

# National Autistic Society (The)

# National Autistic Society - Prospect House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 26 and 27 July 2017. The first day of the inspection was unannounced.

Prospect House is owned by The National Autistic Society (NAS). It is a care home which is registered to provide care and accommodation for up to seven adults with a diagnosis of autism and does not provide nursing care.

Prospect House provides accommodation and support for seven younger adults with autism. It is located on a main road in Altham near Accrington. There are various communal rooms; some are equipped to offer sensory, therapeutic and recreational activities. All the bedrooms are single and six have en-suite facilities. There is an enclosed patio/garden area to the rear of the home. Car parking is available at the front of the premises. The service aims to support people in their progression towards living more independently. At the time of the inspection there were six people accommodated at the service.

The service was managed by 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.

At our last inspection on 12 & 13 February 2015 the overall rating of the service was Good, however there was a breach of regulations which meant the domain Well-led was rated requires improvement. We asked the provider to make improvements in relation to monitoring and improving the quality of the service provided. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made on these matters.

At this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the provider having unsafe processes for the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

We found there were management and leadership arrangements in place to support the day to day running of the service. Comments from staff indicated there was discontentment about some aspects of management.

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

There were sufficient numbers of staff at the service. The use of agency staff was being monitored and kept under review.

Risks to people's well-being were being assessed and managed. Systems were in place to maintain a safe

environment for people who used the service and others.

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 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. People made positive comments about the staff team.

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 were responded to.

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 considerately consulting with people and involving them in routine decisions. 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.

There were systems in place to consult with people who used the service 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?

Requires Improvement 

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 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. Risks to people's individual wellbeing and safety had been assessed and managed.

### Is the service effective?

Good 

The service was effective.

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).

Processes were in place to develop and support staff in carrying out their roles and responsibilities.

### Is the service caring?

Good 

The service was caring.

People made positive comments about the supportive and caring attitude of staff. We observed positive and sensitive interactions between people using the service and 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?

**Good** ●

The service was responsive

Processes were in place to find out about people's individual needs, abilities and preferences. People had opportunity to be involved with planning and reviewing their support. Processes were in place to monitor, review and respond to people's changing needs and preferences.

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

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The leadership arrangements needed improvement to promote a consistent management of the service. We found staff morale and team work could be better.

There were processes in place to monitor the quality of people's experience at the service. We found that some of the checking, improving and planning systems could be better.

# National Autistic Society - Prospect 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 26 and 27 July 2017. The inspection was carried out by one adult social care inspector. Prior to the inspection we asked the provider complete 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. However we found due to a misunderstanding the appropriate form had not been completed and returned.

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. 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. We spoke with two people living at Prospect House about their experiences at the service. We talked with two team leaders, six support workers and the registered 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 people we spoke with indicated they felt safe at the service. Their comments included, "I mostly feel safe," "I feel safe here, they are good with me" and "Staff don't bully or shout." We observed examples where staff positively and sensitively responded to specific needs and behaviours.

We looked at the way the service supported people with their medicines. Each person had a 'medicine profile' which made reference to the prescribed items, the dosage, amount, any side effects and details of the support to be provided. Some profiles include a photograph of the person to assist with identification. However we noted two were without photographs. People had been routinely risk assessed to check their ability and preferences to manage their own medicines. However we noted two risk assessments were not dated and a proposed review date had not been identified. We noted one risk assessment was overdue for review by one month. We found there was a lack of care plans on effectively monitoring and supporting self-administration. This meant the providers monitoring and reviewing processes to manage risks and support independence had not been followed.

We noted examples of specific protocols for supporting people with medicines prescribed "as necessary." The protocols are important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. However, we found a protocol was lacking for one a prescribed item. This meant staff were not properly instructed on offering a medicine in response to a person's needs and well-being. Furthermore there were no care plans to support an appropriate response to this matter. We also noted a lack of clarity of direction in some protocols and one protocol include the incorrect name for the person.

The Medicine Administration Record (MAR) charts we reviewed included a hand written entry, which had not been counter-signed by two staff to verify the instructions were correct. There were unexplained gaps on one MAR chart, which indicated the medicine had not been consistently administered at the prescribed time. The MAR chart 'key code' had not been appropriately used to explain the reasons for this. We were told a change in the prescribed instructions had been agreed by the persons GP. However there were no written records to verify this directive.

