

National Autistic Society (The) Clayton Brook House

Inspection report

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Date of inspection visit:
03 May 2017
04 May 2017

Date of publication:
27 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 3 and 4 May 2017. The first day of the inspection was unannounced.

Clayton Brook House is registered to provide accommodation, care and support for up to seven people. It specialises in providing care for people with autism. The property is a purpose built and is located in a residential area. There are communal rooms, including two lounges, a dining room and a sensory room. All the bedrooms are single occupancy and have en-suite bathrooms. There is also a self-contained flat on the first floor, at the time of the inspection this was not in use. There are car parking spaces to the front of the property with an enclosed garden area to the rear. At the time of the inspection there were six people accommodated at the service.

At the last inspection, on 7 and 8 January 2015 we found the service was meeting all the standards assessed.

At the time of the inspection the service was without a registered manager. 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.

During this inspection we found the provider was in breach of two regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to a lack refresher training and supervision for staff and insufficient complaints processes. You can see what action we told the provider to take at the back of the full version of this report.

We have also made recommendation about improving practice in relation to medicines management.

This inspection was carried out following an unsettled period at the service. There had been changes introduced by senior managers, which had affected the provision of people's day time activities and the arrangements for staff support. We found this had resulted in a lack of continuity of support and unnecessary disruption for people. However action was being taken to reintroduce the previous arrangements and progress was being made to provide support in response to peoples' preferred routines and choices.

We found the leadership arrangements were in need of sustained improvement to promote a consistent management of the service.

Relatives told us they had no concerns about staff numbers and the way people were supported. They considered their family members were safe. However they had some concerns about staff turnover at the service, which they felt had an impact upon continuity of care and support.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service.

Risks to people's well-being were being assessed and managed. We did find a lack individual risk assessments in responses to specific needs; however the acting manager took action to rectify this matter during the inspection.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had previously received training on safeguarding and protection matters. They had also received training on positively responding to people's behaviours.

We observed positive and respectful interactions between people using the service and staff. Relatives made positive comments about the staff team, describing them as kind, caring and understanding.

Staff expressed a practical awareness of promoting people's dignity, rights and choices. People were supported to engage in meaningful activities at the service and in the community. Beneficial relationships with relatives and other people were supported.

People were supported as much as possible to make their own choices and decisions. We saw staff sensitively consulting with people and involving them in routine decisions and using their preferred way of communicating. We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

People were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People's individual dietary needs, likes and dislikes were known and catered for. Arrangements were in place to help make sure people were offered a balanced diet and healthy eating was encouraged.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

Each person had detailed care records, describing their individual needs, preferences and routines. This provided clear guidance for staff on how to provide support. People's needs and choices were kept under review and changes responded to.

There were systems in place to consult with people who used the service, relatives and staff, to assess and monitor the quality of their experiences.

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 was not always safe.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices needed improvement for people's well-being and safety.

Staff recruitment processes included the relevant character checks. There were enough staff available to provide people with safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Processes were in place to maintain a safe environment for people who used the service. However we found some risks to people's individual wellbeing and safety had not been assessed and managed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

We found staff had not received suitable refresher training to enable them to deliver care effectively and safely to people. The programme of individual staff supervision sessions had ceased.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People were supported to eat healthily; their preferred meal choices were known and catered for.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Requires Improvement ●

Is the service caring?

The service was caring.

We observed positive and sensitive interactions between people using the service and staff. Relatives made positive comments

Good ●

about the kind and professional attitude of staff.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity, privacy and independence. People had free movement around the service.

Is the service responsive?

The service was not always responsive.

We found concerns and complaints were not properly received, recorded, managed and responded to.

Processes were in place to find out about people's individual needs, abilities and preferences. We found previous changes at the service had not been responsive to individual needs and preferences. However progress to improve was ongoing.

People were supported to develop their individual skills, abilities and confidence, by engaging in their preferred activities at the service and in the community.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The leadership arrangements needed improvement to promote a consistent and accountable management of the service.

There were processes in place to monitor and improve the service. However we found shortfalls in the provision of staff training and complaints management. We have dealt matters separately.

Requires Improvement ●

Clayton Brook 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 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.

