autism and associated learning difficulties. It is not registered to provide nursing care. At the time of the inspection there were four people living at the home.

Rose Cottage had 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.

People freely approached staff to chat or ask for some help. Staff knew the people they supported well, and care plans and other guidance accurately reflected people's needs. Staff were polite, respectful and supported people in a way that protected their dignity. There was an emphasis on 'the person' from all the staff we spoke with, and a commitment to ensuring people had happy, meaningful and active lives.

Summary of findings

The home had systems in place that protected people. Staff were trained in safeguarding adults and understood what to do if they were worried or concerned about somebody. Staff balanced managing risks with promoting people's choice and independence. Effective communication made sure that staff knew when someone's needs had changed to ensure they could support them safely. Medicines were generally managed safely and a new medicine administration system was being considered at the time of the inspection.

The home responded to change quickly. There was effective communication within the staff team to ensure

everybody understood what help or support people needed. People were supported to see healthcare professionals when they needed to and staff acted upon medical guidance.

The home was well maintained, clean and personalised to people's preferences. The provider had ensured there were systems in place to maintain the environment and equipment safely.

The home was well led. Staff and relatives told us about an open, inclusive and transparent culture that helped the home to recognise what it did well and where it needed to improve. Relatives and staff told us they were listened to and the home acted upon suggestions, ideas and concerns.

Summary of findings

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 home was safe.

Staff were trained to recognise abuse and knew what action to take if they were worried about someone.

Risks were assessed and there were robust plans in place to protect people, whilst promoting their independence and choice.

There were enough staff deployed to meet people's needs safely.

Good



Is the service effective?

The home was effective.

Staff had the right knowledge and skills to effectively support people.

People had choices about what they wanted to do, and staff actively thought about different activities people could try.

Care plans and other documents were thorough and written from the person's perspective.

Good



Is the service caring?

The home was caring.

People had good relationships with staff and freely approached them to chat or gain assistance.

Relatives told us staff were caring and compassionate.

People and their families were involved in their care and support. The home sought out different ways to promote independence and choice.

Good



Is the service responsive?

The home was responsive.

Staff understood people's needs and supported them to lead full and happy lives.

People were supported to see healthcare professionals when they needed to. Staff helped people to understand beforehand what might happen at healthcare appointments.

The home had an effective complaints system, including information in pictorial format. Staff acted upon any concerns raised.

Good



Is the service well-led?

The home was well led.

The management team looked for ways to drive improvement in the service by listening to, and seeking feedback and ideas from people, families and other professionals.

Everybody we spoke with commented on the open and inclusive nature of the service.

There were systems in place to make sure the service was safe, effective, caring and responsive.

Good



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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.

The inspection took place on 3 and 5 August 2015 and was unannounced. One inspector visited the home on both days of the inspection.

There were four people living at Rose Cottage at the time of the inspection and owing to their communication needs we were unable to talk with people themselves. Instead, we listened to, and observed how staff interacted with people. We spoke with three relatives, who were complimentary about the care and support provided to their family member. We also spoke with three healthcare professionals and seven members of staff including the manager.

We looked at two people's care and support records in full and sampled aspects of one other person's care and support records. These included daily monitoring records, Medicine Administration Records (MAR) and care plans. We also looked at documents relating to the overall management of the home including staffing rotas, three recruitment, training and supervision records, audits and maintenance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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 also looked at information about incidents the provider had notified us of, and information sent to us by the local authority.

Is the service safe?

Our findings

Relatives told us their family member was safely cared for. One said, “I feel confident he is safe, it’s taken away the anxiety of what would happen, if anything happened to us”.

Staff had safeguarding adults training to ensure they understood how to keep people safe and knew what action to take if they were concerned or worried about somebody. Staff knowledge was also supported by supervisory discussions and posters about safeguarding procedures that were displayed in the home. The home had a system in place to protect people’s money. This including daily audits of the amount of money they were looking after for people. There was a whistle blowing policy that had been emailed to all the staff and this was also an area discussed in supervision to provide staff with a safe environment should they wish to raise a confidential concern about the service.

Risks were assessed and planned for to ensure people remained safe. For example, one person had a serious nut allergy and the home had become a nut free environment. Posters were displayed in both written and pictorial formats to remind visitors and staff the home was nut free. Accidents and incidents were recorded and reviewed. They were also analysed to help the team understand patterns or trends, and to enable them to think about anything they could do differently in the future. The manager told us the team were working towards improving the quality of analysis.