There were processes in place to complete weekly and monthly audits on aspects of medicine management practices. However records showed the last weekly audits were not being completed and the last monthly audit had been completed in February 2017 which meant any recent discrepancies had not been identified and rectified.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the procedures and records in place for the receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions for checking prior to them being sent to the pharmacist. This was to ensure all the required items were included on the prescriptions. 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. Arrangements were in place for the safe management and storage of controlled drugs, which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. There was no stock of 'homely remedies' kept at the service, this meant people did not benefit from access to 'over the counter medicines' in a further timely way.

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. Records and discussion showed staff responsible for administering medicines had completed medicine management training. Following our visit the visit we received a sample of records which demonstrated staff had been appropriately competency assessed in undertaking this task. The registered manager told us they had not undertaken the medicines management training but that this had been planned for.

We reviewed how the service managed staffing levels and the deployment of staff. Although people spoken with had some concerns about staff turnover and the use of agency staff, they did not express any concerns about the availability of staff at the service. At the time of the inspection the staffing arrangements consisted of seven support workers and a team leader during the waking day, with two waking watch staff and one sleep in/on-call staff at night. During the inspection we found there were sufficient staff on duty to support people. However, there was a reliance upon agency and 'bank' staff. We were told 15 shifts in the week were due to be covered by agency staff. The registered manager explained that the same staff were requested to help promote continuity of support for people who used the service. We were told the use of agency staff had been reduced and this matter was being monitored within the organisation. Staff retention also continued to be a matter for ongoing development. At the time of our inspection the recruitment of additional staff was ongoing.

We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing numbers. 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 also made aware of specific circumstances, where staffing arrangements had been increased, to provide additional support. Processes were in place to monitor and manage staff absences and conduct in accordance with the provider's policies. We were told staffing levels were kept under review and were flexible in response to people's needs. The registered manager explained staffing arrangements were always reviewed during the admission process of a new person moving into the service.

At the inspection we were made aware of circumstances, which involved senior staff, leaving the service to provide support with medicines to people living in the community. This raised questions about the provision and continuity of safe care and support at Prospect House and the propriety of staff providing this service in another registered location. Following the inspection visit we discussed this matter with the acting area manager who agreed to take action in respect of this matter.

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the previous safeguarding concerns and ongoing circumstances with the registered manager. Records showed how safeguarding and protection matters were reported, managed and analysed to reduce the risks of re-occurrence. Each person had a 'keeping me safe' assessment and a 'positive behaviour' support plan in response to their needs. One person told us, "They have gone over things like safeguarding."



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. One commented, "Safeguarding is to protect individuals and staff. If I came across anything suspicious I would flag it up. I would have no qualms in reporting anything to the manager or the local authority." 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 looked at how risks to people's individual safety and well-being were assessed and managed. 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, travelling, relationships 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 key risk assessments had been reviewed and updated. Staff spoken with had an awareness of the risk assessments. One told us, "I am aware of the risk assessments. We have access to them. They have been explained and I have put them into practice. If we are not sure we check the risk assessments." We noted the record of staff having read and signed in awareness of the risk assessments was incomplete. However the registered manager said a revised system for this practice was being introduced.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. 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. 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 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.

We checked if the staff recruitment procedures protected people who used the service. We spoke with new staff who confirmed appropriate recruitment processes had been followed. 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. 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. However we found records were not on site of the applicant's response to interview questions which meant we were unable to assess this part of the process. We also noted certificates of any declared qualifications were not routinely verified their declared achievements and integrity. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence.

## Is the service effective?

### Our findings

We looked at how the service supported people with their nutritional needs. People made positive comments about the provided at the meals service. They told us, "The food is alright" and "The food is fine." Some people were actively involved with shopping for provisions, which meant they could make choices on purchasing food and drink items. People were also supported to make their own meals. Individual dietary needs and food likes and dislikes, were included in the care planning process and a support plan had been devised for each person. The menu was planned to help provide a balanced diet and include people's known preferences. One staff member commented, "We ask people for their favourite meals and include them on the menu. It's flexible and can be adapted. They choose what they want at breakfast and lunchtime."

