

National Autistic Society (The) Lakeside House

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

This inspection was unannounced and took place on 19 October 2017.

Lakeside House provides accommodation for five people with autism and complex needs who require personal care. Four people live in the main part of the home; one person lives in a self-contained flat.

Lakeside House is part of a complex owned by the National Autistic Society, called Somerset Court. Within the complex there are other care homes and a day services facility which people can use.

The last inspection of this service was carried out in September 2016. At that inspection the service was rated Requires Improvement. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's legal rights in relation to decision making were not always upheld, people were not provided with a consistently homely and well maintained environment, staff had not been supervised regularly and the quality assurance processes in place to monitor care and safety and plan on-going improvements were not fully effective.

Following the inspection in September 2016 the provider sent us an action plan to state what changes they would make to ensure they were compliant with the regulations. At this inspection we found all the required improvements had been made and the home was fully compliant with regulation.

Since the last inspection a new registered manager had been appointed. 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. Staff and relatives spoke highly of the current management at the home.

People lived in a home which was well led and there was a commitment to making on-going improvements to the service. Positive comments were received about the changes that had been made during the past year. One member of staff said, "I think the main thing is consistency. We all know what is expected and the people who live here are more settled because of it." A relative told us "The management are definitely on the ball now."

People were safe at the home and appeared relaxed and comfortable with the staff who supported them. There were adequate numbers of staff to keep people safe and to meet their needs. There were systems in place to make sure people received their medicines safely. One relative told us, "I have every confidence they are safe."

People received effective care because staff were well supported and trained. Staff knew how to support people when they did not have the mental capacity to make a decision for themselves. Staff used pictures

and symbols to promote choice for people. They also used easy read posters and information to make sure people had access to information about abuse and making a complaint.

Improvements to the environment meant people lived in a comfortable home which promoted their independence. People were involved in decisions about the décor and furnishings within the house.

People were supported by kind and caring staff who they had built trusting relationships with. When people returned to the house from their activities they looked genuinely happy to see staff and one person gave a number of staff a hug as a greeting. Staff supported people to keep in touch with people who were important to them.

People had their needs assessed and reviewed to make sure care provided met their up to date needs. People were able to set goals for the things they would like to achieve and staff helped people to achieve their goals.

People had access to a wide range of activities according to their abilities and interests. Some activities were provided on site and people also accessed facilities in the local community. One relative said, "There is so much going on. Lots of trips out and they regularly go down to the local pub."

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 by adequate numbers of staff who had been fully checked to make sure they were suitable to work with vulnerable people.

People received their medicines safely from staff who had received appropriate training to carry out the task.

Risk assessments were carried out to minimise risks to people and promote their independence.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were well trained and competent to meet their needs.

People had access to healthcare professionals according to their individual needs.

Staff knew how to assist people who were unable to make decisions for themselves and made sure people's legal rights were respected.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate.

People's privacy and dignity was respected.

Staff supported people to keep in touch with friends and family.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was delivered in accordance with their assessed needs.

People had access to a wide range of activities and leisure facilities.

Staff knew how to recognise if people were unhappy with their care and support and relatives said they would be comfortable to complain if needed.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a management team who were committed to making on-going improvements to the service.

There were quality assurance systems which included seeking people's views.

People lived in a home where staff felt well supported which led to a happy relaxed atmosphere.

Lakeside 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 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 19 October 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

At our last inspection of the service in September 2016 we identified four breaches of regulations. The provider sent us an action plan stating how they would become compliant with these regulations.

People who lived at Lakeside House had communication difficulties and were unable to fully share their views about the service. We met all five people who lived at the home and spent time observing people and staff in communal areas to help us to gain a picture of their well-being. Following the inspection we spoke on the phone to relatives of three people who lived at the home.

We spoke with six staff and the registered manager. One health care professional provided feedback before the inspection and two visiting professionals shared their experience with us during the inspection.

During the inspection we looked at a number of records relating to the running of the home and people's individual care. These included two care and support plans, three staff recruitment files, minutes of staff meetings, medication records and records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People were safe at the home. People looked very relaxed and comfortable with the staff who supported them. There was a calm and cheerful atmosphere in the house and people happily interacted with staff. One relative told us, "I have every confidence they are safe."