This inspection took place on 3 and 4 May 2017. The inspection was carried out by one adult social care inspector. Prior to 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.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted various professionals including: the local authority contract monitoring and safeguarding teams and the learning disability nurse team. We reviewed information we had and used it to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time with people, observing the care and support being delivered. People living at Clayton Brook House could not tell us about their experiences; we therefore spoke with three relatives of people who used the service. We talked with three support workers, two managers, three team leaders and the deputy area manager.

We looked round the premises and grounds. We looked at a sample of records, including two care plans and other related documentation, two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

The relatives spoken with expressed satisfaction with the arrangements for keeping people safe and had no concerns about how people were treated and supported by the staff team. Their comments included: "No issues around safety," "Seems to be well looked after," "I love [family member] being at Clayton Brook House", "I really think he is safe there" and "He is not fearful of the staff, he is always happy to go back."

We looked at the way the service supported people with their medicines. One relative commented, "They are fine with medicines I have been kept informed of any changes."

We checked the procedures and records in place for the storage, receipt, administration and disposal of medicines. We found the processes in place did not include staff having sight of repeat prescriptions (or copies/summaries) prior to them being sent to the pharmacists. This meant that prescriptions were not checked for accuracy against the items requested, we noted this was at variance to the provider's medicines management policy.

We found one person's medicine dosage instructions had been changed in consultation with their GP to "as necessary." There were records available to confirm this revised directive, which included a hand written entry on the Medicine Administration Record (MAR) chart. However it was apparent the change had not been amended on the last prescription, as the printed MAR charts did not reflect the change, which meant there was a lack of clarity around administration. We found there were examples of specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. There were also specific support instructions with medicines in people's care plans. However, we noted there was a lack of information recorded for one item prescribed "as necessary." The acting manager took action to rectify these matters during the inspection.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Storage temperatures were monitored in order to maintain the appropriate safe conditions. There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. Although there were no controlled drugs, which are medicines which may be at risk of misuse, we noted the storage facilities for such medicines was not appropriately secured to the wall. This meant should controlled drugs be prescribed storage facilities would not meet the requirements of the Misuse of Drugs Act 1971. During the inspection the acting manager took action to pursue this matter. We received confirmation following the inspection, that appropriate action had been taken to secure the cabinet on 5 May 2017.

Each person had a medicine file which made reference to the prescribed items, the dosage, amount and any side effects. People had been routinely risk assessed to check their ability and preferences to manage their own medicines and this was kept under review.

All the records seen of medicines administered were complete and up to date. People were identified by a

photograph on the MDS and their Medicine Administration Record (MAR) which helped to reduce the risk of error.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items.

There were processes in place to complete weekly and monthly audits on aspects of medicine management practices. We noted action plans had been devised to appropriately rectify any discrepancies. However records showed the last weekly and monthly audit had been completed in December 2016, which meant any recent discrepancies had not been identified and rectified.

We recommend processes for auditing medicine management practices are further developed to identify and rectify shortfalls in a timely way.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had a 'keeping me safe' assessment and a 'positive behaviour' support plan in response to their needs. There were individual person centred risk assessments and risk management strategies in place, to guide staff on minimising risks to people's wellbeing and safety. The risk assessments included safely supporting people with activities in the community, personal care, anxieties and individual routines. The strategies and support plans were sensitively written and reflected people's specific needs, behaviours and preferences. It was a policy of the service to review risk assessments six monthly or more often if needed. We saw information to indicate risk assessments were being appropriately reviewed and updated. Staff spoken with were aware of the content of the risk assessments. One told us, "There are individual risk assessments around behaviours. The manager updates these. They tell us what to do and give indicators' on keeping people safe."

When reviewing care records, we found there was a lack of appropriate risk assessments in place relating to two people's specific behaviours and needs. We noted that some protocols were in place to provide guidance to staff on managing the risks; however assessments of the risks had not been completed. We discussed this matter with the acting manager who agreed to take immediate action in response to this matter. We later had sight of completed assessments, which indicated all the risks had been identified and assessed in order to mitigate the risks and underpin the planned delivery of support.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks were carried out on a regular basis. Hot water temperatures to sinks, baths and showers were being checked. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire alarms and extinguishers. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out on a regular basis. There were accident and fire safety procedures available at the service. We noted people who used the service were involved with the fire safety procedures and evacuation drills. Each person had their own personal emergency evacuation plan. During the inspection we noted there was a consistent banging of doors due to ineffective closures, this meant the facilities did not protect people from unnecessary noise. The acting manager agreed to pursue this matter.

