Autism Wessex

Autism Wessex - Barn Close

Inspection report

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Date of inspection visit:
22 August 2018
23 August 2018

Date of publication:
28 September 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection was carried on 22 and 23 August 2018.

Autism Wessex – Barn Close is a residential care home for up to four people who have an autistic spectrum disorder. At the time of the inspection there were four people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. During this inspection the rating for the effective key question changed to 'requires improvement', however this does not affect the overall rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager had left the service and applied to cancel their registration. The provider had appointed a new manager who was about the begin the process of applying for the registered manager position. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risk assessments were carried out to enable people to retain their independence and access their community. Risks of exposure to hot water had not been fully considered where water temperatures had run above the recommended temperature. The manager took immediate action to address this. There were arrangements in place to keep people safe in an emergency.

Staff received a range of training to meet the specific needs of people, however some training was not provided in line with the providers' policy. The manager put a plan in place to address this.

Where people lacked capacity to make specific decisions and staff had made best interest decisions on their behalf, this was not always completed in line with the Mental Capacity Act 2005 Code of Practice.

People were protected from abuse because staff understood how to keep them safe. All staff informed us they were confident concerns would be followed up if they were raised. People appeared happy and relaxed in the company of the staff.

People received their medicines safely. There were enough staff to meet people's needs. Staff were recruited safely.

People were involved in planning their menus and supported to eat and drink according to their likes and dislikes.

The provider had plans in place to adapt the environment to meet the changing needs of people living in the home.

We observed that staff interacted well with people and knew them well. People were involved in day to day decisions about the care and support they received. People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to engage in activity programmes. There were systems in place for people to raise concerns and give feedback to staff. Relatives felt confident in raising concerns and that they would be listened to.

There were systems in place to monitor and improve the safety and quality of the service. The provider and area manager completed monitoring visits to the service to identify any shortfalls and action required to address these.

We have made a recommendation in relation to the service revisiting guidance relating to the Mental Capacity Act 2005 in relation to supporting people to make decisions.

Further information is in the detailed findings below.

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 Good.

People received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed. Risks of exposure to hot water were not being fully managed.

There were sufficient numbers of suitable staff deployed to help keep people safe and meet their individual needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not fully effective.

Staff supporting people had not received up to date training in some subjects.

Where some decisions were made for people in their best interest, these were not always completed in line with the Mental Capacity Act 2005.

People saw appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Is the service caring?

Good

The service remains Good.

People's relatives told us they thought the staff were caring.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Good

The service remains Good.

People had detailed care plans that described their needs.

People had access to a range of activities to meet their preferences and needs.

People's relatives knew how to raise concerns.

Staff supported people to maintain contact with the important people in their lives.

Is the service well-led?

Good

The service remains Good.

People were supported by staff who felt supported in their roles.

People were supported by a team of staff with clear lines of accountability and responsibility.

There were quality assurance systems in place which monitored the quality and safety of the service provided to people.

Autism Wessex - Barn Close

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 22 and 23 August 2018 and was unannounced. This was a comprehensive inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their 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 also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the manager and four members of staff. We received feedback from two relatives following our inspection and requested feedback from two visiting professionals.

We looked at three people's care records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, three staff personnel files and quality assurance audits.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe with the staff supporting them, however we observed they looked happy and relaxed in the presence of the staff.

Relatives told us they thought their family members were safe living at Barn Close. One relative told us, "Yes, I'm happy [name of person] is safe." Another commented they felt their relative was safe and they had no concerns.

Risks of abuse to people were minimised because staff knew how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that the appropriate action would be taken to make sure people were safe. One staff member said, "I am confident [name of manager] would take the right action, they seem very on the ball. I know I can contact safeguarding and I'm aware of the whistle blowing policy."

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a recruitment system which made sure all new staff were checked to make sure they were suitable to work with vulnerable people. Recruitment records showed that new staff did not begin work until appropriate checks had been carried out to make sure they were safe to work with vulnerable people.

Relatives told us they thought there were enough staff available to meet people's needs and there were mainly the same staff members supporting them. We observed there were enough staff available to maintain people's safety and to meet their needs. All staff we spoke with thought staffing levels were adequate. We saw staff responded to requests for help promptly and had time to socialise with people. Staffing rotas demonstrated there were enough staff available to meet people's needs and support them with their chosen activities.