The risks of abuse to people were minimised because the provider operated a robust recruitment process which made sure new staff were thoroughly checked before they began work. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff said they had not been able to begin work until all checks had been received by the registered manager. Records seen confirmed this.

People were supported by adequate numbers of staff to help keep them safe and make sure their individual needs and wishes were met. During our inspection we saw there were enough staff to support people to go out and to help people when needed. The home used agency staff to cover vacancies but made sure any agency staff were familiar with the home and the people who lived there. We spoke with two agency staff and both had an excellent knowledge of the people they were supporting. Both told us they had been working at the home, through the agency, for about two years.

The registered manager kept staffing levels under review and had made some changes to working patterns. For example they had identified that the levels of staff in the evening did not always enable people to follow their own interests. In response to this management and senior staff hours had changed to make sure there was additional support in the evenings. One member of staff said, "We have enough staff to do things and the managers muck in."

Staff knew how to recognise and report any concerns and said they were confident that any issues raised with the registered manager would be fully investigated. One member of staff said, "You can go to her [registered manager] with any issues. They are really on the side of the guys who live here." Records of staff meetings showed safeguarding was regularly discussed to make sure staff were confident in this area. There was information, including easy read versions, telling people and staff about abuse and how to report it. One member of staff said, "I'm really confident anything would be taken seriously but if it wasn't I wouldn't hesitate to go to CQC or the local authority."

People were able to receive care and take part in activities safely because risk assessments were carried out and kept under review. These promoted people's independence and made sure people were not subject to unnecessary restrictions. One person had a risk assessment for riding their bike around the grounds which helped to promote their independence. There were also risk assessments regarding managing medical conditions which may place people at risk. We looked at two people's assessments in respect of epilepsy and saw they were extremely personal to each person with outcomes which took account of their individual needs.

People received their medicines safely from staff who had received specific training and had their competency to carry out the task assessed. To minimise the risks of incorrect administration all medicines were administered by one member of staff and witnessed by another. Records of medicines administration were well completed and correctly signed when administered or refused.

Some people were prescribed medicines on an 'as required' basis. There was information to state when these medicines should be administered to ensure they were given to people in a consistent way. Records showed that these 'as required' medicines were not routinely given and staff asked were aware of the protocols in place for their administration.

Where people required medicines to be given without their consent there was clear information about how the decision had been reached and who had been involved in the decision. One person received medicines in this way and it was reviewed on a monthly basis with relevant people to make sure it remained appropriate.

There were arrangements in place to keep people safe in an emergency. Everyone had a personal emergency evacuation plan which outlined the individual needs of the person. Staff we spoke with were aware of the procedures to follow in the event of a fire and there were policies and procedures for other emergencies, such as loss of power. We saw there was a 'disaster box' in the office; this contained information and equipment which staff may need if there was an emergency.

Is the service effective?

Our findings

At the last inspection we found people's rights were not fully protected because the correct procedures were not always followed when people lacked capacity to make decisions for themselves. At this inspection we found that all staff were working in accordance with The Mental Capacity Act 2005 (MCA) and records showed how the procedures had been followed.

Staff supervisions and staff meetings showed staff were given on-going training and guidance about the MCA. Staff had created scrap books with people which were used to help them to make individual decisions. Each person's scrap book contained information in picture and symbol format to assist them to make choices. One member of staff said, "I think we all feel more comfortable with the mental capacity stuff and how to use it in everyday life."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any restrictions placed on people should be regularly reviewed.

People's care and support plans showed their capacity to make specific decisions had been assessed and where they were found to lack capacity best interests decisions had been made. There was information to show how people had been involved in decisions as far as they were able and who had also been part of the decision making process. For example, one care plan showed that the person was unable to give full consent to sharing information about themselves with family members. They had been shown pictures to help them to participate in the process and a best interest decision had been made with people who knew them well.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for people who required this level of protection to keep them safe. Where DoLS applications had already been granted they were following the conditions set out in the authorisations.

At the last inspection we found that staff had not been well supported through a period of significant change. Staff had not received one to one supervision meetings with their line manager which meant they did not have opportunities to discuss their work or training needs. Since that inspection a new manager had been registered with the Care Quality Commission and staff felt better supported. All staff were receiving regular supervision which gave them opportunities to discuss their work and the care they provided. One member of staff said, "The whole place has changed so much in the past year. We all feel really well supported now." A relative told us, "[Registered manager's name] has changed the whole culture. Everyone is much happier."

