Autism Care (UK) Limited

The Paddocks

Inspection report

Heath Farm
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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

The Paddocks can provide accommodation and personal care for up to seven people who live with learning disabilities and varying degrees of autism. At the time of our inspection there were seven people living in the home.

At the last inspection the service was rated 'Good'.

We carried out this unannounced inspection at the service on 1 February 2017. At this inspection we found that the service had maintained its 'Good' rating.

People were supported to have as much choice and control over their lives as they were able to. They were supported in the least restrictive way possible. The systems and policies in the service supported this practice.

Steps had been taken to reduce the risk of people having accidents and staff knew how to keep people safe from the risk of abuse. There were enough safely recruited staff on duty to meet people's needs. Medicines were safely managed.

People received their care from staff who were trained and supported to do so in the right way. They received the support they needed to access appropriate healthcare services and to eat and drink enough to stay well.

People were treated with care and kindness. Their privacy was maintained and their dignity promoted by staff who understood the importance of this. Confidentiality of personal information was maintained.

People reliably received the individualised support they wanted and needed. This included support to maintain and develop their social interests and hobbies. There was a system in place to respond to and resolve complaints.

People had benefited from staff acting upon good practice guidance. Quality checks had been completed to ensure people received safe and reliable support.

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? The service remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

The Paddocks

Detailed findings

Background to this inspection

We carried out this comprehensive 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home on 1 February 2017. The inspection team consisted of one inspector and the inspection was unannounced.

Before the inspection, we looked at the information we held about the home. This included notifications of events that happened in the home that the registered provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home. We looked at three people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with four support workers, the deputy manager and the registered manager. We also spoke with the area manager who was the registered provider's representative. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Following our visit we spoke by telephone with relatives of three of the people who lived in the home so that we could seek their views on the services received by their loved ones.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and when they were in the company of staff. One person said to us, "Safe, yes thank you, [staff name] sorts that out." Those people who used sign assisted language to communicate indicated the same views through body language and signing. When we spoke about feeling safe, one person gave us a 'thumbs up' sign and another person smiled and leaned in towards the staff member supporting them at the time

Staff demonstrated their understanding of how to recognise and report any situation in which they felt people may be at risk of harm or abuse. This included contacting external agencies such as the local authority or the Care Quality Commission. Records showed that staff received regular training to ensure they had up to date information about how to keep people safe from harm or abuse. The registered provider had a policy in place to guide staff in this area of their work. There was also a policy in place to protect people from the risk of financial mistreatment. We noted that staff followed the procedures set out on the policy when supporting people to manage their personal money.

Possible risks to people's health and welfare had been identified and management plans were in place to promote their well-being. We saw one example in which a person had been provided with a lowered bed and comfortable floor coverings. This had been assessed as the most suitable method to reduce the risk of the person injuring themselves if they fell out of bed. We found that the registered manager had analysed reports of accidents and incidents and used the information to learn lessons and reduce the risk of them happening in the future.

Records confirmed to us that the registered provider and the registered manager had carried out background checks on staff before they employed them. These included identity checks and obtaining references from previous employers. They also included checks with the Disclosure and Barring Service to ensure that new staff would be suitable to work with the people who used the service. Staff confirmed they had undergone these checks when we spoke with them.

The registered persons had assessed how many staff needed to be on duty. They had taken account of people's individual support requirements and those set out in contracts with local authorities who contributed to the cost of people's care. We concluded there were enough staff on duty because we saw people received their planned support in a timely manner. Throughout the inspection we saw staff responded to any requests for support from people without delay.

There were reliable arrangements in place for the ordering, storage, administration and disposal of medicines. Staff who administered medicines told us, and records confirmed, they had received training and guidance to ensure they had the right skills to do this safely. Medicines administration records (MAR's) showed that for the two weeks preceding our inspection people had received all of their medicines at the times they were prescribed to be taken. We noted that people's support plans gave clear guidance to staff about how people liked to take their medicines. They also contained clear guidance about how people should be offered medicines they required only on an occasional basis, such as pain relief or to help them

relax. There medicines are referred to as PRN's.

Good

Is the service effective?