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies. On the first day of the inspection the home was having their fire systems tested. We saw there were contact details in the office for emergencies such as a gas or water leak or electrical issues, and the home had systems in place to ensure that small electrical appliances were checked for safety and other pieces of equipment serviced every year to make sure they were safe. The home was clean, well maintained and nicely decorated. Communal areas were comfortably furnished and had the things people wanted such as a TV, PlayStation and DVDs.

Staff told us there were enough staff on duty to ensure people’s needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. The manager showed us the staffing rota, which showed there were four or five care workers on duty most of the day and one waking and one sleeping staff member at night. The service also had a manager and deputy in addition to the on-call service to ensure management support could be accessed whenever it was required.

We reviewed three staff recruitment records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home. The provider was responsible for recruitment. We noted they were not checking for any physical or mental health conditions that were relevant to the person’s ability to fulfil their role. We asked the manager to draw the provider’s attention to this, which they did during the inspection.

Generally, medicines were managed well at Rose Cottage. The home had appropriate storage facilities with a lockable medicines cabinet and a locked box used for storing some medicines that required refrigeration in the main fridge. Medication administration records were well maintained with no gaps. Allergies and a photo of the individual concerned was at the front of people’s records so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed ‘as required’ medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff were developing a system during the inspection to make sure they had a record of medicines that had been disposed of. Staff had been trained in administering medicines and the home had a system in place to check their competence to administer medicines periodically.

Is the service effective?

Our findings

Relatives told us that staff were knowledgeable, skilled and compassionate. One said, “The care here is very good, they know [the person] very well; they know his routine and understand him”. Another family member told us, “I have nothing but praise for them, staff are very skilled”.

All the staff we spoke with were knowledgeable about the people they supported. They told us they were supported to get to know people before they started working with them and records confirmed this. Staff had an in-depth understanding of how people communicated and what their likes and dislikes were. For example, one member of staff explained at handover what one person meant when they said a particular word. This meant that other staff could better help the person to do what they wanted to do and helped the whole staff team to understand the individuals thought processes that led to them saying that word.

Supervision meetings were held regularly to help staff to develop their skills and review their practice or behaviours. All the staff we spoke with said they felt well supported through supervision and that they could get informal support, advice or guidance whenever they needed to. Staff told us they could discuss any concerns they during supervision and that they were encouraged to talk through their approach with people, health and safety concerns and their training needs. Staff had annual appraisals that explored their learning and development over the year, which staff told us they found helpful.

Rose Cottage had a system to ensure that staff had received the training they required in order to support people effectively. Staff had undertaken training in essential areas which included: the Mental Capacity Act 2005, managing medicines, safeguarding, health and safety, manual handling, and first aid. Staff had also completed specific courses around autism to ensure they understood people’s needs and knew how best to support them. The staff training matrix had a few gaps, which the manager was aware of and taking action to address. Staff told us the training was thorough and helped them to understand their role and responsibilities. One person told us the training on communication had been particularly helpful because it enabled them to understand that people might need more time to process information. That in turn had changed the way they communicated with people. Our

observations showed that staff were skilled in using different approaches and ways of communicating with the individuals who lived at the home. All the staff we spoke with told us the training they had received had prepared them for their role and said they felt confident and competent to support people with autism. One commented, “The training is very good.” Another staff member said the managers had been very supportive in helping them to develop their skills.

People were supported to make their own decisions wherever possible. For example one person had a detailed ‘choices/activities’ file that staff could use to help the person decide what they wanted to do that day. There was detailed guidance for staff in how they should offer the choices to make sure the person understood their options. An extensive range of choices was on offer that included local activities such as an outdoor gym, going to the pub or a café for lunch, swimming, the cinema, going to the beach, visiting tourist attractions or having a picnic. On the first day of the inspection the person had chosen to go to an outdoor gym and a lunch. This was displayed on their pictorial activity planner so they could be reminded of what they had chosen. A member of staff told us the ethos of the home was to, “Empower service users to live their life the way they want to”.

Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. The management team were in the process of completing detailed and thorough mental capacity assessments at the time of the inspection. Where these identified an individual lacked mental capacity to make a specific decision, the team had started the process for making best interests decisions in line with the Mental Capacity Act guidance.

On rare occasions, staff needed to use a form of restraint to ensure people remained safe. The manager fully understood the legal tests for using restraint and made sure that it was only used where there was no less restrictive option, and for the least possible time. Clear records were kept to ensure staff could analyse any incident that had led to restraint in order to try to understand the situation and learn how it could be managed differently in the future.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. These require providers to

Is the service effective?

submit applications to a 'supervisory body' for authority to deprive someone of their liberty. The home had a locked front door and a locked side gate. These prevented people from leaving the property. In addition most people who lived at Rose Cottage were subject to continuous supervision. The manager confirmed they had submitted DoLS applications for all of the people who lived at the home to make sure that they were following the legal procedures correctly.