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

We looked at the way the service provided people with support with their healthcare needs. People spoken with indicated they were supported with their health care needs and appointments.

Each person had an 'Anticipatory Health Calendar,' this was designed to promote the daily observation of people's health and wellbeing and alert staff to any changes. This meant staff would promptly respond to people's health care needs. People also had health action plans which provided information on their past and present medical conditions. They were supported to receive an annual health care check. Processes were in place to record healthcare appointments, the outcomes and any actions needed. We noted the service had liaised as appropriate with a number of health care professionals, including GPs, dentists, chiropodists' mental health professionals and speech and language therapists.

People spoken with indicated they were involved in matters affecting them. One person told us, "I have signed and agreed with my care plan." During the inspection, we observed staff continually involving people in routine decisions and consulting with them on their individual needs and choices. We found personalised methods were used to communicate 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. There were individual 'communication profiles' with support plans to highlight people's ways of sharing their views, 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 best interest meetings had been held and specific authorisations approved. We noted where further applications had been made; the reasons for these and details of other Mental Health Act interventions, were included in people's care files. Staff spoken with were aware of the restrictions, interventions and agreements in place for each individual. We discussed with registered manager introducing processes to monitor the 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. They confirmed their participation with 'best interest' meetings. 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 how the provider trained and supported their staff. Arrangements were in place for new staff to complete an initial 'classroom based' induction training programme. We spoke with one staff member who confirmed they were in the process of completing their induction training. They told us, "I have had two solid weeks of induction training. It was quite intense but really interesting." 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 induction incorporated an introduction to the framework known as SPELL, which had been developed by the National Autistic Society (NAS) 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). It was mandatory for all new employees to enrol in the NAS Academy, as part of their induction and ongoing development. The Academy provided an accredited value based staff development framework underpinned by SPELL and ongoing reflective practice. The Academy's aim was to develop, embed and maintain excellent autism practice organisation wide.

There was also an initial orientation induction process for new starters, including bank and agency staff to work through. This involved 'shadowing' experienced staff and helped ensure new staff had an awareness of people's needs, health and safety, emergency procedures and other operational matters.

We found there were arrangements in place which aimed to provide staff with appropriate training and development, this included safeguarding vulnerable adults, moving and handling, equality and diversity, food safety, safe handling of medicines, health and safety, fire safety and basic first aid. Specialist training to help staff positively respond to behaviours that challenge and develop positive relationships with people was also provided. On looking at the staff training matrix and talking with registered manager and staff, we noted there were some gaps in refresher training. However there was evidence to show the gaps had been identified and further training had been arranged. The completion of e-learning modules by staff was also

being monitored for achievement.

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 also been arranged.

Staff spoken with indicated they had previously received one to one supervisions with a member of the management team. We saw records confirming individual and group supervision meetings had been held. The meetings had provided the opportunity for staff to reflect upon their experiences and discuss their role and responsibilities. We noted some supervision appointments were overdue. The registered manager acknowledged this delay and told us plans were in place to schedule future supervision meetings. Processes were in place for staff to receive an annual appraisal of their work performance; this included a self-evaluation of their skills, abilities and development needs.

We looked around the premise and noted some improvements had been made to the service, including new furniture, furnishings and decoration. The communal rooms were decorated with subdued natural colours. There were soft furnishings, artwork and photographs to help provide a 'homely' feel to the environment. People had access to the 'sensory room' and outdoor areas. The care planning process took into consideration each person's specific needs and preferences relating to their personal space, including their behaviours, independence and lifestyle choices. We noted some people had been supported to move into different bedrooms in response to their individual needs and requests. People had been also been enabled to enhance their rooms in various ways, by choosing their own colour schemes, decorations and bedding.

## Is the service caring?

### Our findings

People we spoke with made positive comments about the attitudes of staff and the care and support they were provided with. They said: "Staff are fine generally," "The staff are nice here," "My keyworker is good" and "The permanent staff are fine."

We observed positive and meaningful interactions between people using the service and staff. Staff showed sensitivity and tact when responding to people's emotional and behavioural needs. They were respectful and kind when supporting and encouraging people with their daily living activities and lifestyle choices.