Plans were in place to minimise risks and protect people from harm which enabled people to make choices and participate in the activities they enjoyed. For example, people had risk assessments in place in relation to accessing the community, travelling in vehicles, specific activities and health conditions. Risk assessments had management plans in place to reduce the risk and the staff we spoke with were aware of the identified risks. There were arrangements in place to keep people safe in an emergency. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. The risk assessments we viewed were reviewed and updated regularly.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, and water temperature checks. We noted the temperature of the main bath had been running over 44°C on several occasions and action had not been taken to amend this. The Health and Safety Executive states, "High water temperatures (particularly temperatures over 44°C) can create a scalding risk to vulnerable people who use care services." We discussed this with the manager who confirmed there had been no incidents of people scalding

themselves. They also confirmed there was a thermostatic mixer valve in the water system to regulate the temperature. During the inspection they arranged for an external contractor to come to the home to amend the temperatures to ensure they remained within a safe range.

There were measures in place to reduce the likelihood of the spread of infection. Each person had an infection control risk assessment in place. All areas of the home were kept clean and fresh. Staff had allocated cleaning tasks to complete each shift and people were encouraged to help out with some of the tasks.

Relatives were happy with how people's medicines were managed. People's medicines were administered safely and stored securely. Staff had their competence to administer medicines assessed to make sure their practice remained safe. Medicine Administration Records (MARs) detailed the medicines people were administered and these had been consistently signed when people had taken their medicines. Where staff had hand written entries on the MAR, these were not always signed and countersigned by two staff. This is recognised good practice to ensure people received the correct medicines and this also reduced the risk of errors occurring. We discussed this with the manager who told us they would ensure these entries on the MARs would be signed and counter signed by two staff.

Where people took 'as required medicines', such as pain relief, there were clear guidelines in place to instruct staff of when they should be given. However, although staff were able tell us how people preferred to take their medicines, care plans lacked guidance relating to this. We discussed this with the manager who told us they would ensure this guidance would be added to care plans.

Senior staff completed regular audits on medicines to ensure the systems remained safe.

All accidents and incidents which occurred in the home were recorded. The manager had systems in place to review and analyse all incidents to identify any themes or trends. Staff told us there was a culture of learning from incidents. Where one person had experienced a number of falls, we saw staff has referred them to an Occupational Therapist and new mobility equipment had been purchased.

People had detailed care plans in place, which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff were aware of the plans and what could make people anxious and they felt confident in managing incidents. During the inspection, we observed one person was starting to become anxious, staff were able to pre-empt this and we observed them working in line with the person's guidelines, which reduced the person's anxiety levels.

Requires Improvement

Is the service effective?

Our findings

Staff commented positively about the training they received and they felt they had enough training. One staff member said, "The training is really good and enough to do the job. They do encourage and support you to do qualifications." Whilst staff commented positively about their training, some staff had not received up to date training in key subjects such as safeguarding, food hygiene, fire training and epilepsy training. We discussed this with the manager who put a plan in place to address the training shortfalls for all staff within a month to ensure they received up to date training.

From discussions with staff, it was evident they were experienced and had the skills and knowledge required to support people and meet their individual needs. For example, although staff had not received up to date training in epilepsy they were able to describe how they would support a person if they had a seizure. They described this in line with the person's guidelines. Relatives told us they thought staff had the right skills to support their family members.

Staff received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff, attending training, familiarising themselves with the home and reading people's care records. The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the relevant skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they had formal supervision (meetings with their line manager to discuss their work) to support them in their professional development. Records demonstrated staff were receiving regular supervision. Staff told us they found supervision supportive. One staff member told us, "Supervisions are really good, we get feedback and talk about any issues. We look at anything we can do better and improve on."

People were able to make most of their own day to day decisions as long as they were given the right information in the right way and had sufficient time to decide. However, there were some decisions people were not able to make for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied.

The 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.

Records demonstrated capacity assessments had been completed for some specific decisions such as staff administering medicines, supporting people with their finances and their health and nutritional needs. We found however not all of the capacity assessments were decision specific in line with the MCA Code of Practice. For example, one best interest decision we reviewed related to sharing information, maintaining family contact, maintaining personal hygiene and maintaining a well-balanced diet. We discussed this with the manager who told us they had identified this and had an action plan in place to review all MCA

assessments and best interest decisions to ensure these were in line with the MCA Code of Practice.

Staff told us one person had restricted access to their computer games console and they explained the reasons why this restriction was in place. Although the restriction was identified in the person's care plan, a mental capacity assessment and best interest decision had not been completed for this specific decision. We discussed this with the manager who told us they would review the restriction and complete a capacity assessment and best interest decision if required.

We recommend that the service revisits guidance relating to the Mental Capacity Act 2005 in relation to supporting people to make decisions.

