Homes Caring for Autism Limited

Wembdon Rise

Inspection report

4 Wembdon Rise
Bridgwater
Somerset
TA6 7QU

Tel: 01278420779
Website: www.homes-caring-for-autism.co.uk

Date of inspection visit:
14 February 2018
15 February 2018

Date of publication:
12 March 2018

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

Wembdon Rise provides care home accommodation and support for up to ten people with autism and some also had sensory impairments. Care is provided in individual self-contained flats within the three buildings on the same site. At the time of the inspection there were ten people living in the home with complex care and behavioural needs.

At our last inspection of Wembdon Rise we rated the service Good. This inspection was on the 14 and 15 February 2018 and the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People had limited or no verbal communication skills. People needed support in their daily lives from one member of staff each when in the home and some needed two members of staff to support them when they went into the community.

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 included choice, promotion of independence and inclusion.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing were assessed and reviewed to minimise risk to health. People's medication was managed well and records of administration were kept up to date. Plans were in place to avoid harm to people because all potential risks to people had been considered.

The service was effective. People were cared for and supported by staff who had received training to support people and meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet. People accessed health and social care services in the community to help keep them well.

The service was caring. Staff supported people in a friendly and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked on encouraging people to keep their independence so people were encouraged to make choices which were right for them.

The service was responsive. Records showed people and their relatives were involved in the planning and reviewing of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests, participate in social activities and spend time in

the community. The service responded and dealt with any complaints they received.

The service was well-led. Staff and relatives spoke well of the registered manager and the provider who they saw as supportive and providing a good service. The registered manager and provider monitored the quality of various parts of the service on a regular basis. The management team also sent out annual surveys to collect relatives, staff and care professional's view of the service.

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.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Wembdon Rise

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and carried out on the 14 and 15 February 2018 by an inspector with experience in adult social care. Before the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with three people using the service and contacted five of their relatives. We spoke with six members of care staff, the operations manager and the registered manager. We undertook general observations and walked round the three buildings which accommodated people on the one site.

We looked at two people's care records and medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records and maintenance and service records. We looked at three staff records that included recruitment, training and supervisions.

Good

Is the service safe?

Our findings

Staff knew how to identify and raise any concerns about peoples' safety. Staff had received safeguarding training, there was safeguarding information in the home and safeguarding was discussed in their supervision sessions. Staff were able to tell us who they would go to with concerns, they also understood the service's safeguarding and a 'whistle-blowing' policy. Comprehensive records were kept and positive actions were taken to protect people. However not all the staff we spoke with saw safeguarding as their primary responsibility and the registered manager agreed to keep promoting safeguarding within the team.

Risk to people was assessed and actions taken to reduce the risk. We saw that people were supported in their daily lives and when we viewed the care records we found that this was in line with the risk assessments. The assessments ensured that staff understood what the person could do independently and safely first; and then what support they might need. People were encouraged to live fulfilling lives so there were many activities where staff had to be aware of the risks. Records that we viewed showed that risk assessments were detailed and regularly reviewed.

People had personal emergency evacuation plans in place, used in case of emergency. We also saw that fire equipment was checked regularly and that fire drills were carried out so that staff were well prepared in the event of fire at the home. However the fire hydrant service was overdue and some of the electrical appliances needed to be tested more frequently that the current 'every two years'. We saw up to date servicing records for equipment and safety checks on equipment, water systems and vehicle checks.

The service was safely staffed. The registered manager calculated how many staff were required to support people. People always had a member of staff nearby and several had two staff when they went out into the community. All staff we spoke with told us there were sufficient staff available to provide care and support to people in a timely way.

We examined staff recruitment records and found that appropriate checks were in place before staff started work at the service. These included obtaining a clearance from the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions. In addition, references had been obtained from people who knew the applicants. There was one employment file where the request for employment references was overlooked but had character references instead. The provider took immediate action to resolve this issue. Staff we spoke with told us they had a full induction programme so they understood their role within the home. All these actions helped to ensure that there were suitable staff employed in the service and kept people safe.

Medicines were managed to ensure that people received them as prescribed. We observed medication being administered correctly and the records were up to date. There were also emergency medicines for staff to use in case the need arose when they are out with people; for example if the person has a prolonged epileptic seizure. There was guidance in place for staff to follow when people needed to take medicines which were prescribed 'as required'.

Suitable steps had been taken to prevent and control infection. Staff understood their responsibilities for keeping cross infection to a minimum and using protective equipment such as plastic aprons and gloves when providing personal care. We found that the accommodation was clean and staff used antibacterial soap to regularly wash their hands. These arrangements helped ensure good standards of hygiene were maintained in the service.

Lessons were learnt when things went wrong and actions taken to reduce the risk of repetition. We identified with the registered manager some changes which would benefit the service and action was taken. We saw that there were also records and analysis of accidents and any other incidents. This demonstrated to us that there were measures in place to review and learn from errors.

