Autism Care (North West) Limited

Reiver House

Inspection report

303 Leyland Lane
Leyland PR25 1HY
Tel: 01772 432080
Website: www.autismcareuk.com

Date of inspection visit: 12 February 2015
Date of publication: 07/05/2015

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

Reiver House is located in a residential area of Leyland, close to the town centre. It provides accommodation for up to four people with learning disabilities, who require help with their personal care needs.

There are a range of amenities within the local community, such as shops, pubs, a post office, church and leisure centre. Reiver House is owned by Autism Care (North West) Limited.

We last inspected this location on 17th October 2013, when we found the service to be compliant with the regulations we assessed at that time. This unannounced inspection was conducted on 12th February 2015, when the registered manager was on duty. 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.

Records showed new employees were guided through a detailed induction programme and were supported to gain confidence and the ability to deliver the care people needed.

We found the planning of people's care and support to be very detailed and person centred. This provided good

Summary of findings

guidance for the staff team about each person's assessed needs and how these needs were to be best met, in accordance with the preferences and wishes of those who lived at the home.

Medications were well managed and our findings demonstrated that proper steps had been taken to ensure people who used the service were protected against the risks of receiving inappropriate or unsafe care or treatment. This helped to ensure people's health, safety and welfare were consistently promoted.

The staff team were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at Reiver House. Recruitment procedures adopted by the home were robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group.

The premises were clean and well-maintained throughout. There were no unpleasant smells noted. Systems and equipment within the home had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use.

The management of risks was consistently robust. This helped to protect people from harm. The staff team were provided with a wide range of learning modules and were regularly supervised. This helped to ensure those who worked at Reiver House were trained to meet people's health and social care needs.

Staff were kind and caring towards those they supported and people were helped to maintain their independence with their privacy and dignity being respected at all times.

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?

Good

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Reiver House.

Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse.

People who lived at the home were protected by the emergency plans implemented at Reiver House and medicines were being managed well.

The premises were safe and were maintained to a good standard. Assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Reiver House.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed. Where people's rights were restricted in their best interests, the registered manager had gained the appropriate authorisation and worked in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards.

Where people's rights were restricted in their best interests, the registered manager had gained the appropriate authorisation and worked in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards.

The menu offered people a choice of meals in picture format and their nutritional requirements were being met. Staff members ate lunch with those who lived at the home and the dining experience was suitable for people who resided at Reiver House.

The environment was well designed in accordance with the needs of those who lived at the home.

Is the service caring?

Good

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

Summary of findings

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

Is the service responsive?

Good

This service was responsive.

An assessment of needs was conducted before a placement was arranged. Support plans were very detailed and person centred, reflecting accurately people's assessed needs and how these needs were to be best met.

Staff anticipated people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

People we spoke with were fully aware of the lines of accountability within the home. Staff told us they felt well supported by the registered manager of Reiver House and were very complimentary about the way in which the home was run.

There was a culture of openness and transparency within Reiver House and evidence was available to demonstrate the home worked in partnership with other relevant personnel, such as medical practitioners and community professionals.

There were systems in place for assessing and monitoring the quality of service provided and actions were developed to highlight any areas in need of improvement.

Reiver House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 12th February 2015 by an Adult Social Care inspector from the Care Quality Commission. At the time of our inspection of this location there were two people who lived at Reiver House. They both had complex care needs and were unable to tell us what life was like at the home. However, we were able to speak with a family member by telephone. We received positive comments. We also spoke with two staff members and the registered manager of Reiver House.

We toured the premises, viewing all private accommodation and communal areas. We observed people dining and we also looked at a wide range of records, including the care files of both people who used the service and the personnel records of two staff members.

We 'pathway tracked' the care of both people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from eight community professionals, such as GPs, community nurses, mental health teams and an advocate.We received four responses. Their comments were all positive.

The service had submitted a Provider Information Return (PIR). This 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. Before our inspection we reviewed the information provided within the PIR.

Good

Is the service safe?

Our findings

A relative we spoke with commented, "I certainly think (name removed) is very safe living at Reiver House. The staff are lovely and they really do care about him. I am sure he would never come to any harm."

Detailed policies and procedures were in place at the home, which outlined the importance of non-discriminatory practices and human rights.

