Autism Wessex

Autism Wessex - Rose Cottage

Inspection report

Rose Cottage
Derritt Lane, Bransgore
Christchurch
Dorset
BH23 8AT

Tel: 01425672623
Website: www.twas.org.uk

Date of inspection visit:
13 July 2017
25 July 2017

Date of publication:
14 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Rose Cottage offers accommodation and personal care for up to four people living with a learning disability, autism or mental health needs.

The inspection was unannounced and was carried out on 13 and 25 July 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Due to leadership changes within the service, some of the management functions had slipped. Record keeping was not always accurate, up to date and easily accessible. Systems were in place to monitor and assess the quality and safety of the home, however these were not always implemented. Staff had not been receiving regular supervision. Some of the records relating to the management of medicines were not being maintained in line with the provider's policies and procedures.

Safe recruitment procedures were in place and sufficient staff were deployed.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment to keep people safe. Plans were in place to manage emergencies and personal evacuation plans were in place for people.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in people's best interests. The registered manager understood the deprivation of liberty safeguards and had submitted requests for authorisation when required. Other notifications were submitted to the commission when required.

Staff were skilled in communicating with people in a way that met their needs, such as reading body language, pictures and symbols which helped them to reach informed decisions.

Staff understood the importance of empowering people to make choices and take control of their lives and build confidence, self-esteem and achieve positive outcomes.

People were provided with sufficient food and drink to meet their specific dietary needs. People were supported to maintain their health and well-being and had access to health professionals when required.

Staff were kind and caring, treated people with dignity and respect and ensured their privacy was maintained.

There was a positive, supportive and open culture within the home. Staff were positive about working at Rose Cottage and felt very well supported by the registered manager. Staff felt listened to and involved in the development of the service.

People were encouraged to take part in a wide range of activities, both at home and in the community, which increased their skills and independence.

Relatives and care professionals had opportunities to share their views and help drive improvement. Complaints procedures were available and any concerns were appropriately addressed.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Due to leadership changes within the service, some of the management functions had slipped. Record keeping was not always accurate, up to date and easily accessible. Systems were in place to monitor and assess the quality and safety of the home, however these were not always implemented. Staff had not been receiving regular formal supervision in line with the provider's policy. Some of the records relating to the management of medicines were not being maintained in line with the provider's policies and procedures.

There was a positive and open culture within the home. Staff felt well supported by the registered manager and deputy manager.

Relatives and care professionals had opportunities to share their views about the service and help drive improvement. The registered manager understood their responsibilities under the HSCA 2008.

Autism Wessex - Rose Cottage

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 checked 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 was carried out on 13 and 25 July 2017 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed notifications. Notifications are events that happen in the home which the provider is required to tell us about law.

During the inspection we spoke with one person living at the home, three members of care staff, the deputy manager and the registered manager. We observed people being supported during the day to help us understand their experiences. Following the inspection we spoke with two relatives by telephone to gather their views on the care provided to their loved ones. We also received feedback about the service from one health and care professional.

We looked at two people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment records for five staff. We looked at records related to the running of the home, including staff training and appraisals, incident and accident records, medicines records and systems for monitoring the quality of the service provided. We also viewed five staff recruitment files to check safe recruitment practices were in place.

The service was last inspected in August 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us their family members were safe at Rose Cottage. One relative told us "I couldn't rest if I felt they were in any danger." Another relative said "[My family member] is safe. It's the best thing I've done for him."

People received their medicines from staff who were appropriately trained. Each person had a medicine administration chart (MAR) with details of the medicines they required. This was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given.

Arrangements were in place for the ordering and disposal of medicines. People's medicines were ordered in a timely way which ensured they were always available when needed and were not at risk of running out. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. We carried out a spot check of medicines and found stocks of medicines were correct and were not used after their expiry date.

People were protected from potential harm and improper treatment. Staff had received training in how to recognise possible abuse and report any concerns. They were aware of the safeguarding and whistleblowing policies and their responsibilities towards keeping people safe. Whistleblowing is where staff can report poor practice within the staff team without the fear of recriminations. Safeguarding was discussed at team meetings and relevant information was put into the staff 'read and sign' file which the registered manager could monitor.

