National Autistic Society (The)

Greatwood House

Inspection report

Somerset Court
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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 8 July 2016 and was an unannounced inspection. It was carried out by two adult social care inspectors.

Greatwood House is a large detached bungalow situated in the extensive grounds of Somerset Court. The home accommodates six people who have autism and complex support needs. Four people live in the main part of the home; two people live in two self-contained flats attached to the main house. People living at Greatwood House can access all other facilities on the Somerset Court site which include various day services.

At the time of our inspection there were six people living at the home. The people we met with had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was available on both days of our inspection. Staff and people's relatives described them as being open and approachable.

People were generally safe however; there were some potential risks associated with the management and administration of people's medicines.

Staffing levels were good and staff understood people's needs and provided the care and support they needed. There were sufficient staff available to people to enable them to take part in a range of activities according to their interests and preferences.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made. Staff were skilled at communicating with people, especially where people were unable to communicate verbally.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

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

Some aspects of the service were not safe.

People received their medicines when they needed them however; some improvements were needed to ensure all medicines are recorded and administered safely.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

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

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

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

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and professional. People were treated with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

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

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Greatwood 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 8 July 2016 and was an unannounced inspection. It was carried out by two adult social care inspectors.

At the last inspection carried out on 16 July 2014 we did not identify any concerns with the care provided to people.

Prior to this inspection we viewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 6 people living at the home. We were able to meet with people but they were unable to tell us about their experiences of life at the home. We spoke with seven members of staff and spoke with four relatives on the telephone.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care and financial records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Requires Improvement

Is the service safe?

Our findings

People received their medicines from staff who had received specific training to carry out the task. All medicines were administered by two members of staff, one who administered and one who witnessed the administration. Staff felt this made the administration of medicines safe.

Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was for and the time the medicine should be taken. Medicines were securely stored in people's bedrooms. Staff explained medicines were usually administered to people in their bedrooms however; there were occasions when the person did not want to go to their bedroom. Staff told us, if this was the case, they removed the tablets from the sealed package and transferred the tablets to a medicine pot. They then carried the pot through the home to wherever the person was. We discussed the potential risks relating to this practice. The pots were not labelled with the person's name so there was a risk of the medicine being given to the wrong person. Given the very complex needs and behaviours of the people who lived at the home, there was also the risk of the member of staff administering the medicines becoming distracted and having no safe or secure place to store the medicines which could be picked up by another person using the service.

The staff used printed medication administration records supplied by the dispensing pharmacy. However when additional entries needed to be added to the record these were not recorded in accordance with good practice guidelines. Handwritten entries on the administration records were not always signed and witnessed by another member of staff. A second signature would provide an additional check that the entry was correctly written and reduce the risk of errors occurring.

When changes were made to the medication administration records the reasons for the change were not recorded. For example the dosage of one person's medicine had been increased but there was no explanation about who had authorised the increase.

Medication administration records contained clear details of how people liked to take their medicines. There were also protocols in place for the administration of medicines that were prescribed on an 'as required' basis. For example one person was prescribed as required medicines to support them at night. The protocol set out when this medicine should be given and gave examples of instances appropriate to the individual. This ensured the medicines were administered in a consistent way in the accordance with the person's needs. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

The recruitment records of the most recently employed member of staff showed the provider followed safe recruitment practices which minimised risks to people. Records showed the provider had carried out checks before the person began work. These included seeking references from previous employers and undertaking a Disclosure and Barring Service (DBS) check. The DBS checks staff's criminal record and their suitability to work with vulnerable people. Once the staff member had commenced work there were regular supervisions

to monitor their work.

Risk assessments were carried out to minimise the risks to people at the home and in the community. These assessments had been reviewed to ensure they reflected people's up to date needs. Assessments outlined the number of staff required to keep them safe when undertaking activities within the home and grounds and when accessing community facilities. When an incident had occurred the risk assessments had been updated and additional control measures had been put in place to minimise the risk of further incidents. One member of staff told us when risk assessments changed meetings were held to make sure all staff were aware of any changes to practice required.

There were sufficient staff deployed to meet the needs of the people who lived at the home. The majority of people required one to one staffing to help keep them safe. Staff told us there were always enough staff on duty to meet people's needs. They told us they were able to respond to impromptu requests from the people they supported. For example, going for a walk or trip out. We observed this to be the case during our visits to the home.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us, and records seen confirmed all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been brought to the registered manager's attention we saw they had informed appropriate authorities and had worked in partnership with them to ensure people were protected.

There were procedures in place for the safe management of people's personal finances and these were followed by staff. There were detailed records of all transactions and these were supported with receipts and staff signatures. Balances were regularly checked with monies held. We checked the records and balances for two people and found balances tallied with the money held. Monthly audits were carried out by the deputy manager which checked that transactions were appropriate, receipts were in place and that balances were correct. The management of people's finances were also audited by a member of the senior management team.

