

# Homes Caring for Autism Limited

## Grange Court

### 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

Grange Court is a care home which provides accommodation and personal care for up to six people with needs related to autism. At the time of our inspection five people were living at the service.

This inspection took place on 18 October 2016 and was unannounced. We returned on 24 October 2016 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

At the last inspection in September 2015 we found the provider was not meeting all of the requirements of regulations relating to managing risk, keeping people safe and providing support and supervision for staff. At this inspection we found that the provider had taken action to address these issues and was meeting the requirements of the regulations. Risks were managed well and staff were clear about the action they needed to take to keep people safe. Where incidents occurred, there was a detailed process to review them and learn any lessons that came out of them. Staff received good support and supervision, which enabled them to do their job effectively.

Relatives were positive about the care people received and praised the quality of the staff and management. Comments included, "They have a very good understanding of (my relative) and provide excellent care" and "There is a genuine compassion for (my relative)". People appeared comfortable in the presence of staff. We observed people smiling and laughing with staff.

People and their relatives were involved in developing and reviewing their support plans. The plans were clear, detailed and person centred, which gave staff the information they needed to support people effectively. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. Relatives and visiting professionals were positive about the skills of staff, with comments including, "Staff are very skilled and knowledgeable. The level of expertise and training is what makes the difference"

Staff demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

There was a strong management team in the service and the registered manager was clear how they expected staff to support people. The provider assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

## 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.

People were supported to take risks and were involved in developing plans to manage the risks they faced. Systems were in place to ensure people were protected from abuse.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

### Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, them.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and supported people to maximise their independence.

Staff knew how to support people to raise any concerns or complaints. Relatives were confident that any concerns would be taken seriously.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure any shortfalls were addressed.

# Grange Court

## **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 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 18 October 2016 and was unannounced. We returned on 24 October 2016 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including the last inspection report from September 2015 and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Return (PIR). The PIR is information given to us by the provider.

During the visit we met all five people who use the service, the registered manager, deputy manager, regional manager and five support staff. We spent time observing the way staff interacted with people who use the service and spoke to two people's relatives. We looked at the records relating to support and decision making for three people and records about the management of the service. Before the inspection we received feedback from two social workers and an occupational therapist who have contact with the service.

# Is the service safe?

## Our findings

At the last inspection in September 2015 we found risks were not always identified and action was not always taken to manage those risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action to manage risks effectively by January 2016. At this inspection we found the provider had taken action to address this and risks people faced were identified and managed well.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to remain safe when out in the community, manage their medicines and manage their finances. A relative told us, "They plan the risks well, without limiting (my relative)". Each person had a plan in place covering the support they would need to evacuate the building in the case of fire. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. People and their representatives had been involved throughout this process and their views were recorded on the risk assessments. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Relatives told us they felt people living at Grange Court were safe. During the inspection we observed staff interacting with people in a relaxed and friendly manner. People appeared comfortable in the company of staff.

Medicines held by the service were securely stored in locked cabinets. Where possible, people were supported to have these cabinets in their bedroom, to increase privacy and independence. One person had become anxious about keeping their medicines in their bedroom, so staff had supported them to keep it in the office, in a locked cabinet. People were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were clear protocols in place stating the circumstances in which the person should be supported to take the medicine. We saw that these protocols were being followed by staff. Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures. Medicines and administration records were checked daily, to ensure people were being supported to take the medicines they had been prescribed.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff told us all group and individual meetings started with managers asking them whether they had any concerns or whether there

was anything they felt uncomfortable about. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The staff we spoke with said they did not have any concerns about the safety of people using the service. The registered manager had worked with the local safeguarding team at Wiltshire Council where concerns had been raised.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Staff we spoke with confirmed these checks had been completed before they were able to start work at the service.

Sufficient staff were available to support people. Staff told us there were enough of them available on each shift to be able to provide the support people needed, including being able to get out into the community regularly. The staff rotas were developed following an assessment of people's needs and the support they needed. Relatives felt staffing levels were good and enabled people to take part in the activities they enjoyed.