We looked at the support plans of both people who lived at Reiver House. They included a section about 'keeping safe' and we saw an extremely good example of keeping someone safe, who had a life threatening condition. This covered their presenting need, the primary outcome and long term goal for the individual to live a fulfilled life in a safe environment in which he could continue to develop his daily skills.

A wide range of risk assessments had been conducted, which helped to protect people from harm. These covered areas, such as choking, bathing, nutrition and medical conditions. They identified significant hazards, recognised those at risk and described control measures needed to promote people's safety.

We saw that Personal Emergency Evacuation Plans (PEEPs) had been introduced for both people who lived at the home. These were detailed, providing clear guidance about how individuals would need to be moved from the building in an emergency, should the need arise.

During our inspection we looked at the personnel records of two members of staff. We found recruitment practices adopted by the home were robust. Prospective employees had completed application forms and had produced acceptable identification documents. All necessary checks had been conducted before people started to work at the home. These included two written references and a police check. This helped to ensure that only suitable people were appointed to work with this vulnerable client group.

The registered manager told us the staff team had been stable for the past six months, which helped to provide continuity of care for those who lived at Reiver House.

Records showed the staff had completed training in safeguarding adults and whistle-blowing procedures. Those we spoke with were aware of what constituted abuse and they were confident in reporting any concerns through the correct channels. The staff team had also done learning specific to the safety of those who lived at Reiver House, including Non-Abusive Psychological and Physical Intervention (NAPPI) modules. This training is designed to provide a safe and humane resolution to situations of conflict and therefore enable volatile circumstances to be managed in the least disruptive and safest manner.

We found people's needs were being met by the number, skills, qualifications and experience of staff on duty. Staff spoken with felt there were sufficient staff deployed to meet the needs of those who lived at the home.

During our tour of the premises we found the home to be clean and hygienic throughout, without any unpleasant smells. Clear policies and procedures were in place in relation to the control of infection. This helped to reduce the possibility of cross infection and therefore protected people from harm.

A variety of internal and external safety checks were routinely conducted and we observed that Reiver House was well maintained, providing a safe environment for the people who lived there. However, we noted one bedroom door to be in need of repair or replacement. The registered manager was aware of the work needed and assured us it was in the process of being addressed.

Accident records were precise and these were kept in line with data protection guidelines. This helped to ensure people's personal details were maintained in a confidential manner. Systems were in place for the close monitoring of accidents, so that it could be determined if any specific patterns emerged.

A good amount of environmental risk assessments were in place, in relation to the premises. This helped to ensure people lived in safe surroundings.

Certificates were available to demonstrate systems and equipment had been serviced, in accordance with manufacturer's recommendations, so that they were fit for use and protected people from harm.

Detailed medication policies and procedures were in place. The registered manager explained the 'Red flag' system to us. This was used to highlight when people refused their medication at the prescribed time and prompted staff to offer the medication later. In such circumstances, the

Good

Is the service safe?

administration times of subsequent medications were then readjusted accordingly, to ensure sufficient periods were allowed between doses. This was considered to be good practice.

Photographs for identification purposes and detailed plans of care for medication were included in the Medication Administration Records (MAR). These highlighted any known allergies and provided staff with clear guidance about the medication needs of those who lived at Reiver House.

A good system for obtaining prescriptions and medications was in place, which provided a clear audit trail and the MAR charts had been completed appropriately. This helped to ensure the safe management of medications. We noted that any hand written entries on the MAR charts had been witnessed, checked and countersigned by two members of staff. This helped to reduce the possibility of any transcription errors.

The reason for 'as and when required' prescriptions was recorded. For example one person was prescribed paracetamol for abdominal pain and records showed how staff could recognise when this individual required the analgesic. Staff spoken with were aware of how this person communicated his pain, as he was unable to verbalise his needs.

Records showed that all staff had received medication training and this was confirmed by those spoken with. This meant the people living at Reiver House received their medicines when needed and in a safemanner.

Good

Is the service effective?

Our findings

A relative we spoke with told us, "(Name removed) has settled down really well at Reiver House. He has improved so much. The staff are great with him. They ask us for our agreement for certain things and they always do what is right for him."

Records showed any decision making involved input from a variety of relevant personnel, so that outcomes were in the best interests of the individual.

A high percentage of staff had completed training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had a good understanding of legal safeguards, which were in place to protect people whose rights needed to be restricted for their own best interests.

We viewed the care plans of both people who lived at the home, which provided evidence that the registered manager had gained authorisation from the appropriate legal authority and followed correct procedures.