Health and safety procedures helped to minimise risks to people who lived, worked and visited the home. Hot water outlets were checked each week to ensure temperatures remained within safe limits. There were also up to date checks for fire safety, legionella and electrical appliances. There were procedures to manage emergency situations such as fire, floods, other adverse weather conditions and infectious disease outbreaks. Each person had an emergency evacuation plan which provided important information about the level of support they required and how to communicate with them. We saw all records were up to date and had been regularly reviewed.

Good

Is the service effective?

Our findings

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community nurses, speech and language therapists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care. Relatives felt staff ensured people's healthcare were monitored and discussed with them when people had been unwell or had attended appointments with healthcare professionals.

People were protected from the risks of poor nutrition and dehydration. Care plans were up to date and contained information about people's abilities and preferences. Staff told us about one person whose diet was limited. They explained the person liked additional snacks and drinks throughout the day. We saw this to be the case on both days of our visit. They told us about another person who had lost weight. They explained this had been discussed with the GP and the person had been prescribed supplements to enhance their diet. The person's weight was regularly monitored. People were supported to develop a menu. The majority of people were non-verbal and used different methods to communicate. Staff were very knowledgeable about people's needs and they explained how some people could point to pictures of the meals they wanted and others made their choices using objects of reference. Menus looked varied and made good use of fresh ingredients.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Some people were able to indicate their consent to treatment and records showed their refusal was respected. For example one person had physically indicated their refusal to have an annual flu jab and this decision was respected by staff. Where decisions were being taken in the person's best interests these were clearly recorded. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made. For example best interests decisions had been made involving family members and professionals regarding people's medication and their finances. This ensured people's legal rights were protected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals where

people required this level of protection to keep them safe.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. The registered manager maintained a record of training completed by staff and when refresher training was due. Records were well maintained and up to date. Topics included autism awareness, communication, epilepsy, non-aversive management of challenging behaviours, first aid, health and safety. Staff told us they received the training they needed to effectively support the people who lived at the home.

Staff told us and records showed staff received regular supervisions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were positive about the support they received. One member of staff said "The supervisions are really good. You get feedback about what you do well and what could be better. You get the support and training you need to improve your skills."

People lived in an environment which was well maintained. Décor and furnishings were of a good standard and helped to promote a homely feel. Four people lived in the main house and two people had their own self-contained flats which were attached to the main home. Each person had their own en-suite facilities which meant any assistance with personal care could be provided in the privacy of the persons own bedroom. The bedrooms and flats had been decorated and furnished in accordance with each person's preferences and needs. Staff explained that people were involved in choosing their colour schemes. For example, one person had recently had their bedroom decorated and had chosen the colours from paint sample cards.

Good

Is the service caring?

Our findings

People who lived at the home were unable to fully express their needs verbally. Staff had a good knowledge of how people communicated. Care plans contained information to assist staff to communicate with each individual. For example there was information about the best way to talk to the person which included tone of voice and the need to use short sentences. A communication passport also identified the unique ways each person expressed their needs and wishes. This could be showing staff objects or making specific noises which expressed their mood. During the inspection we observed one person communicating their happiness in the ways described in their care plan. A relative told us "Staff have really got to know [person's name] and have not just presumed that as he doesn't speak he doesn't have a view."

Some people used pictures to make choices. Staff showed one person a picture of an activity and the person responded by preparing themselves happily to go out with the staff. Everyone looked content and comfortable with the staff who supported them. Staff told us they were able to recognise when a person may want a change of staff. They explained that people required one to one support throughout the day and staff were mindful that the person may not want a particular staff member for the duration of a shift. A member of staff gave us an example where one person stopped responding to the staff who was supporting them and responded positively when another member of staff entered the room. They explained they were able to change staff support to meet the person's preferences.

Staff spoke with compassion and kindness when they told us about the people they supported. They knew people well and had a good understanding about things that were important to people. Staff told us they felt people received good care. One member of staff told us "All the staff here are very caring and want the best for people." Another member of staff said "I would be more than happy for a relative of mine to be cared for here."

People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person was allocated a key worker who met with them each month to go through their plan of care and to look at what was working well and what was not going so well. From this the person's key worker developed a newsletter which was sent to the person's representative. The person was involved in deciding what was included in the newsletter. For example, one person had chosen photographs of themselves enjoying activities in the home and in the community. These included bowling, walking and visiting places of interest. There were also photographs of the person being supported with independent living skills such as making drinks and choosing clothes.

Given the complex needs of the people who lived at the home, formal group meetings were not appropriate. We saw staff met with people regularly and on and individual basis. There were questionnaires where people could respond using their preferred form of communication. For example using smiley faces to indicate they were happy or a sad or angry face to indicate they were not happy or did not enjoy something. The results of a recent meeting showed people were happy living at the home and with the staff who supported them.