Records were kept of any accidents and incidents that had taken place at the service. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate.

Prior to the inspection we reviewed the information we held about the service relating to safeguarding

incidents, allegations of abuse and incidents involving the police. We discussed and reviewed some of the previous safeguarding concerns and ongoing circumstances with the acting manager. Records seen showed how safeguarding and protection matters were reported, managed and analysed to reduce the risks of re-occurrence.

We discussed the safeguarding procedures with staff. Those spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had previously received training and guidance on safeguarding and protecting adults. They had also received training on low arousal techniques and proactively responding to behaviours of concern. This meant they could respond to people by focusing upon defusing tension and using the least restrictive approaches. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

We reviewed the recruitment records of two members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We found records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, obtaining written references and clarification about any gaps in employment. A health screening assessment was completed. An appropriate DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence.

We reviewed how the service managed staffing levels and the deployment of staff. Although relatives spoken with had concerns about staff turnover, they did not express any concerns about the availability of staff at the service. One commented, "I do think there are enough staff around."

During the inspection we found there were sufficient staff on duty to support people. However we were also made aware of the providers' previous staffing arrangements at the service, which had not had a positive impact on people and raised questions about continuity of safe care and support.

We looked at the staff rotas, which indicated processes were in place which aimed to maintain constant staffing arrangements. Staff spoken with considered there were enough staff available to provide safe support. They confirmed action was taken to cover unforeseen and planned staff absences. We were made aware of specific circumstances, where staffing arrangements had been increased, to provide additional one to one support. We were told staffing levels were kept under review and were flexible in response to people's needs. The acting manager indicated staffing arrangements would be reviewed during the admission process, should a new person moving into the service. Arrangements were in place to provide ongoing management support, including on call systems for evenings and weekends.

Is the service effective?

Our findings

Some relatives spoken with expressed dissatisfaction about previous event's and changes at Clayton Brook House which they considered had not provided good outcomes for people. This related to adjustments in the provision of day time activities and inconsistent staffing arrangements. One relative said, "It was a disturbance to people using the service." However, they told us improvements had been made, which indicated action had been taken to provide a more effective service. They told us, "It's has not been too good, but things are getting better," "They go over and above to support people" and "He likes being there."

We looked at how the provider trained and supported their staff. We found there were arrangements in place which aimed to provide staff with appropriate training and development, this included safeguarding vulnerable adults, safe handling of medicines, health and safety, fire safety and first aid. Specialist training to help staff positively respond to behaviours that challenge and develop positive relationships with people was also available. However, on looking at the staff training matrix and talking with managers and staff we noted shortfalls in ensuring established staff received refresher training. The training matrix confirmed there were many gaps in the provision of staff training. One relative commented, "I thought training was okay previously but when the managers change, they let things slide."

Records and discussion showed staff responsible for administering medicines had completed medicine management training; however we noted the provision of annual refresher training was several months overdue for some staff. We also looked at records which demonstrated staff had been appropriately competency assessed in undertaking this task. However we the found competency assessments had not been completed annually and some staff had not been reassessed for over two years.

Furthermore, the acting manager and staff told us there had not been any recent one to one supervision meetings. We noted the last supervision sessions with staff had been carried out in October 2016. This meant staff had not had the opportunity to reflect upon and discuss their personal responsibilities, development needs and the care and support of people who used the service.

The provider had failed to ensure all staff had received appropriate training and supervision. This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place for new staff to complete an initial induction training programme. This included 'shadowing' existing staff and completing the providers' mandatory training programme. The induction also included an introduction to the framework known as SPELL, which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links (links with other health and social care agencies and families).

There was also a 'systems orientation' file for new starters, bank and agency staff to work through. This helped ensure staff were familiar with basic health and safety and other operational matters. However we noted there was no supporting signed checklist, to demonstrate this guidance had been received and

understood by the staff member. This would verify the initial training had been given.