Each person had a detailed person centred support plan which 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 also in-depth information on how each person's autism influenced them. One person who used the service told us, "I think they know me well." The information contained in the support plans was very detailed and personalised, therefore summaries had been developed to provide new staff, bank and agency staff with a succinct overview of the person's essential support needs. 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 practical examples of how they supported and promoted people's dignity, individuality and pretences. One staff member commented, "We have a person centred approach which is promoted well, the support is here is very individualised."

People had free movement within the service's communal areas and the rear garden; they could choose where to spend their time. Some rooms, for example the sensory room and laundry were accessed with staff support to keep people safe. All the bedrooms were single occupancy and had en-suite bathrooms. This 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 people were offered keys to their rooms. We observed examples where staff respected people's private space and ensured confidentiality of verbal discussions. Staff described practical examples of how they upheld people's privacy. One comment from staff was, "Privacy here is the best it can be. For example we knock on doors and always ask permission before going into people's rooms."

There was an emphasis at the service on supporting people to progress towards living more independently. We were made aware of circumstances whereby people had been supported to achieve specific goals. One person spoken with described how staff had provided support to enhance their skills and experiences. During the inspection, we observed people doing things independently and making their own decisions and choices. One person commented, "I can do what I want." Staff gave us specific examples of how they supported and promoted people's independence, autonomy and choices. We discussed with one team leader, ways of further constructively involving and empowering people with day to day matters as part of their ongoing development.

The autism specific learning programme, had given staff the underpinning knowledge and skills around

supporting people with consistency and in response to their specific needs and routines. This was reinforced by reflective practice, which aimed to embed staffs knowledge and understanding of autism within their everyday working role. 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.

We found positive and meaningful relationships were supported. For example, the service actively enabled people as appropriate, to have contact their family and friends. Each person had a keyworker, who worked more closely with them, their families, as well as other professionals involved in their care. One person said, "They try to put my keyworker with me, It's better if they share my interests."

There were notice board and displays, which were used to convey information for people using the service. Included were photographs of the staff team on duty. This was meant to 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 would inform people of the outcome of the last inspection. There was information on local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions

The service had produced a guide for people about service and facilities available at Prospect House. The information was set out in an easy read format, symbols and pictures were used to help illustrate key points. The guide combined as an agreement between the person using the service and the provider. It 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.

## Is the service responsive?

### Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. They said, "It's alright," "I think they do their best" and "It's all okay."

We reviewed how the service provided personalised care and support. We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the process of assessing people's needs and abilities before they used the service. This involved the completion of a comprehensive 'support design plan' assessment tool. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals. Transitional arrangements involved people visiting the service, for meals, activities and/or short breaks. This supported the ongoing assessment process and provided people with opportunity to experience and become familiar with the service before moving in. The assessment took into consideration people's compatibility with people who already used the service. Processes were also in place to support the transitional arrangements when people moved on from the service.

People we spoke with were aware of their care and support plans. They said, "I have been through my care plan with staff" and "I know what's in my care plan." 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. Consideration was given to the desired characteristics of staff needed for providing support. There were also 'Essential support guides' in the process of being developed, these were to provide 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. They described how they delivered support in response to people's individual needs, routines and aspirations. We were given specific examples of the progress people had made, by staff being responsive to people's needs and developing effective ways of working with them.

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. During the inspection we observed a 'handover meeting' with the staff team. This included the sharing of relevant information and staff were allocated specific people to support during their shift. Reviews of people's care and support were carried out. We noted from the records seen some reviews were overdue. However the registered manager said she had ensured all significant aspects had been reviewed and that plans were in place start full reviews with people.

Skill development and social inclusion were included within the care planning process. Activities and

opportunities for learning and development were agreed with the individual. Each activity had a learning objective to focus upon the person's skill development and recognise their achievement. We observed people accessing the community and taking part in activities during our visit. People spoken with described some of the things they were involved with, they included, domestic chores, cooking, crafts, swimming, café work, walks out, cinema, meals out, cycling shopping, computer games, DVDs and car rides. One person told us they were planning to go holiday. There were individual planners which showed each person had a varied programme of activities. One person explained, "I have a weekly plan but it's flexible and generally led by me." Staff spoken with confirmed they supported people with activities, community involvement and new experiences.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with were aware of the service's complaints procedure and processes. One commented, "I would fill complaints from in if I had a consistent concern." The complaints procedure was available in different formats, including an 'easy read' version. The procedure was included in the guide to the service and was on display in the hallway, for people their relatives, visitors and others to refer to. This information provided guidance on making a complaint and how it would be dealt with. It included the names and contact details of people who people could raise complaints with, such as the registered manager and area managers. The service had policies and procedures for dealing with any complaints or concerns. 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.