Incidents and accidents were recorded and investigated. A monthly analysis was carried out by the deputy manager to identify any trends and any learning which could reduce the likelihood of incidents happening again. This was discussed and shared with staff and any actions recorded. A staff member told us "After an incident we look at what we could have done differently, what happened, how could we have avoided it. I don't like it when they have a bad day."

Individual risks relating to people's daily lives had been assessed, such as accessing the community, and measures were in place to mitigate the risks. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. Where people had specific health conditions that put them at risk of harm, the risks had been assessed and detailed guidance provided for staff to follow. For example, one person had an emergency protocol to aid staff in managing their seizures. Where people displayed behaviours which might present a risk to themselves or others, the behaviours and triggers to these had been identified and guidance was provided to staff in how to manage the risks. It was not always possible to identify when risks had been reviewed. However, staff were aware of signs to look for that might indicate people were becoming more anxious and the risk of increased behaviours.

Systems were in place to check the safety of the environment. For example checks were made of the hot water temperatures, recreational equipment and electrical safety. Fire alarm systems were tested weekly by staff and a quarterly check was carried out by an external contractor. A fire risk assessment had been

completed by an external consultant in April 2016. Identified actions had been followed up or were in hand. The home had an emergency plan which gave detailed guidance to staff in the event of an unforeseen emergency, such as the loss of accommodation, or disruption to electricity, heating or communications. The plan contained useful phone numbers of utilities companies, suppliers and key people who would need to be contacted.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Recruitment records for each staff member included an application form, a full employment history, proof of identity and satisfactory references. A Disclosure and Barring Service (DBS) check had also been carried out before staff started work. DBS checks help employers to make safer recruitment decisions.

There were sufficient numbers of staff who were effectively deployed to meet people's needs and keep them safe. We observed that each person received one to one support from staff and this was sometimes increased to two staff when accessing community activities. Staff confirmed they thought there were sufficient staff to support people safely and meet their needs.

Good

Is the service effective?

Our findings

Relatives were happy with the health care support their family members received and felt that staff were competent. One relative told us "[My family member] gets medical advice and treatment when it's needed. His seizures are under control. He's due to go to the dentist. He needs a general anaesthetic but someone [staff] is always with him. They keep him under observation afterwards." Another relative told us "I have no concerns about his healthcare." A health professional told us "All the staff I have met seem knowledgeable in autism and learning disability but also in each individual person living in the home and understand their preferences. The care I have observed has always been very effective and delivered in the persons best interests."

Staff received initial training in topics such as fire safety, moving and handling, safeguarding and food safety. However, not all staff had completed refresher training to ensure they kept their skills and knowledge up to date. The shortfalls in training had been identified by the registered manager and plans were in place to address this. They explained, "There are some gaps in training. It's on my list to do. Some staff struggle with on line training and there have been some problems with access [to IT]. We have a new training and development manager who has been asking for our views and what works. We are arranging for safeguarding and medication training to be done as classroom training instead of online. There are a lot of plans to improve training." They had also requested a new laptop to provide an additional resource to assist staff in completing their training.

Additional training was provided to help staff meet people's specific support needs, such as an understanding of epilepsy, autism and emergency administration of medicines. Staff were encouraged and supported to take part in further development. The deputy manager was in the process of completing an advanced nationally recognised qualification in health and social care. Mental health training had been booked for October 2017 and a relative was attending along with staff. Staff were given opportunities to develop skills and knowledge that would enable them to progress within the company. For example, senior support workers shadowed deputy managers to learn about their roles. New staff received an in house induction, which included the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must achieve when working in social care.

Staff told us they felt well supported and could ask for guidance and advice if they needed it. The registered manager told us "Staff can have a quick supervision on any matters; issues; for a debrief; guidance; looking at practice. I contact staff on night shift to check they're okay. Staff have informal support almost constantly. We have a debrief and look at practice [after an incident]. I feel we have very strong care for our staff team." A staff member confirmed "I have so much support from the manager and colleagues. It's amazing." Staff appraisals were overdue but had been booked and were due to be completed by August 2017.

People were supported to maintain their health and wellbeing. Assessments of people's health needs had been completed which identified, for example, any allergies and specific health conditions. Clear guidance was available to staff in how to meet people's individual healthcare needs. Details of contact and appointments with relevant health professionals were recorded, such as GPs, dentists, opticians and

chiropodists. A health professional confirmed "All the people at Rose Cottage have regular annual check-ups and have all primary health needs met."