We spoke with one staff member who confirmed they were in the process of completing the induction training. They told us, "I think the induction training has been good. I went through things with the team leader and shadowed different staff. I feel quite competent." The induction training incorporated the Care Certificate training modules. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. Staff had a National Vocational Qualification (NVQ) level 3, or were working towards the Quality and Credit Framework QCF diploma in health and social care. Team leader training had been arranged and an accredited autism education learning programme had also been developed within the NAS organisation.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and choices. We found personalised methods were used to communicate and engage with people, using ways which were best suited to their individual preferences and abilities. Staff spoken with described how people made their wishes and preferences known and gave examples how they gained people's consent to care and support. This included the use of pictures and object references, signing, gestures and computer tablets. There were individual 'communication profiles' with support plans to highlight people's ways of sharing their feelings, needs and preferences.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The care planning process included an assessment of people's capacity to make their own choices and decisions.

There was information to show appropriate action had been taken as necessary, to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. We were told two best interest meetings had been held and specific authorisations approved. We noted where further applications had been made; the reasons for these were included in people's care records. Staff spoken with were aware of the restrictions, interventions and agreements in place. Records had been kept on progress of pending applications.

Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. Records and discussion showed that staff had received training on this topic. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at the way the service provided people with support with their healthcare needs. Relatives told us they considered health needs were effectively met. Relatives said, "All health care needs are met, they provide support with appointments" and "[my family member] has regular health check-ups they are on the

ball with this." We observed people being supported with healthcare appointments when we visited the service.

Each person had an 'Anticipatory Health Calendar'. This was designed to promote the daily observation of people's health and alert staff to any changes in their condition and well-being. This meant staff should readily identify any areas of concern and respond accordingly. People also had health action plans which provided information on past and present medical conditions. Records were kept of all healthcare appointments, the outcomes and any actions needed. We noted the service had liaised as appropriate with a number of health care professionals, including GP's, learning disability nurses, mental health professionals and speech and language therapists.

We looked at how the service supported people with their nutritional needs. People's dietary needs and food likes and dislike, were included in the care planning process and an in-depth support plan had been devised for each person. The menu was devised on a weekly basis to help provide a balanced diet and included people's known preferences. There were photographs of meals to help people make decisions and computer tablets were used to enable people to select take-aways. One staff member commented, "We show people the options available each day so they can choose what they want." Some people were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items.

We were told healthy eating was encouraged and fresh produce was used. We noted fresh fruit and vegetables were available. People were offered drinks and snacks throughout the day and observed people making their own drinks. People's general dietary intake was monitored and their weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary.

We looked around the premise and noted some developments had been made to the service, including new furnishings and decoration. Further subtle colour schemes had been introduced to help create a more homely environment and this had been enhanced by the addition of, soft furnishings, pictures and photographs. The care planning process took into consideration each person's specific needs and preferences relating to their personal space, including their sensory needs, behaviours and lifestyle choices. We noted people had been sensitively supported in various ways to enhance their rooms, choosing their own colour schemes, decorations and bedding.

Is the service caring?

Our findings

Although they had misgivings about staff turnover, the relatives we spoke with made positive comments about the staff team and the care and support they provided at the service. Their comments included: "No concerns with the staff but it's hard to get to know them," "The established staff are good, superb at the moment" and "If I had hand-picked the staff myself I couldn't have chosen better."

We observed positive and respectful interactions between people using the service, staff and managers. They demonstrated sensitivity and tact when responding to people's emotional and behavioural needs. They showed kindness when they were supporting and encouraging people with their daily living activities and lifestyle choices. One relative told us, "They respect [my family member] as an individual" another said, "Oh yes they are respectful he seems to know all the staff." A health care professional said, "The staff are always welcoming. No concerns with their attitude."

Staff spoken with understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, backgrounds and personalities. They gave examples of how they delivered care and support and promoted people's dignity and choices. One staff member commented, "We treat people as individuals and we have to support each person very differently." Each person had a detailed person centred support plan that identified their individual needs and preferences and how they wished to be supported. This included a one page profile and information about their preferences and personal histories. There was in-depth information on how each person's autism influenced them. The information contained in the support plans was very detailed and personalised, therefore a summary had been devised to provide new staff, bank and agency staff with overview of the person's essential support needs.