Staff we spoke with were able to tell us how they communicated with both young adults, who lived at Reiver House. They were very knowledgeable about individual methods of communication and how each person expressed their needs.

Evidence was available to demonstrate that those who worked at Reiver House were supported to do the job expected of them. Staff personnel records showed new employees had completed induction programmes, which covered areas, such as fire procedures, first aid, infection control and reporting abuse. They were also issued with an employee handbook, which contained a wide range of relevant information, such as important policies and disciplinary and grievance procedures. Staff were provided with job descriptions relevant to their specific role and terms and conditions of employment, which outlined what was expected of them whilst working for the company and action which would be taken in the event of staff misconduct, as well as the appeals process.

Records showed that all staff members received a wide range of training programmes, which included areas, such as fire awareness, moving and handling, medication awareness, food hygiene, first aid, safeguarding adults and health and safety. They were regularly supervised and formally appraised each year. This enabled staff members to discuss their work performance and areas of best practice with the registered manager and helped them to identify any additional training needs.

During our inspection we toured the premises. The environment was designed in accordance with the needs of those who lived at the home, in order to promote their health, safety and well-being. It was very minimalistic, but clean and comfortable. This enabled support to be provided in surroundings which were most suitable for the two young adults who resided at Reiver House.

The kitchen was of a domestic type, due to the small number of people who could be accommodated at any one time. It was well maintained, clean and hygienic. Kitchen equipment provided was suitable and of good quality.

People's dietary preferences were documented within individual plans of care. We were told this information was obtained from their parents, or people who knew them well. We spoke with staff about the management of meals.

We observed staff dining with people at lunch time. Those who lived at the home needed to maintain a precise routine without disruption or deviation. This helped them to be less anxious and therefore meal times were important periods of the day when routines needed to be maintained.

The menus were developed from individual preferences and choices from picture menus were offered each meal time. This allowed people to visually select their preferred meal, where possible.

Staff spoken with were fully aware of people's preferences, as well as none verbal signs of communication, indicating their likes and dislikes.

We were told that sometimes those who lived at the home went out into the community for lunch with the staff and sometimes they had a takeaway at Reiver House. These events were both included on the weekly programme of activities and meant people maintained a presence in their local area.

Good

Is the service caring?

Our findings

The registered manager told us she sent a report each month to the parents of both young adults, because they lived out of the area. She informed them of any events or activities their sons had been involved in or any appointments they had attended, including any medical details. This information was confirmed as accurate by one family member spoken with following our inspection. This person also told us regular contact was made by telephone, which was reassuring. Her comments included; "I feel involved enough, as they (the staff) send us reports about what (name removed) has been doing and about his care plan." "They (the staff) always keep me updated with things. (Name removed) seems happy enough at Reiver House. If he is happy. I am happy."

A range of information was available for people with an interest in Reiver House. Leaflets were produced in easy read formats and pictograms, for the benefit of those who used the service. The Statement of Purpose House aims to provide a safe environment which supports independence for people with Autistic Spectrum Disorder and challenging behaviour, where people can develop their individual skills and become a meaningful part of the society they live in.'

We noted that because of the small staff team, people who lived at the home had developed good relationships with those who supported them and this was agreed by one of the parents we spoke with.

Support plans outlined the importance of promoting people's privacy and dignity and staff spoken with were fully aware of the need to respect those in their care.

The records of one person who lived at Reiver House showed the involvement of an advocate, who visited the individual every month. An advocate is an independent person who supports people through decision making processes to ensure outcomes are made in people's best interests.

We saw staff approach those who lived at Reiver House in a way which was most suitable for each individual and it was clear that both people were provided with the same opportunities, irrespective of their disabilities. This was supported by the equality and diversity policies and procedures of the home and evidence of activities people were involved in, which helped to promote their independence and wellbeing.

Hospital passports had been developed, which were detailed. These provided all necessary personnel, such as hospital staff and ambulance crews, with a brief summary about the person, should the individual need to be transferred to hospital in an emergency.

Good

Is the service responsive?

Our findings

A family member we spoke with told us, “They (the staff) were brilliant just before Christmas when (name removed) mum was really poorly and in hospital. They offered to bring him down to see her, but we thought it might upset him.” This relative commented, “If I was worried about anything I would phone them up, but I have never had any concerns about Reiver House.”