People received their care and support from staff who had the skills and knowledge to effectively and safely support them. Staff records showed all staff undertook a wide range of training which included health and safety, behaviour management and autism specific training. One member of staff said, "Absolutely no complaints on the training front."

At the last inspection we also found that people did not live in an environment which was well maintained and homely. Since that inspection a number of improvements had been made which helped to create a much more homely environment. The kitchen had been completely refurbished in a way that promoted people's independence. For example, there was a lowered worktop in one area which meant that everyone could make drinks and snacks for themselves. Bathrooms had been refurbished and so had the communal lounge.

People were involved in decisions about their home and had been active in choosing colours and furnishings. People had been shown pictures and colour samples to help them to make choices. The registered manager told us the corridors would be painted shortly and we saw colour samples had been painted on the walls and people's initials showed which colour they liked. One person told us, "Green is nice."

People had access to a range of healthcare professionals according to their individual needs. One relative told us, "I have no concerns what so ever that they have the right care and treatment. They support them to the dentist and doctors and anything else they need." Records relating to people's healthcare needs included health action plans and hospital passports. This helped to make sure people's healthcare needs would be met in whatever environment they needed to receive treatment in. Where people were unable to consent to healthcare treatments the staff consulted widely with family and professionals to make sure any decisions made were in the person's best interests. One healthcare professional told us the staff sought advice and had acted on all the recommendations they had made regarding a person's care.

People were cared for by staff who knew them well and were able to recognise when a person required extra support. For example, staff had highlighted that one person had become more anxious and unsettled. In response to this a referral was made to the provider's behavioural support team and they had been working with the staff and the person to make sure they were better supported. We were told by staff that the intervention had already made a big difference to the person and the level of incidents which indicated they were unhappy was reducing. On the day of the inspection this person was relaxed and smiling.

People received meals in accordance with their needs and wishes. People were involved in deciding on a menu each week and some people helped in food preparation and cooking. Where people required a specialist diet this was provided.

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff showed patience and understanding with people and there was a good rapport between staff and the people who lived at the home. When people returned to the house from their activities they looked genuinely happy to see staff and one person gave a number of staff a hug as a greeting. One relative said, "They are all very caring and very good." One healthcare professional told us they found staff to be caring and kind.

There was a very relaxed and settled atmosphere and people appeared very much at home. One person lived in a self-contained flat and other people had single rooms which they had personalised according to their tastes and wishes. People had unrestricted access to all areas of the home and were able to spend time in communal areas, outside or in the privacy of their own room. Staff respected people's privacy and did not enter bedrooms without the person's permission. One relative told us they thought staff were very good at making sure people were safe and supervised without invading their personal space or need for privacy.

People's dignity was respected and staff supported people when they were unable to promote their own dignity. One care and support plan we saw gave staff information about how to maintain the person's dignity if they became disinhibited. Since the last inspection bathrooms had been upgraded which also helped to promote people's dignity by providing a pleasant environment where people could attend to their personal care.

People were supported by staff who knew them well and knew what was important to them. Care plans gave information about people's personal histories and their likes and dislikes. They also had information about how people communicated and how staff could effectively engage with people. This made sure staff could interact with people about their interests and what was important to them. One relative said, "They [staff] know them really well and they do everything they can to communicate. They [staff] know their ways and they're happy."

People were supported and encouraged to keep in touch with family. Staff helped people to contact family members and offered support and transport to help them to maintain these important links. One relative told us staff at the home had recently helped their relative to have a skype call with them when they had been unable to visit. One relative said, "They are very good at supporting with visits." Staff produced a monthly newsletter which was sent to family members to tell them about what their relatives had been up to that month. One relative said, "They are very good at keeping me in the loop." The provider held regular social events and family and friends were invited to attend which also helped people to maintain their social networks.

Is the service responsive?

Our findings

People received responsive care that met their needs and was personalised to their wishes and preferences.