Our findings

People told us or indicated to us that staff supported them in the ways they wanted. In regard to this one person said, "Yes they do; they know me." Relatives we spoke with said they thought staff were well trained and this gave them confidence that their loved ones would be looked after in the right way. Staff displayed a confident and knowledgeable approach when supporting people who lived in the home. When we spoke with them they demonstrated a clear understanding of people's individual needs and recognised how good practice initiatives could benefit people.

Staff told us they completed a thorough induction programme when they began working in the home and records also confirmed this. The registered provider had introduced the new Care Certificate. The Care Certificate is a nationally recognised training programme which is designed to equip staff to care for people in the right way.

Records showed that staff had received appropriate training in order to meet people's needs and understand recognised good practice approaches to supporting people who live with learning disabilities and autism. When speaking with the area manager we noted that they had reviewed the quality of some training courses in response to staff feedback. An example of this was the development of a new course about sensory needs and autism which was better aligned to the needs of people who lived in the home.

Staff told us they were well supported within their job roles. They told us they had regular opportunities to review their work and plan their professional development. We saw the registered manager had recently reviewed the way in which formal supervision sessions were planned to ensure they were in line with the registered provider's policies about staff support.

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 any particular decisions made on behalf of a person must be in their best interests and as least restrictive as possible. Throughout the inspection was saw staff offered people choices and supported them to make decisions about their everyday lives. They knew how to present choices for people in ways they could understand. Care plans contained clear information to show where best interest decisions had been taken and who had been consulted about those decisions.

People who lack mental capacity to consent to their care or treatment can only be deprived of their liberty when it 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). We found that five people had restrictions placed on their liberty to ensure that they could safely receive the support they needed. Staff demonstrated their understanding of DoLS procedures and the registered manager had correctly applied for the necessary DoLS authorisations.

There were measures in place to ensure that people had enough food and drink to promote their well-being. The registered manager and staff had sought guidance from dietician services to ensure people's diets were

balanced and nutritious. We saw, and people told us or indicated to us that they had been consulted about the menus on offer. Staff also showed us how they used people's known likes, preferences and health needs to guide the development of menus. We saw there was a range of foods available in the home to ensure people had as much choice as possible. Throughout the inspection people were regularly supported to have hot or cold drinks of their choice.

The registered provider had policies and procedures in place to ensure people received timely and appropriate healthcare support. Records showed that people had received the healthcare they required when then experienced illness. They were also supported to have regular health checks with local doctors or nurses.

Good

Is the service caring?

Our findings

People displayed a relaxed manner when they were in the company of staff. We saw people laughing and enjoying games and other activities with staff. Staff displayed a kind and caring approach in all their interactions with people. They took time to have general conversations with people about their day or how they were feeling. They had their drinks and meals with people so that they could promote a 'family style' approach to living in the home. One person told us, "It's a beautiful place, I'm happy here." Another person said, "Happy here thank you." Other people indicated with nods, smiles or 'thumbs up' signs that they were happy living in the home.

People's relatives told us they thought staff provided a kind and compassionate approach to both their relation and themselves. An example of this was how staff supported people to visit relatives at their family home or to have outings with their family. They said that this enabled them to maintain meaningful relationships with their relative.

We noted that staff spoke respectfully with people. They gave people their full attention when in conversation and used the person's preferred method of communication. Staff responded gently and appropriately when people indicated they wanted physical contact. An example of this was when a person indicated they wanted a comforting hug. The staff member responded in an open and caring way and the person went away with a smile on their face.

We saw that staff promoted people's privacy and dignity. Each person had their own bedroom which they could use when they wanted to be on their own. The bedrooms were decorated and furnished as the person preferred and offered them a comfortable space in which to relax. Staff supported people to have their close personal care carried out in privacy. They also supported people to maintain their appearance in ways which promoted their dignity. Examples of this were supporting people to choose and buy the clothes they preferred to wear and helping them to maintain the hairstyles they preferred.

Each person had specific routines they liked to follow through the day. We saw staff spoke in reassuring voice tones and gently guided people with their routines. People's care plans provided clear details about people's preferred routines so that staff could maintain consistency in their approach.