At the time of our inspection the people who lived at Reiver House had complex requirements and were unable to verbalise their needs. They required a high level of care intervention and support.

‘All about me’ books had been developed, which included individual preferences, methods of communication and how people reacted to different circumstances. For example if they were sad, hungry, happy or anxious.

All staff members had signed each care file to indicate they had read and understood the information contained within. This helped to ensure those who lived at the home were receiving consistent care and support.

We looked at both people’s care files, which were very detailed, providing staff with clear guidance about their assessed needs and how these were to be best managed in a person centred way.

A twelve week development plan had been introduced, which contained some good information. Specific areas of need included, positive interaction, relaxation activities, imagination, thought processes and socialisation. This helped to provide people with a good quality of life.

Support plans had been reviewed at regular intervals and any changes in need had been recorded well. This provided up to date guidance for staff about current circumstances and anything they should be aware of in order to respond to changing needs promptly.

One community professional told us, “Documentation is always good. The care plans are kept up to date and they are reviewed regularly.”

The records of one person showed he enjoyed community activities, such as trampolining, swimming, shopping, walking in the park and visiting the zoo. One person was a member of the British Gymnastics club and he was participating in a community activity for part of the day at the time of our inspection. His plan of care emphasised the importance of staff supporting him to develop skills and to gain access to the local community.

Records showed trips out were occasionally provided to local places of interest. Daily records outlined activities people had been involved in with evaluations of how much they had enjoyed each one. These were replicated by a smiley face, for example or a thumb down sign.

We spoke with a community professional by telephone, who was involved in supporting one of the people who lived at Reiver House. She told us, “There is a massive range of activities provided, which (named removed) enjoys.”

Support plans showed in detail how people’s emotions were managed and outlined triggers or factors staff needed to be aware of in order to anticipate people’s needs, deflect anxieties and keep people happy.

Staff spoken with were able to discuss the needs of people and it was clear they knew each individual very well.

A decision proforma had been completed by a best interest team, showing they had agreed to the implementation of the care plan in the individual’s best interests. The parent of one person had been involved in the decision making process.

A system was in place for recording and monitoring complaints. The last documented complaint was referred to the local authority under safeguarding procedures. Each step of the process was clear, which enabled a distinct audit trail to be followed.

A relative we spoke with told us she would not hesitate to contact the registered manager if she had any concerns and she felt issues would be dealt with appropriately.

Good

Is the service well-led?

Our findings

The registered manager told us she felt well supported by the provider, which helped her to ensure people who lived at the home were afforded the care they needed. She commented, "Whatever I request from the company, it is always provided."

It was evident the home had a culture of openness and transparency from the sharing of appropriate information with other relevant personnel, such as the staff team, medical practitioners and family members of those who lived at the home. One community professional told us, "They (the staff) engage well with the families of the residents."

Records showed that annual surveys were conducted for relatives and stakeholders in the community. This enabled the provider to gather the views of people about how the service was performing. A report was developed from the results obtained. This enabled the provider to identify areas in need of improvement and to focus on areas of good practice.

A good range of quality audits were conducted regularly. These included areas such as, health and safety, medication, infection control and care planning. Action plans were developed, which highlighted areas for improvement and reports were compiled by the operations manager, so that any shortfalls could be identified and appropriately addressed.

Certificates seen showed that the company had been accredited with an external quality award, which demonstrated that audits were periodically conducted by an independent professional organisation.

A business continuity plan was in place, which covered evacuation procedures due to emergency situations or environmental failures, such as loss of power supplies, flood, gas leak, severe weather conditions or a pandemic.

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. We noted the registered manager had told us about things we needed to know in accordance with The Care Quality Commission (Registration) Regulations 2009.

A wide range of written policies and procedures provided staff with clear guidance about current legislation and up to date good practice guidelines. These were reviewed and updated regularly and covered areas, such as The Mental Capacity Act, Deprivation of Liberty Safeguards, consent to care, safeguarding adults, infection control and health and safety.

Staff spoken with told us that the registered manager was always available and because it was such a small team, discussions took place on a daily basis. However, records showed formal staff meetings were held every two months. This enabled relevant information to be disseminated to the staff team and encouraged them to discuss any topics of interest within an open forum.

One member of staff commented, "It's a friendly team. I love my job." Another told us, "The registered manager is very approachable. She is a great manager. She is a manager and a friend, if you know what I mean. She knows when she has to be tough, but she is very approachable too."