Each person had a care and support plan which was personalised to them to make sure they received support which met their individual needs. Care plans gave information about people's preferred routines which helped to make sure staff worked around their preferences. There was also information about people's capacity to make certain decisions, how they communicated, risks and the things that may make people anxious or upset. All areas of the care plan we saw showed evidence of regular review and had been up dated when things changed. For example following a specific health incident a risk assessment had been up dated and staff practice had changed so that it took account of the change.

People set goals for what they would like to achieve in the coming months during reviews of care plans. These could be taking part in different activities or learning new skills. For example we saw one person had said they would like to go swimming. Records showed this person was taking part in weekly swimming sessions which showed they had had opportunities to fulfil their goal.

In addition to care plans people also had communication books where staff wrote about people's day to day lives including things they had enjoyed and what they had eaten. They had health action plans which gave information about their health needs and emergency files which could be used if someone was away from the home. For example if they were admitted to hospital.

Although care plans and other documents were personalised to the individual they were not in a format that was easy for everyone to understand or fully participate in. The staff used pictures and symbols to help people make choices and understand information but these had not been used to make care plans or communication books more meaningful to each person.

People were supported by staff who knew them well and said they would recognise if people were unhappy about any aspect of their care or support. One member of staff said, "Anything we raised now would definitely be listened to. Like getting the behavioural support team in for [person's name.]" Staff told us they all key worked specific individuals and were able to spend time with the person they key worked. When we asked a member of staff what key working involved they said, "It's about keeping communication going between them and their families and generally taking time to be with them and understand their needs and how they are."

There was information in easy read format telling people how to make a complaint. Relatives we spoke with said they knew how to complain and would be comfortable to do so. One relative said, "We are happy with the care. There are always hiccups but we feel we can discuss them if we need to." Another relative told us, "I have no complaints but yes I would complain if it was justified."

People had opportunities to take part in activities that interested them. Some people attended activity sessions at the on-site day service centre and at the time of the inspection taster sessions were being

organised to expand the range of the activities available. On the day of the inspection one person attended a drumming taster session. They appeared happy when they returned to the house and staff reported they had enjoyed the session. People took part in activities and household chores and staff supported them to access local community facilities. We saw one person went out for lunch with a member of staff and others went out in the evening. One relative said, "There is so much going on. Lots of trips out and they regularly go down to the local pub."

Is the service well-led?

Our findings

At the last inspection we found the service was not consistently well led. There had been a number of changes in the management of the home which had led to inconsistencies for people and staff. Although systems were in place to monitor the quality of the service offered these had not been effective in achieving improvements.

Since the last inspection a new manager had been registered with the Care Quality Commission. 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.

The new management structure in the home provided people with a stable and settled environment. One healthcare professional told us they found the management "Open and responsive to suggestions." Staff told us they felt well supported and morale was good. One member of staff said, "I think the main thing is consistency. We all know what is expected and the people who live here are more settled because of it." During the inspection people and staff were happy and relaxed.

The registered manager told us that since the last inspection the provider had put in place an additional level of management which had increased the support available to registered managers. The registered manager said they were well supported by the provider and had easy access to advice and support whenever they required it. Staff said the area manager for the service had attended staff meetings and they felt they were more approachable than previously.

In the past year systems in place had led to positive improvements for the people who lived at Lakeside House and the staff who supported them. The provider's systems included quality monitoring visits and recommendations from these visits fed into the registered manager's service development plan. The plan also took account of feedback from interested parties, complaints and compliments and in house audits and checks.

The service development plan gave a clear vision for the home. The up to date plan showed how the home would work on the strong base they had created and make gradual improvements in people's independence. It showed how the staff planned to increase personalisation to make sure everyone received a service that truly met their individual needs and aspirations.

Improvements made had taken account of the fact that some people found it difficult to understand and accept change. Changes had been made in a manner that took account of the difficulties some people may experience. For example, refurbishment of the building was being carried out gradually to ensure it had a minimal impact of people's day to day lives. One relative commented, "They have been very sensitive about making changes and so there has been no adverse effects."

Relatives and staff praised the registered manager for the changes that had taken place within the home. Comments included; "Great improvements. I have been very encouraged. [Registered manager's name] is extremely good," "Everything has got better. [Registered manager's name] Listens and seems to understand what needs to be done. [Person's name] is going out more and seems very content" and "The management are definitely on the ball now."