People's rights were protected. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions staff were guided by, and acted in accordance with, the principles of the MCA.
People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). We found the registered manager had applied for appropriate authorisations where required.

People were supported to enjoy a balanced diet, sufficient for their needs. One staff member told us they had been reviewing the menus and had involved people and other staff in deciding which meals to include. Staff were knowledgeable about people's likes and dislikes and their specific requirements, such as food allergies or how they needed their food to be prepared. One relative told us their family member had started to hold food at the back of their tongue which put them at risk of choking. Staff obtained advice from a specialist team who recommended that the person's food was mashed for a time. Staff we spoke with were knowledgeable about people's likes and dislikes and the support they required to meet their eating and drinking needs.

Good

Is the service caring?

Our findings

Relatives told us staff were caring and friendly. One relative said "I can't fault it. They look after him like he's one of their own. The staff are all caring and respectful. I've known most of them for years now." They went on to tell us that staff cared about them too and said "It's frightening when [my family member] has a seizure. If he is home and showing signs, I can call the staff and they will be here in ten minutes. Knowing they're there and only ten minutes away" was re-assuring. Another relative told us "All the staff are genuinely caring. They're really sweet to my son. They're quite loving to him." A health professional told us staff at Rose Cottage were a "very caring team who want the best for the people they support."

During our inspection we observed that staff were kind, caring and thoughtful in their interactions with people. They offered re-assurance and support to people when needed and listened to them in a way that showed their views and wishes were respected. One relative told us their family member had their photo and would look at it if upset and staff knew it would reassure them to come home for a visit, which they supported him to do. The atmosphere in the home was relaxed and staff had time to sit with people and chat or support them with activities.

Staff had excellent knowledge of the people they supported, including their life histories, families and other people who were important to them. People were encouraged and supported to maintain these relationships. Relatives and friends were welcome to visit at any time. One relative told us "I do pop in unannounced but I generally phone to tell them. It's only fair. It's good manners. It's their [people's] home."

There was a strong, person centred culture within the home and staff respected people's privacy. For example, people chose if they wanted to sit in communal areas or spend private time in their rooms. We observed people making these choices which were respected by staff. There were also several different areas around the large garden where people could be away from others if they wanted some personal space. Staff knocked on people's bedroom doors before entering, and sought their permission before showing our inspector around their rooms.

Staff supported people to maintain their dignity and self-esteem and assisted them with their personal appearance and hygiene. One person had wavy mirrors on their bathroom door which they enjoyed looking in when they were cleaning their teeth. A relative told us "He [my family member] is always clean, well shaven and tidy. They are doing a fantastic job."

Staff empowered people to have control over, and make decisions about their daily lives and maintain their independence as much as possible. For example, one person had chosen what they wanted for breakfast and cooked it themselves with support from staff. We consistently observed staff asking people questions about what they wanted to do and providing appropriate levels of assistance that met people's needs.

People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests, such as cars. People had their own music systems and TVs which in some cases were protected behind toughened glass for safety.

Good

Is the service responsive?

Our findings

Relatives and a health professional told us they were happy with the way staff supported people at Rose Cottage. One relative told us "[My family member] is always going out on drives, walks, swimming and doing physical activities. Things I wouldn't do as I would be scared [my family member] would have an outburst. He has a much broader life experience."

People's support was planned with them, their relatives and relevant health and care professionals. Assessments of people's support needs were completed. Detailed support plans were developed which were person centred and included goals, aspirations and things that made people happy. Guidance for staff included; help at night, getting out and about, communication and health and wellbeing. A health professional told us "The service provided is bespoke for each individual. This can be seen by the communication systems, the differences in personal space which is adapted for each person's needs. The knowledge that the staff share on each individual they support."

People's support was regularly reviewed to ensure it remained current and reflected on what had worked well and people's achievements. Staff were aware when people's needs changed and how they should be supported with these changes. Relatives confirmed that they were involved and kept informed of their family member's progress.