The autism specific training, had given staff the underpinning knowledge and skills around supporting people with consistency and in response to individual routines in order to reduce their anxiety. The service also had policies and procedures to underpin a caring ethos, including around the promotion of person centred support, dignity, privacy, equality and diversity and confidentiality.

During the inspection we observed people doing things independently, including getting drinks for themselves, accessing the computer and spending time in the garden. One relative told us, "They promote independence; they have encouraged him to do things for himself." Staff gave us specific examples of how they supported and promoted people's independence and choices. We observed people being offered opportunities, for example an impromptu return visit to a local park and nature trail. We discussed with the acting manager and staff, further ways of constructively involving and empowering people with day to day matters as part of their ongoing development.

People had free movement within the service's communal areas and the rear garden; they could choose where to spend their time. Some rooms, including the kitchen and sensory room, were accessed with staff support to keep people safe. All the bedrooms were single occupancy with en-suite bathrooms, which promoted privacy of individual space, also discreet and dignified support with personal care. People could

spend time in their rooms whenever they chose. Bedroom doors were fitted with suitable locks and some people had keys to their rooms. We observed the managers and staff respecting people's private space by knocking on doors before entering. Staff described practical examples of how they upheld people's privacy and promoted confidentiality of information.

We found positive and meaningful relationships were encouraged. Relatives told us how the service actively supported their contact they had with their family members. This included arranging and supporting visits and being welcomed at the service. They said, "They support contact with the family" and "I visit all the time. The staff are wonderful, they treat me like friend."

Each person had a keyworker team that worked more closely with them and their families, as well as other professionals involved in their care. A relative said, "I am aware of [my family member's] keyworker she has been brilliant."

There were notice board displays, which were used to convey information for people using the service and relatives. This included photographs of the staff team on duty, to help keep people informed of the members of staff due to be available to provide their support. We noted the service's CQC rating and a copy of the previous inspection report were on display at the service. This was to inform people of the outcome of the last inspection. The service had produced a guide for people about service and facilities available at Clayton Brook House. The information was set out in an easy read format with symbols and pictures used to help illustrate key points. The guide described the accommodation available; staff support arrangements and the provision of individual activities. Reference was also made to safeguarding, complaints and concerns, mutual values and expectations. The provider had an internet website which provided further information about the service.

The service had up to date information on local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions.

Is the service responsive?

Our findings

The relatives spoken with indicated the service was responsive to people's needs and they appreciated the support provided by staff. "They are always fantastic with [family member]," "They have made a tremendous difference to him" and "They communicate with [family member] very well." However they expressed concerns about historical events at the service relating to changes in day time activities and unfamiliar staff. They felt the changes had been imposed upon people and had been unsettling. This had resulted in a lack of personalised support. Relatives said, "There were no consistent methods of doing things" and "There was a lot of needless disturbance. Travel time was not thought about."

We looked at the way the service managed and responded to concerns and complaints. The relatives we spoke with had an awareness of the service's complaints procedure and processes. They said, "We have previously been made aware of the complaints procedure. I would contact social services if I had any concern," "I am aware of the procedures for making a complaint" and "I know how to make a complaint, but everything is addressed wonderfully because of the staff at Clayton Brook House." One relative described how they had made a complaint and indicated satisfaction with how this was managed and resolved. Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns.

The acting manager showed us the processes in place which aimed to respond to people's none verbal expression of dissatisfaction. This was to further empower them and show their complaints were being taken seriously. An 'easy read' version of the complaints procedure was included in the guide to the service. This provided guidance on making a complaint and how it would be dealt with. It included the names and contact details of people who complaints could be raised with, such as staff, the manager and area managers. The service had policies and procedures for dealing with any complaints or concerns. We noted the complaints procedure was not readily on display at the service for relatives, visitors and others to refer to and complaints procedures were not evident on the providers internet website.

There were processes in place to record, investigate and respond to complaints and concerns. However on reviewing the complaint's file, we found although copies of letters to complainants were available, the records to support the investigation process, action taken and measures implemented to prevent a reoccurrence had not been completed. We were also made aware of concerns being raised with senior managers, which we would expect to have been responded to and managed using the complaints procedures

We noted two of the complaints related to the changes in the provision of day time activities and the lack of continuity of staff support at the service. We found the matters had now been resolved; however we questioned the suitability and rationale of the changes with the deputy area manager. We were advised senior managers had reflected on the outcomes and impact upon people as part of a 'lessons learned' process, however there was no information to demonstrate this process had been structured or that action had been taken mitigate risks of reoccurrence. There was no evidence to demonstrate the provider had apologised to people who used the service, relatives and staff.