People went shopping to buy their food and were involved in planning, preparing and cooking meals. One person had a juicer and staff made sure they could choose their ingredients by having pictures of lots of different types of fruit they could choose from. One person liked making hot drinks and had a list of how different people liked their tea and coffee. We saw they enjoyed making staff and visitors hot drinks throughout the inspection. The service had further supported people to increase their independence by having things like fridge labelling to make sure people

knew what sort of food was on each shelf. There was plenty of fresh fruit accessible to people in the kitchen area and all the cupboards were unlocked to ensure people's choices were not restricted.

When people needed to see a healthcare professional such as their GP, staff told us this was quickly arranged. People were supported to understand and cope with medical appointments. For example, one person needed to attend the hospital during the inspection so staff spent time with the person and wrote them a social story (these are written to support people to better understand a situation, event or activity). This enabled the person to understand what was going to happen so they were better able to cope with the hospital visit and treatment. Records showed people had been supported to see healthcare professionals including their GP, dentist, speech and language therapist, dietician, and psychiatrist when they needed to. Where people might need emergency medical assistance, such as in the event of a seizure, staff had detailed guidance of what action they needed to take.

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. The manager told us a strength of the service was, “The commitment of the staff team, how caring they are and how hard they try”. Relatives agreed with this. One family member said, “I’ve never known anything but kindness and compassion”. Another relative said, “[The person] is very settled and as happy as I have ever seen him”.

Care records emphasised people’s well-being and happiness; for instance, one person had a goal of increasing their self-esteem. The home used training and supervisions to discuss how people’s physical, emotional and psychological needs could be met. Care plans also took account of people’s communication needs and styles. For example, they included sections “If I do this”, “This is what I may mean”. The manager told us they wanted people to have the confidence to be able to say, “No”, or “I don’t want to”, rather than passively receiving support that staff thought was in their best interests. They told us about one example where a person had tried out an activity and said to staff that they didn’t want to go again. This had been a real development for the person and staff told us that examples such as this where they could see how they were, “Helping somebody to develop a new skill”, gave them a lot of “job satisfaction”. Family members also commented on this saying, “They have encouraged his independence, they have done a really good job”. This showed that staff were trying to empower people to understand their choices and rights to say no, as well as yes.

People were involved in planning their support and knew who would be supporting them. For example, the hall had pictures of all the staff that were on duty and pictures of the activities people had planned. People’s records clearly

guided staff on how to support somebody to ensure they were able to make choices and decisions about their everyday life. For example, one person’s record said they used PECS (a communication system) to tell staff what they wanted to do. Throughout the inspection we saw evidence of their way of communicating being used to make sure they were able to make decisions about things that were important to them. Care plans also had goals, and for two people these included improving their ability and confidence to communicate.

Families told us they were included and involved in their family member’s care and support plans. One said, “It’s very much a team effort, they include me”. Relatives said they were welcome at the home at any time and stayed for as long as they wanted to.

Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff would crouch down or sit with the person and focus solely on that conversation. Staff told us that they were trained to focus on the person and their needs. One said, “We know them as a person”. The manager told us that learning about respect and dignity started with induction training and was reinforced through team meetings and away days, for example where they learned about the experiences of someone with a disability. Staff told us they supported each other to learn and the manager said they tried to be a role model in terms of always protecting people’s rights to respect and dignity.

The guidance contained in people’s care plans promoted their privacy and dignity. Staff told us about how they protected people’s dignity such as when helping them with personal care or when out in the community. People’s care records clearly guided staff in protecting people’s privacy and dignity during aspects of their day such as enabling people to have private time, or when supporting them with intimate care.

Is the service responsive?

Our findings

Relatives told us staff were responsive to their family member's needs. One family member said they were, "A very experienced, strong staff team" and added, "They are very proactive in coping with [the person's] needs".

People's needs were assessed before they came to live at Rose Cottage so that staff understood what help and support they needed, and were sure the home could provide care that met their needs. Areas that posed a risk to people were also assessed. For example, during the inspection one person ate something that could have been harmful. Staff sought immediate medical assistance to make sure the person was ok. The manager reviewed and amended risk assessments around this area and communicated the updates to the staff team to ensure everybody was aware of what they needed to do to keep the person safe. The provider made immediate arrangements to make changes to the environment to reduce the risk of a reoccurrence.

From people's assessments and risk assessments staff developed detailed care and support plans to guide staff in how the person wanted or needed to be supported. People's care records contained details of their positive attributes and strengths, and their likes and dislikes. For example, one person was recorded as enjoying going for walks and being out in the garden, and we saw them undertaking these activities during the inspection. Another person's records showed a detailed breakdown of their morning and evening routine. This meant staff were able to support the person in exactly the way they wanted, or needed to be supported to maintain their health and well-being. Staff we spoke with demonstrated their understanding of the preferences and personalities of the people they supported.