# Is the service effective?

## Our findings

At the last inspection in September 2015 we found positive behaviour management plans were not always up to date. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action by January 2016. At this inspection we found the provider had taken action to address this and plans had been kept up to date.

At this inspection we found people had current positive behaviour management plans, which had been developed in consultation with a multi-disciplinary team including staff who knew them, a specialist behaviour support nurse, psychiatrist, social workers and people's relatives. These plans set out the strategies to prevent people becoming distressed and how to support people when they were distressed. Incident records had been completed with detailed information and included a review of the support provided and any changes that were needed. The review was used to assess how the incident was managed, whether anything could be done differently and what lessons could be learnt from the incident. We saw that actions from these reviews were followed up, for example in changes to the plans, referrals to specialist professionals and training and support for staff. Staff said they had the information and training they needed to manage incidents in which people could be aggressive towards them and others.

At the last inspection in September 2015 we found staff were not receiving the support and supervision needed to do their job effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us following the last inspection and said they would take action by January 2016. At this inspection we found the provider had taken action to address this and staff were being well supported and supervised.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the management team had scheduled regular one to one meetings for all staff. The registered manager had a tracker to ensure any missed meetings were rescheduled and staff received the support they needed. The registered manager was aware that working in the service could be very stressful for staff at times due to people's specific needs and challenges. They were aware that the support and supervision process was essential for staff to have the confidence and skills to do their job effectively. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervisions. Management are always available and are very supportive. There is a good de-briefing system following incidents" and "I have regular supervision. There is good support from the seniors and the manager".

Relatives told us staff understood people's needs and provided the support they needed, with comments including, "They have a very good understanding of (my relative) and provide excellent care" and "Staff are very skilled and knowledgeable. The level of expertise and training is what makes the difference".

Staff told us they received regular training to give them the skills to meet people's needs, including a



thorough induction and training on meeting people's specific needs. Staff were positive about the training, with comments including, "The training is very useful. It is classroom based so you are able to ask questions. I feel confident to deal with challenges" and "The training is outstanding. It's very personalised and thorough. The trainers will make it relevant to individual service users". Staff were also positive about the induction process for new staff. One new support worker commented, "There is a very thorough induction, with a mix of sessions at head office and shadow shifts. This enables you to relate the training to practice". The support worker said they did not start supporting people until they said they were confident to do so and said they were under no pressure to rush this process. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. The registered manager told us that in addition to the classroom based training, they provided a lot of in-house coaching and mentoring. This enabled them to analyse the challenges and difficulties staff were having and plan the support and training that was needed. Feedback from a social worker was that staff had a good understanding of autism and put their training into practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service. The registered manager had submitted DoLS applications for all of the people using the service following the capacity assessments.

We observed people being supported to choose food and drinks during the visit. Staff supported people to make choices about their food using picture cards and objects of reference. The service had a planned menu, which had been developed with people. The service had separate kitchens in different areas of the building, either for use by one person or shared by two people. This enabled staff to respond to people's choices and prepare different meals for people at times that suited them.

People were able to see health professionals where necessary, such as their GP, community nurse or psychiatrist. People had a health action plan, which assessed their health needs, whether they were accessing the health services they needed and described the support they needed to manage their health needs.

# Is the service caring?

## Our findings

Relatives told us people were treated well and staff were kind towards them. Comments included, "There is a genuine compassion for (my relative)" and "I'm very happy with the service, they provide excellent care".

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff used different methods to help them communicate with people, such as sign language, picture cards, objects of reference and symbols. One person had a 'now, next, later' book, which set out what would be happening throughout the day. This enabled the person to understand what was happening and when planned activities would take place, which provided them with reassurance and control over activities. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us. One of the social workers who provided feedback to us said staff had worked hard to build trust with people and demonstrated a 'can do' attitude.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family, keep in contact by email and regular phone calls. One relative told us, "Communication is very good. The level of professionalism is something I've not come across before. It gives re-assurance".