The provider did not have suitable arrangements in place for receiving and acting on complaints, to ensure they are effectively investigated and any necessary action taken. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service assessed and planned for people's needs, choices and abilities. There had not been any new admissions to Clayton Brook House for several years. However, the acting manager described the process of assessing people's needs and abilities before they used the service. This would involve the completion of a comprehensive 'support design plan' assessment tool. Transitional arrangements would be made and people would be encouraged to visit, for meals, activities and short breaks. This would support the ongoing assessment process and provide people with opportunity to experience and become familiar with the service before moving in.

We looked at two people's care and support plans and other related records. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care plans were written in a person centred way and included pictures and symbols to help make them more accessible to the person. There were also 'essential support guides' providing a condensed overview of people's needs and preferences. Staff spoken with told us the care plans and guides were useful and informative, they said they had access to them during the course of their work.

The relatives we spoke with were aware of the care and support plans. They told us how they were mostly kept involved with their family members support. People's support needs, lifestyles and circumstances were regularly monitored. Records were kept of people's daily living activities, their emotional health, general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and other identified needs. There were ongoing discussions, including 'handover meetings' and staff meetings to help ensure people received coordinated and personalised support in response to their needs. A relative said, "There has been some difficulty with communication between the teams, but it has improved recently." Reviews of people's care and support were held every six months or more frequently if required. Relatives spoken with confirmed they were involved with this process, one explained, "I attend the six monthly reviews. I can say what I want and they listen they have looked onto things."

Staff described how they delivered support in response to people's individual needs, routines and aspirations. We were given examples of the progress people had made by staff being responsive to people's needs and developing ways of working with them. Staff also expressed some concerns about the negative impact previous changes at the service had upon people, including the disruption to their structured individual routines, which they considered had a detrimental effect upon them. However they confirmed improvements had been made and that there was a more consistent approach. One health care professional commented, "We are already seeing a massive improvement. They are absolutely responding with consistency."

Following the changes at the service, the provision of activities had recently been reintroduced at Clayton Brook House. Relatives said, "They now do things with him he can gain from," "I think there is enough going on now, they have increased the activities" and "Oh yes [family member] gets out and about days out at the seaside and holidays twice per year." We observed people accessing the community during our visit. Staff told us of the range of meaningful activities which had been reinstated and the plans in place to support people in experiencing new ventures. A new member of staff said, "They get so much opportunity here, I am amazed at what they do." We saw activity planners which confirmed each person had a varied programme of activities. Previously activities had been effectively included in the care planning process, each activity had a learning objective to focus upon the person's individual skill development and recognise their

achievement. Due to the changes at the service this response had ceased, however the acting manager confirmed this approach was to be reinstated.

Is the service well-led?

Our findings

The relatives we spoke with had an awareness of the management arrangements at Clayton Brook House. They expressed mixed views about how the service was run. They said, "The general day to day management is smashing which gives me confidence" and "It's getting better." However, they described concerns about the implementation of management strategies introduced by senior management, which they felt had not been in their family member's best interest. One relative told us, "I couldn't understand why they did this as they are supposed to be experts in autism," another commented, "I have always been happy with Clayton Brook House until this happened."

Relatives also told us there had been instability in management and within the staff team. One told us, "Staff morale went down there was a period of unhappiness and unrest which had an impact on [family member] he was very unsettled for a while."

The deputy area manager said the senior management team had reflected upon the impact the changes had incurred upon people who used the service. However information was lacking to demonstrate the provider had carried out a structured 'lessons learned' evaluation, in order to prevent risks of reoccurrence at Clayton Brook House and other services within the National Autistic Society (NAS).