Care records included a section called 'about me', which contained information in an easy read format about people, what was important to them and things they liked. Plans also included people's daily routines, health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed. We saw that they had been reviewed at least monthly and updated accordingly.

Staff told us they were provided with enough time to read people's care plans. We spoke with a bank staff member who was working at the home for the first time. We asked them about the person they would be supporting. They were able to describe the person's physical and emotional needs, and told us about the sort of things the person liked to do. They were aware of any risks and knew what action to take if the individual became unwell. They also confirmed that they would be with another member of staff who could provide support or advice if they needed it.

Staff kept detailed daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve. Staff confirmed they were provided with enough time on each shift to complete people's daily records.

Staff had daily handovers. This made sure people were supported by staff who knew how their day had been and what help or support they needed. At the handover we observed staff provided a detailed summary of what the person had done, how they were feeling and what plans they had. Staff spoke very positively about people's achievement throughout the day, for example, explaining the skills they had used to complete a job or the choices they had made. Staff also had a communications books, and a 'read and sign' file. Both provided information they needed to know before they started a shift to enable them to support people safely.

People understood what to do if they were unhappy or worried about something because there was guidance on display. The home had a pictorial poster telling people to talk to the manager if they felt unhappy. Relatives told us they knew how to complain and were confident the management team would listen and act on their concerns. One family member said, "If anything arises I know I can discuss it with them". The home had received two complaints in 2015. These had been investigated and resolved to the individual's satisfaction. Learning from complaints was seen as a positive way of improving the service and the manager told us they shared learning with the team either individually or through team meetings to increase understanding and drive improvements within the home.

Is the service well-led?

Our findings

Staff described an open and transparent culture within the home that made sure they felt able to raise concerns or make suggestions. One member of staff told us, “The managers are always there and are open; they make time to listen to you”. We saw examples of where staff had made suggestions that had been taken forward to drive improvements within the service. The manager told us they wanted the culture to be, “Positive and inclusive, giving people the opportunity to raise their voice and be heard”. A staff member told us the manager was, “Very helpful” and added, “It’s nice to have a fresh look at things”. Staff and relatives told us the manager and deputy manager had an open door policy and was available for advice or a chat whenever they needed to. One member of staff told us, “They are the most supportive managers I have ever had”. Another staff member said the management team were, “Very approachable”.

Staff told us they used a variety of methods to listen and gain feedback from people who used the service. For instance, people responded to activities in different ways so looking at body language and facial expressions helped staff understand whether the person was happy with what was happening. They had also developed a choices board so people could use pictures and photos of things they had done to show staff what they liked and disliked. The manager told us they were working with a speech and language therapist to develop an easy read service user guide and satisfaction survey to enable people to better tell staff what they thought of the service.

Relatives told us they were listened to and their feedback sought. We observed a discussion between a family member and the manager. The manager explained what was happening and involved the relative by asking for their feedback and ideas. One relative told us the manager was, “Very good, caring and hardworking”. Another family member said staff were open and transparent and that, “Requests are always taken on-board”.

Staff meetings were held monthly and provided the team an opportunity to discuss people’s specific needs and

achievements, raise issues about the premises, put forward ideas, and consider new legislation, good practice and policy updates. The agenda was devised by both the manager and staff, which ensured everybody had an opportunity to discuss anything they wanted to.

At the time of the inspection a staff survey had just been completed. The manager was analysing the results, which they told us would feed into their service development plan. The manager had also started to work with staff and relatives to analyse what the service did well and what they could improve further. Specific meetings had been arranged to explore in depth areas such as safety, care and the effectiveness of the service. This was an excellent example of how the manager promoted an open, learning service to drive improvements by seeking feedback and new ideas from a range of people.

The staff team had a questioning practice. They talked with each other about what had worked well, what had not and why. This was also a focus of supervision. Managers carried out staff observations regularly and fed back to staff on their planning and carrying out of activities. This enabled staff to learn what they were doing well, and reflect on areas where they could have approached something in a different way.

The manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with other registered managers within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service. They also subscribed to a number of social care learning organisations and looked at CQC updates and national reports. They highlighted a key area of learning was through listening to parents and thinking about different ways of learning that might give them a fresh perspective or a different way of viewing an issue.

The registered manager had systems in place to assess and monitor the quality of the service. For example care plans were reviewed on a monthly basis to ensure that they continued to reflect people’s needs and health and safety audits were undertaken every quarter.