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw that people and those close to them had been involved in developing their support plans, expressing how and when they wanted support with their personal care. This information was used to ensure people received support in their preferred way. A relative said this had enabled one person to accept personal care due to the dedicated and skilled approach of staff. The relative told us, "There are things happening now that had been a problem for years".

Staff received training to ensure they understood how respect people's privacy, dignity and rights. This formed part of the core skills expected from staff. Staff put this training into practice and treated people with respect.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff gave examples of finding solutions to maintain privacy, for example using frosted glass on the lower half of bedroom windows for a person who would not tolerate any curtains or blinds. This enabled the person's privacy and dignity to be maintained whilst still enabling the person to see out of part of the window.

## Is the service responsive?

### Our findings

At the last inspection in September 2015 we found support plans had not always been kept up to date to reflect people's current needs. We did not assess this was a breach of regulations, but made a recommendation to the provider regarding the support planning process. At this inspection we found the provider had taken action to address this and support plans were accurate and up to date.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. Where relevant, the plans had been developed with input from specialist health and social care professionals. This included detailed specific guidance on the support people needed to manage frustration and distress. For example, plans included very specific information about activities people liked to participate in such as information about roads they did not like to use when in the car, arrangements to pick people up in a car immediately following activities to prevent them waiting and the number of staff needed for each bit of support. This gave staff access to information which enabled them to provide support in line with people's individual needs and preferences. The plans were regularly reviewed with people and their relatives. We saw changes had been made following feedback in these reviews and as a result of reviews of incidents. One of the social workers who provided feedback to us said the service had developed very good support plans with people and staff were consistent in following them.

Relatives told us people were supported to keep in contact with them and take part in activities they enjoyed. During the visit we observed people taking part in a range of activities both in and out of the home. These included attending visits to shops, socialising with family, driving to places of interest, trampolining, watching television and taking part in sensory and craft activities. Staff completed a learning log following support for people to take part in activities. This included details of what worked well and the person enjoyed, anything that had not worked well and actions to improve the experience for the person.

Relatives were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. One relative said, "I'm confident if I had any problems they would sort it out as soon as possible". The service had a complaints procedure, which was provided to people and their relatives was displayed in the home. Staff used symbols to support people to make complaints where necessary. For example, staff had worked with one person to when they identified they were not happy about going out in their car. Staff had used symbols and picture cards to support the person to identify the specific nature of their complaint. Once staff had identified the issue, action was taken to resolve the problem.

Each person had a monthly review of their support plans with their keyworker, which included a section to find out whether the person had any complaints or concerns. This helped to ensure people understood who they could talk to if they had any concerns or complaints and demonstrated that action was taken to address them. Staff were aware of the complaints procedure and how they would deal with any issues people raised in line with them.

## Is the service well-led?

### Our findings

The service had a registered manager in post. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service that was in line with the provider's values of choice, independence, dignity and respect. The registered manager said he wanted everyone to get a standard of service that he would want for a relative. The registered manager felt staff valued the people they supported and were motivated to provide people with a high quality service.

Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the management team gave them good support and direction. Comments from staff included, "The management team have been very understanding and reassuring, which helps to build confidence", "The service is well managed. We are able to find someone when needed and any concerns are addressed straight away" and "I've never felt so valued as a member of staff. I'm proud to work here".

There was a quality assurance system, which included input from staff at all levels and sought feedback from people who used the service, relatives and visiting professionals. The registered manager and regional manager completed regular audits of the service. These reviews included assessments of incidents, accidents, support plans, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. We saw that action plans had been developed following the audits, with regular updates of the action taken until they were signed off as completed.

Satisfaction questionnaires were sent out regularly asking relatives, staff and professionals their views of the service. The registered manager had developed an action plan to address issues raised in the surveys, including the action that was needed, who was responsible for completing it and when it would be completed by. People who had provided feedback were given a detailed response by the registered manager, setting out the action they had taken to address any issues.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Minutes of these meetings contained details of guidance to staff from the registered manager as well as consultation with staff over the running of the service. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions. Staff said they found these meetings to be open and useful, saying their suggestions were taken seriously and all ideas were considered.