Staff supported people to communicate in a way that met their own specific needs and that provided them with information in a way they could understand. An easy read statement of purpose had been produced which helped people to understand what they could expect from the staff. Each person had a 'Choices' file which had symbols, photographs and pictures of different activities such as the gym, golf, feeding the ducks, the days of the week and types of transport. Staff used these pictures to help people communicate what they wanted to do and how they might travel to get there.

People had access to a wide range of community activities and were supported to participate when they wished to do so. One person had their own vehicle which staff drove to and from their activities. A member of staff told us "Care plans have likes and dislikes and preferences in them. We risk assess activities such as loud noises, close spaces, what would work. There are a few things I would like to try but need to wait for the right time." A health professional confirmed "People are encouraged to make choices and decisions within their capability and this can be shown in a decrease in behaviours that challenge."

The home had a complaints procedure which relatives were aware of. However, no complaints had been received. One relative told us "I would always speak up. I would have no difficulty with that. [The registered manager] is very open to discussion. If I did have any concerns I could discuss them."

Requires Improvement

Is the service well-led?

Our findings

People and relatives had a good relationship with the registered manager and staff. Comments from relatives included "[The registered manager] is a very supportive, progressive manager. She will help in any way she can. She will discuss anything. I am happy with my involvement as a parent." A health professional confirmed the home had a "Good strong management team who actively search out assistance if required."

Whilst we received positive feedback about the registered manager and staff, we found over the last twelve months there had been a number of changes within the senior leadership of the organisation and the registered manager had also had a period of absence from the service. This had impacted on the level of support the registered manager had received, but had also meant that the staff team had been working with little supervision and leadership for a period of time. The registered manager noted the impact of the leadership changes had resulted in shortfalls in some aspects of the service delivery. For example, not all quality assurance systems had been fully implemented. Records had not always been appropriately maintained. Staff training and appraisals needed updating and maintenance of the building required some work.

During our inspection we found this to be the case. For example, some of the records relating to the management of medicines, including PRN (as and when medicines) were not being maintained in line with best practice or the provider's policies and procedures. Records were not always accurate, up to date and easy to access. During our inspection we reviewed two people's records. However, we were not always able to identify which care records were the current versions and several copies of some records were filed in a number of different locations. People's review records were not always easy to find and in some cases there were no records that reviews had taken place, although the deputy manager assured us that they had. One person's updated support plan had been in the staff 'read and sign' file for almost a year and had not yet been filed in their support file. We asked the deputy manager to help us find documentation we were looking for on a number of occasions but they were not always able to do so. They confirmed that records were in the process of being streamlined and out of date records were gradually being archived. We found some other records relating to the running of the home, such as service audits and maintenance records were incomplete or missing. The registered manager started to address this during the inspection.

The registered manager told us that things had started to improve. They were being supported in their role by a new deputy manager and the residential managers within the company had developed a peer support group which had worked well and had provided them with a forum to raise issues with the CEO or if necessary directly with the Trustees.

There was an open and transparent culture within the home. A health professional told us "One real bonus for me is how as a team the management reflect on practices and how they can be improved. This attitude can also be seen in the staff team who are open and responsive to suggestions and approaches into how to improve the quality of life for the people they support." Staff now felt very well supported by the registered manager who provided clear leadership and direction. They felt able to raise concerns or ideas and said they would be listened to. One staff member told us "We're a great team. We work and think as a team. It's like

my second family. I love being here. I feel very lucky." Another staff member told us "I'm well supported, definitely."

Relatives and care professionals had opportunities to share their views about the quality of the service and drive improvement. The most recent feedback received from relatives and care professionals showed they were all very satisfied. A relative's comments included "The staff are marvellous. They keep him safe and give him lots of opportunities. We are very grateful for what they do." A care professional said "[the person] is supported in a personalised way, promoting choice and independence."

Staff meetings took place which provided opportunities for staff to discuss issues and share information and good practice. Minutes of recent meetings showed staff discussed issues such as risk management, activities and health and safety. Staff told us they valued these opportunities and felt communication within the staff team was good. One staff member told us "The first thing we do is check the book, diary, email. We have got effective communication in the team."

The registered manager understood their responsibilities under the Health and Social Care Act 2008. There had not been any notifiable incidents or events; however, the registered manager was aware of when these should be submitted. Incidents and accidents were recorded and actions taken and any learning shared with other homes within the company.