We saw that information was made available to people in words, photographs and pictures to help them make informed choices and decisions. This included information about advocacy services which meant that those who did not have the mental capacity to make their views known had access independent support to help them do so. Staff recognised the importance of maintaining information about people in a confidential manner. We noted they discussed confidential information in private areas or in lowered voice tones so that they would not be overheard. People's records were kept in an office area which could be locked when not in use.

Good

Is the service responsive?

Our findings

People displayed a confident manner when they were in the company of staff. On a number of occasions we saw people sought out the particular member of staff they wanted to spend time with and staff responded appropriately.

Records showed that assessment of people's needs, wishes and preferences was an on-going process. Care plans were also regularly reviewed in line with assessments to ensure they contained up to date and appropriate guidance for staff to follow. We saw that reviews of people's support were carried out in consultation with the person where appropriate. They also included everyone within the person's circle of support such as relatives and health and social care professionals. This ensured that the support people received accurately met their changing needs.

Staff demonstrated their detailed understanding of people's needs and communication methods by responding to people in the ways their care plans set out. Examples of this were seen when they supported people to follow their individual routines and when staff used people's preferred answers to questions they asked. A member of staff described to us how they were working to improve consistency for a person who required specific answers to their questions. They told us they were developing a 'right answer' board. This was so that the person could have increased confidence that those around them would respond in the ways they wanted.

Staff demonstrated a detailed understanding of the factors that may lead to a person experiencing distress or upset. We saw that they followed the guidance of care plans which set out how these situations could be avoided. An example of this was when staff recognised very early on that a person's behaviour began to indicate they may become unsettled in the company of others. They supported the person to have private space and reassured them that they would be around if the person needed anything. We saw the person responded well to this support in that they came back into the company of others when they were ready without experiencing an undue level of distress.

People had individual activity plans which took account of their social preferences and hobbies. They also included activities to support the maintenance and development of their independence. Throughout the inspection we saw people supported in line with those plans. The registered manager told us they were currently reviewing the range of social activities available for people. This was to ensure that people had the opportunity to engage in new experiences or develop activities they already enjoyed.

The registered provider had a complaints policy in place which was available in words, pictures and symbols. Relatives we spoke with were aware of how to make a complaint but told us they had never had to do so. The registered manager and staff recognised that people may not be able to use the complaints procedure independently so they had created opportunities for people to share any concerns or complaints in a more appropriate way. Records showed that one complaint had been received by the registered manager since our last inspection and it had been managed in line with the registered provider's policy.

Good

Is the service well-led?

Our findings

There was an open and inclusive approach to running the home. People knew who the registered manager and senior staff were and freely engaged with them. Relatives told us they thought the home was well organised. One relative told us in regard to this, "It's wonderful; it's as good as it's ever been."

People and their relatives had opportunities to share their views about the home on a daily basis, during care reviews and through annual surveys. We saw that the registered manager had acted on feedback received through these routes such as improving the way in which people's personal property was recorded and managed.

The registered manager worked with external professionals to improve the quality of care people received. The registered manager and staff described an example of how they had been able to further improve their infection control procedures by liaising with healthcare professionals. We also saw how they had worked with service commissioners to further improve the arrangements for evacuating people from the home in an emergency and the staff training and support arrangements.

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Staff had been provided with the leadership they needed to maintain and further develop good team working. We saw there were regular team meetings in which staff could share views and discuss ways to improve the services provided. There was always a senior member of staff on duty in the home that staff could refer to for advice and guidance. There was also a system in place to ensure managers and senior staff were available to provide the same support and guidance outside of normal working hours.

Staff were confident that they could speak to the registered manager or senior staff if they had any concerns about how people where supported. They were aware of the procedures to follow if they felt that any issues were not addressed, which included contacting external agencies. Records showed us that the registered manager had appropriately dealt with issues of this nature.

The registered provider and the registered manager regularly checked the quality of services provided for people. These checks included making sure that medicines were managed safely, staff had the knowledge and skills they needed and records were completed appropriately. They also checked the safety and quality of the home environment and the vehicles provided for people to use. Action plans were in place to address any shortfalls identified.