Since our last inspection there had been changes in the management team. At the time of the inspection, the manager who had previously applied for registration with the Commission was leaving and the deputy manager (who was new to the service) had stepped up into the role of acting manager. The acting manager told us, the deputy area manager was supportive, as were other colleagues within the wider NAS organisation. There had been no registered manager at the service since February 2017. We were told that the recruitment of a new manager was ongoing. The management team comprised of the acting manager and team leaders. The staff rota had been arranged to ensure there was always a senior member of staff or a named person on duty to provide leadership and direction. Additionally, a member of the management team within the NAS was also on call at weekends and during the night. This meant a member of management was always available for support, direction and advice. One staff member told us, "I am really positive about it all. The managers are approachable and easy to get on with."

The management arrangements included the manager having responsibilities for two residential services in the NAS. This meant shared time was allocated to spend at Clayton Brook House each week. However during the inspection we were made aware of proposed changes to the management arrangements. This was to include the recruitment of two separate managers, who would apply for registration with the commission at each location. This would provide a more consistent approach to the management and leadership at Clayton Brook House.

Relatives commented that there had been changes in the staff team, they said, "They seem to change the staff a lot" and "The staff team has kept changing they have bank and temporary staff." We found a number of staff had left the service, which had resulted in the use of agency and bank staff. At the time of the inspection staff recruitment was ongoing and arrangements were in place to 'block book'

agency staff to help provide continuity of support. Staff also told us of the changes in the staff team and of low staff morale at the service. They indicated this was due in part to the previously mentioned changes, which had included split shifts and a reduction in staff job satisfaction. However, we noted the progress made by the managers to respond to this matter. Split shifts had ceased and staff were working in small teams to provide continuity of support for people.

Staff considered morale and teamwork was improving. Their comments included, "It's getting better, staff morale is back up" and "Things are much improved. The manager has been brilliant. It's been another change, but people are much more settled with a consistent approach." More recently recruited staff said, "It's a fantastic team here, no concerns. Clayton Brook House staff pull together. The existing staff have been outstanding" and "The staff have been really welcoming and supportive. I have found it encouraging."

There were systems in place to monitor the quality of the service. This included various daily, weekly and monthly checks. The deputy area manager explained that the NAS had devised a new quality monitoring audit tool kit in January 2017. This was in the process of being introduced at the time of the inspection. The audit tool was designed to monitor and achieve adherence to the regulations. The findings of the audit process were to be shared with the managers for action. 'Peer' quality monitoring visits were being carried out at the service by other managers within the NAS organisation every six months. Reports following visits included any recommendations and follows up on previous reports. Audits were in place to monitor areas such as, medicine management, care plans, health and safety and the control and prevention of infection. We noted there were examples where matters had been identified, addressed and kept under review as part of an action plan. However, at this inspection we found there were shortfalls with the provision of staff development and supervision and processes for managing and responding to complaints. Improvements were also needed with medicine management, individual risk assessments and staff retention.

Staff expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures. We noted the service's vision and mission statement was on display in the service's office. Staff meetings had been held. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. We found the managers had an 'open door' policy that supported ongoing communication and discussion.

There were processes to consult with people on their experience of the service. This included gaining feedback from people who used the service, relatives and staff. We noted consultation 'inclusion events' had been held for people who used the service. These were informal gatherings in various settings, which were structured to enable people to share their views and experiences on the service and make suggestions for improvements. The acting manager also showed us an individual consultation process, which aimed to find out how people preferred their support to be provided during seasonal events. The relatives spoken with confirmed they had previously completed surveys about the service provided at Clayton Brook House. However they indicated there had been a lack of effective consultation about the previous changes at the service. One relative commented, "Meetings would be useful in keeping communication channels open."

Staff had opportunity to share their views annually via a national computer based staff survey within the NAS organisation. We had sight of the results of the last staff survey for the north services carried out in 2016. There were management strategies and action plans which aimed to make progress and respond to the issues staff had raised. The deputy area manager also described the action taken to make improvements and develop the service.

Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy. Some staff indicated a lack of confidence in raising concerns and they were not sure they would be listened to. However, an online 'whistle blowing' portal had recently been introduced for staff to access and we noted the area manager had arranged an 'Have your say' staff engagement opportunity at a local venue.

There were procedures in place for reporting any adverse events to the CQC and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the managers had appropriately submitted notifications to CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. This was a breach of (Regulation 16 (1)(2))
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate training and supervision to enable them to carry out their duties. (Regulation 18 (2)(a))