Staff used a range of communication tools to help people understand decisions, such as pictures, objects of reference and social stories. Social stories are short descriptions of a particular situation, event or activity which included specific information about what to expect in that situation and why. Social stories can help reassure people and help them understand what a certain situation involves. Throughout the day we saw staff were observant and interacted with people in a way that respected them as individuals and showed an understanding of their particular needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager confirmed referrals had been made for people to be lawfully deprived of their liberty where they needed this level of protection to keep them safe and lacked the mental capacity to fully agree to aspects of their care. We saw DoLS applications had been agreed for two people living at the home and the other two were pending assessment from the local authority.

Staff told us people were involved in planning their menus. Each person chose a meal they liked each week which staff supported them to shop for, prepare and cook. Staff encouraged people to be involved in this activity if they chose. Staff told us if people did not want what was on the menu they were able to choose what they wanted as an alternative. During the inspection we saw people helped themselves to food, drinks and snacks throughout the day.

Where people had specialist requirements and guidelines relating to their meals, staff were aware of this and we observed meals and drinks were prepared in line with the guidance.

The staff worked closely with a range of professionals to make sure people's needs were met. Relatives told us they were happy their family members' health needs were well supported by staff. People's care records showed referrals had been made to appropriate health professionals when required. These included GPs, opticians and dentists as well as specialist input from an epilepsy nurse, psychologist, physiotherapist and occupational therapist. The provider also had internal health professionals that were available to support people if required.

People were able to move around the home freely and request staff support as and when they needed it. Each person's bedroom was personalised to their needs and wishes. The environment had recently been assessed by the providers' occupational therapist to assess the suitability of the environment for the changing needs of the people living in the home. As a result of the assessment an action plan had been created and staff told us they were in the process of arranging for the action points to be completed. This included installing some hand rails around the home.

Good

Is the service caring?

Our findings

People were unable to tell us if the staff working at Barn Close were caring. However, we observed people looked happy and relaxed in the presence of staff. When we asked one person about the staff they confirmed they thought staff were, "Alright."

Relatives told us staff were caring. One relative told us, "The staff are really nice and very good with [name of person]. I know [name of person] is happy there as they are always happy to go home." Another commented, "They are good. Very caring, and concerned for [name of persons] welfare and wellbeing."

Relatives also told us staff knew their family members well. One relative commented, "Yes staff do know [name of person] well." Another commented, "They understand when [name of person] needs quiet time and what they do and do not like." Staff knew people well and talked positively about them. They described how they had built trusting relationships. Staff recognised the importance of getting to know people well. Staff knew about people's likes and dislikes and were able to explain what was important to them such as having time to process information, family members, important routines and personal items.

People were involved in day to day decisions about their support. Staff described how they used people's individual communication methods to give people choice and control over their lives. For example, pictures and communication boards were used to enable people to choose what they wanted to do and where they wanted to go. During the inspection we observed staff offering people choices to enable them to make decisions.

People were encouraged and supported to develop and maintain relationships with people that mattered to them to avoid social isolation. People were supported to keep in touch with their family members. One relative told us how staff supported their family member to contact them via telephone each week. The manager told us they had plans to improve the communication systems with people's relatives. Relatives also told us there were no restrictions on times they could visit and staff always made them feel welcome.

Staff described how they respected people's privacy by knocking on their doors before entering their rooms. We observed this during the inspection. Staff also told us how they recognised the importance of people having their own personal time. Staff recognised the importance of promoting people's independence and they described how they supported people to be as independent as they could be.

Staff were aware of, and supported people's diverse needs. Staff knew how to support people as these aspects of care were well planned. This was based on staff understanding who was important to the person and their life history. People had also been supported by external professionals in relation to their diverse needs.

Good

Is the service responsive?

Our findings

There was a person centred approach to supporting people. Staff consistently responded to people on an individual basis and worked in accordance with their wishes. Relatives told us they were happy with the way their family members were supported by staff.

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had a care and support plan. The care plans were personal to the individual and gave clear information to staff about people's needs, routines, daily living skills, health needs, communication needs, what they were able to do for themselves and the support required from staff. Staff had a good knowledge of the information in care plans and how to support people.

People were involved in the planning of their care as much as they were able to, although this could be limited due to their communication needs. One person had a countdown calendar which they used to enable them to follow dates and countdown to important events. Another person had demonstrated in a house meeting they did not want to attend specific activities and this had been respected by the staff team.

People's relatives told us they were involved in the planning and reviewing of their family members care. Relatives told us they were invited to an annual review. They said they discussed their family members care plan and their thoughts about their care at the review. We saw the outcome of one person's review which was used to review aspects of a person's support and discuss any actions or goals. One relative commented they would benefit from more regular communication with the staff in relation to being kept up to date with what was happening with their family member. The manager told us they had plans in place to support this.

People were supported to identify and achieve goals. These included developing skills towards independence, local trips and holidays. The manager told us they were planning on reviewing these to include lifetime aspirations for all the people living at the home.