There were processes in place to record, investigate and respond to complaints and concerns. We looked at records of the recent concerns raised by people who used the service. Action plans had been drawn up to address the concerns raised. We noted there were examples of people signing in agreement with the actions and responses. This information provided a good indication that all matters raised were being taken seriously and proactively responded to. The registered manager explained that there were more structured processes in place for investigating and recoding more formal complaints.



## Is the service well-led?

### Our findings

At our last inspection the provider did not have suitable systems or processes in place, to ensure the service was operated effectively. We found there were no quality audits and reports available from senior management within the organisation. This meant information was lacking in supporting an effective and accountable approach to monitoring and evaluating the service. At this inspection we noted sufficient improvements had been made.

There were improved systems in place to monitor the quality of the service. The National Autistic Association (NAS) had devised and introduced a new quality monitoring audit tool kit in January 2017. The audit tool was designed to monitor and achieve adherence to the regulations and was carried out by senior managers. The findings of the audit process were appropriately shared with the registered manager and any plans for action were identified and agreed in a set time-frame. Progress in achieving improvements was then monitored during subsequent visits. There were also 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.

We found there were strategic development plans available to provide direction and oversight of the service and the wider organisation. We noted the plans included the aim to reduce the use of agency staff and the number of staff vacancies across services in the north region. The NAS had also focused on staff retention. Staff recognition schemes had been introduced and further scope for staff consultation, training and development. There were specific development plans for Prospect House which were steered by the framework of safe, effective, caring, responsive and well-lead. Prospect House along with the other NAS services in the region had achieved Autism Accreditation status in February 2017. Autism Accreditation is an internationally-recognised process of support and development for all those providing services to autistic people.

Arrangements were in place for more comprehensive audits to be carried out on processes and systems. These included: medicines management, service user finances, health and safety, infection prevention, accidents and incidents, staff training and control and care plans. However, we found some improvements were needed. For example a lack of effective auditing had resulted in shortfalls with medicines management. Some of these matters were responded to during the inspection process. But we would expect such matters to be identified and more effectively addressed without our involvement.

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.

However, since our last inspection there had been changes in the management team. There had also been recent changes in senior management arrangement. 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. We received comments from people who used the service, which implied changes in the management team had resulted in some instability and this had an impact on how Prospect House was run. Some team leaders were new in post and were adjusting to their roles. We found there was some discontentment and low morale amongst the staff team. Staff indicated this was due in part, to the changes in the staff rota. We received varied comments from staff around the management of the service. Some staff considered the registered manager was approachable and listened to their views, others expressed concerns about poor communication and a lack of response to issues raised.

We reviewed with the registered manager, the systems and processes in place to manage and progress these matters. We looked at the minutes of the last staff meetings and noted various work practice topics had been raised and discussed. We found the topics raised included issues with the staff rota, insufficient communication systems and a lack of staff recognition. We noted there was some progress to make improvements. Records and discussion showed the acting area manager had recently met with staff. Revised communication systems had been introduced and staff meetings were taking place more frequently. A temporary deputy manager had been appointed and additional on site management support arranged. Following the inspection we received an action plan which showed progress had been made and was ongoing, to rectify the day to day management of the service. We will check the action taken to make improvements at our next inspection.

There were processes to consult with people on their experience of the service. This included gaining feedback from people who used the service and staff. People who used the service were enabled to express their views and opinions, within their support reviews. Consultation 'inclusion events' had also been held. 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 registered manager showed us the outcomes of the last event which had been held in June 2017. This information was in the process of being collated and was to be shared and acted upon. We were also told a 'suggestion box' was to be provided where people would have continuing opportunity to make comments and ideas for improvement.

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. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy. An online 'whistle blowing' portal had recently been introduced for staff to access. There had also been a 'Have your say' staff engagement opportunity at a local venue.

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.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from the risks of improper and unsafe management of medicines, because safe procedures had not been followed. (Regulation 12(2)(g))