Good

Is the service effective?

Our findings

Five relatives of people living in the home told us they were "Very satisfied with the service" and one said "The improvements made to my son are unbelievable."

Staff had received training for their role. We saw how staff had been encouraged to progress professionally and had the opportunity to develop their skills. One staff member said, "Yes, training is good and I'm up to date." The training matrix showed that the staff were up to date with their training.

People's needs were assessed and support was given in line with evidence- based guidance. There were letters of correspondence from external health care professionals advising staff on best practice. The staff were also aware of the different forms of communication for people who were unable to verbalise their needs.

The building and the environment was adapted to meet people's needs. People's rooms were personalized but also arranged to maintain people's safety and suitable for how they lived their life.

People were supported to have enough to eat and drink and meals were adapted for specialist diets when needed. Some people were able to make a choice. One member of staff we spoke with said, "When people can't verbally tell us what food they like we judge how much they enjoyed a meal and if they ate it all. We use that as an indication of their choices". Staff also used other methods to gets people's likes and dislikes such as pictorial cards.

People had regular access to healthcare professionals and staff responded to changes in people's health. People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dieticians. For some people it required a lot of planning and preparation to make the visit a positive experience for the person. This demonstrated to us that the provider had effective relationships with other organisations.

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). Assessments that had been completed were specific to reflect areas where the person was unable to make the decision themselves. We saw best interest meetings had been instigated with professionals when a decision was required which could have an impact on a person's life. We saw that staff supported people to make some decisions; for example one person was supported to use technology to communicate their wishes with staff and the manager.

Good

Is the service caring?

Our findings

Some people had communications systems in place to assist them to make choices about their care. One person had a picture board which explained to them what activities were planned and they could choose to put different activities on it. Another person had a basic computer and other technology to assist them. This showed us that people's communication needs were considered when planning their care and support.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw that if people needed personal assistance this was completed in private spaces. Staff supported people with their appearance and ensured they were suitably dressed.

People were supported to be as independent as possible. When some people were able to choose to move independently around their homes we saw that staff provided the agreed support to enable them to do this safely. The care records showed that people were encouraged to choose where they wanted to go and visit places in the community. For one person a work placement had been arranged for them in the community because that was what they wanted to do.

All the people had family contact and staff told us how this was arranged. This included some people going for regular visits to the family home and other people's families visiting regularly. Some relatives were updated weekly by e-mail. This meant people were supported to develop and maintain relationships.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible using various forms of communication. Furthermore, most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs. Records showed that support staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people received the personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy, preparing their meals and managing their laundry.

People were supported by staff who knew them well and understood their preferences. We saw that these were recorded in people's care plans which were regularly reviewed. They included people's profiles with photographs and communication plans which detailed important objects, use of touch, gesture and facial expressions. Review meetings took place and included important people; for example, a family member or a health professional.

Staff received a daily handover when they commenced their shift. For each person there was a communication book and all information relating to people's needs was documented. One staff member said, "It's all the information we need and use."

Activities were available throughout the day in the home and some people also attended external centres. There was a range of transport available to assist people to go out. We saw that some people used the transport to attend day services. Support staff explained how it was important for people to spend time in their community and choose activities which would help them to realise their full potential.

The staff understood the importance of promoting equality and diversity. The registered manager showed us that arrangements could quickly be made if people wished to meet their spiritual needs by attending a religious service. We also noted that imaginative steps had been taken to support people to engage in community events.

There was a complaints policy available and on display which was written and pictorial. We saw when a complaint was raised this was reviewed and addressed.

The age group of people in the home and their abilities meant there were no meaningful plans in place documenting how people wanted to be supported at the end of their life. As the registered manager explained, the service was about integration, future hopes and aspirations.

Good

Is the service well-led?

Our findings

There was a registered manager in place. We saw that people knew the registered manager and interacted with them when they spoke with them. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

We noted that the registered persons had promoted a positive culture that was focused upon achieving good outcomes for people. The culture of the service was found to be open and inclusive.

People living in the home, their representatives, other health care professionals and staff were asked for their views about how the service was run. The registered manager worked with a number of key health and social care professionals to make sure they provided the best possible care and support to the people living in the home.

Relatives and staff were positive about the management team and how the service was run. One relative said, "They are wonderful; there is nothing they need to do to improve things" whilst another relative told us, "I'm very, very satisfied with the service." One staff said "The managers have been great with me" another said "Yes, they're always willing to try something different."

There continued to be systems in place to encourage visitors and family members to express their views about the home. People's visitors were invited to write their comments about the service in a book which was kept for that purpose.

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed and improved upon. There were regular senior manager visits to completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care.

There were regular team meetings where the staff discussed changes to practice and any issues. These meetings also reviewed how well the service was meeting people's needs and what could be done to further develop people's well being.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.