People were supported to follow their interests and attend a range of chosen activities. During the inspection people were supported to go swimming, shopping, café visits, a picnic, the pub and to a local club. People could choose what they wanted to do and where they wanted to go. Records showed people also went walking, to a local farm and for train rides.

The home had chickens in the garden. We observed one of the people living at the home feeding the pet chickens, they appeared happy doing this. House meeting minutes demonstrated the person was "Extremely happy" when a new chicken had been purchased.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. We saw staff used communication individuals responded to well, such as 'set phrases' and the use of objects to help them interact with people. People's care plans contained a lot of detail about how each person communicated and how staff should respond.

There was information around the home in picture format informing people of the complaints policy and who they should talk to if they had any concerns. People relied on staff to support them to raise any concerns or complaints. Staff told us how they knew people well and would be able to identify if someone was not happy. People attended house meetings where they could express what they were happy and unhappy about and raise anything they wanted to do. Each person had an allocated key worker to oversee aspects of their care and support. One person confirmed they knew who their key worker was and they were happy with them.

Relatives told us they knew how to complain or raise concerns more informally and they told us they felt listened to. One relative told us, "I would speak to staff about anything I was concerned about, there are only ever niggles which get dealt with." Another commented, "In the first instance I would go to the manager of the home and I am happy they would follow this up." One complaint had been received in the past year and we saw this was responded to and had been resolved.

People had end of life care plans in place that detailed their end of life wishes. Relatives had been involved in creating these. Whilst we saw the plans had been developed with people's relatives, we identified they had not been reviewed for some time. The manager told us they would arrange for these to be reviewed to ensure they still remained accurate.

Good

Is the service well-led?

Our findings

The registered manager had recently left the service. The provider had employed a new manager who had been working at the home for three weeks. The manager told us they were about to apply for the position of registered manager with the Care Quality Commission.

People's relatives were aware there was a new manager at the home and the manager told us they had introduced themselves when relatives had visited or called. One relative told us, "I've met the new manager, they have introduced themselves. Management are easy to speak to, I know who to contact and if they are not available staff will let them know and they call back. The communication is good."

The manager told us they felt well supported by their managers and the organisation. They told us they received support from the area manager, other registered managers, and heads of departments such as human resources, the internal safeguarding lead and also the Chief Executive Officer (CEO). The manager told us, "I feel very supported. My manager is available on the phone or by email and supervisions are planned. The CEO is very good and wants to listen. They are involved in meetings and are approachable and supportive."

The manager was supported by a deputy manager and senior members of the team who had their own management responsibilities. The manager had maintained a regular presence in the home to enable them to get to know people and the staff and listen to their ideas. They told us how they promoted an 'open door' policy for staff to approach them with any concerns.

Staff commented positively about the management of the service. One staff member told us, "[Name of manager] has been absolutely great, they have talked about their ideas and we are on the same wave length. They have fitted in well." Another commented, "If I had a problem I would hesitate to talk to the deputy manager or manager. The deputy manager is very good and helpful; they always make you feel like you are doing a good job. The manager I have met a few times and I feel I can go to them with anything, they are easy to talk to."

Staff felt well supported in their roles and said there was good communication and teamwork. Staff commented positively about the team and team culture. One staff member said, "They are an excellent team, I couldn't ask for better." Another commented, "Communication has been brilliant throughout the organisation and the team really embrace changes."

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "Staff meetings are really good, we have them monthly. You can definitely voice anything and there is input from everybody." Another commented, "We meet regularly as a team, you can speak up. I feel involved and listened to." Records demonstrated items discussed during the meetings included people who used the service, policies, record keeping and training.

The aims of the service were outlined in the home's Statement of Purpose. One of the key aims of the service

was, "Promoting independence." Staff described the aims of the service as; "We want people to be more independent and to develop their skills to self-manage" and, "We want them to do the best that they can, for themselves." This meant staff were aware of and shared the aims of the service.

People used community facilities such as local shops, leisure centres, cafes and pubs. People went out into the community with staff support during our inspection. Staff worked in partnership with a range of external health and social care professionals. People required this support due to their complex needs.

Relatives told us there were systems in place for them to give feedback to the service annually. People were able to give their feedback via their monthly house meeting and through on-going discussions with staff.

There were systems in place for auditing and monitoring the service. These included audits completed by staff such as medicines and health and safety audits. These audits identified areas for improvement and action points to address these. The area manager and CEO also visited the service to carry out a range of checks on the home. We saw the record of the area manager visit from July 2018. The audit covered areas such as safeguarding, training, health and safety and the environment. The audit identified a range of action points including that training needed to be updated for some staff. The manager confirmed action points had been completed or were in the process of being completed.