The service had received a number of compliments about the care and support people received. A visiting professional commented "Exceptionally helpful staff who clearly understand people's needs. Clear, concise and robust care documentation – well done." A relative had recorded "Your patience and commitment is very much appreciated.

The relatives we spoke to on the telephone were also complimentary about the care their relative received. One told us "Everyone acts in [name of person's] best interests. I just cannot fault them. It's so good to know my [relative] is safe and well looked after." Another relative said "The staff have a really good attitude to [person's name]. I know they are good to him. I am confident I could tell if they were not."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred had been tailored to people's individual needs and
had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. We saw care plans had been updated to reflect any recommendations made. For example, staff had noticed one person appeared to be low in mood. This had been discussed with their relatives and they had quickly been seen by their GP who prescribed some medicines. These had been commenced in a timely manner and all staff had been informed.

Routines in the home were based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests.

Each person's key worker regularly met with the core staff team who supported the person to discuss their progress against their goals and aspirations. These meetings also provided the person's core staff team with an opportunity to discuss what was working well and what wasn't going so well. The care plans we read contained detailed information which included which staff the person best responded/related to and how best to communicate with the person. Any action points had been recorded and implemented. For example one person's records detailed they should be supported to use more communication tools and to continue to work on their independent living skills. Information in the person's plan of care and discussions with staff showed this had been implemented and was working well. Care plans also contained details about how the person had been involved in planning these meetings. For example in response to the question "How I picked where my person centred plan review would take place", staff had recorded the person had been shown photographs of different areas of the home and had "laughed" when they were shown a picture of the lounge indicating this was where they wanted the meeting to take place. They had also been able to choose from photographs which staff and family members they wanted to be at the meeting.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People had opportunities to take part in a range of activities and social events. Staff had a good knowledge of what each person enjoyed. Some people liked to attend the onsite day centre. Staff told us one person particularly enjoyed the sewing and craft sessions. Other activities included a walking group, swimming sessions, bowling, visits to places of interest, themed food nights and massage sessions. There was a large photo collection of activities and community facilities to support people to make choices. People chose

what they wanted to do. For example, one person pointed to a photograph indicating they wanted to go out for a walk. A relative told us "Staff motivate my [relative] and get him out and about. That's really important."

People were supported to maintain contact with the important people in their lives. A relative explained how staff supported their relative to have regular home visits which meant a great deal to them. They also said "I am always welcomed in the home. If I am passing I have just dropped in and have always felt happy with what was going on. I feel the staff are really fond of [person's name]." Another relative said "Someone phones me every week which is nice."

People's relatives told us they would feel comfortable in making a complaint if they needed to. One relative told us "I have never made a complaint but I would be happy to if needed. If there are any issues they are small and dealt with straight away. I speak with staff on the phone three times a week so nothing is left to fester. Everything dealt with." Another relative said "I don't have any concerns. I am very happy with everything they do for my [relative]."

Good

Is the service well-led?

Our findings

The registered manager told us their ethos for the home was to ensure a facilitating and enabling environment for people. They said they aimed to offer people a variety of activities and experiences to make sure people had a meaningful and active life. Through our observations and discussions with staff we saw this ethos had been adopted by staff. One member of staff said "I think the guys here get a good quality of life, which is what they deserve. We make sure they get lots of choices and opportunities. It makes me happy knowing they are happy." A relative told us "[Name of person] gets the care he needs and has a really good life." Another relative said I am really pleased the home seems to be moving forward with a really good staff team who care."

In the minutes of a recent staff meeting we saw the registered manager had discussed how staff could explore new opportunities for the people who lived at the home. They asked staff to make contact with various venues based on people's interests, arrange to take people to visit and assess their response. They suggested taking photographs of the activity so that people could use these to make choices about whether they wanted to continue with the activity.

Staff and relatives described the registered manager and deputy manager as "open and approachable." One member of staff said "[Name of registered manager] is very approachable and always available. I could talk to them about anything." Another member of staff told us "The manager is very relaxed and supportive." A relative said "They [the registered manager and deputy manager] have listened to us and [name of deputy manager] pursued things with the GP. I am really impressed how they challenged."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers. A member of staff told us "We have a great staff team here who are all really supportive. I love working here." A relative said "I find the home and staff very informative and inclusive." Another relative said "I find the staff to be amazing. They just get [name of person]."

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Supervision records showed a range of topics were discussed and the staff member's views were encouraged. These ranged from the level of support they received to discussions about people who lived at the home and what the staff member thought could be improved.

The registered manager sought people's views to enable them to monitor care and plan on going improvements. Surveys were sent to people's relatives and staff to seek their views on the quality of the service provided. We read the findings of the most recent survey and noted a high level of satisfaction. There were no areas identified as requiring action.

There were audits and checks to monitor safety and quality of care and the registered manager submitted

monthly audits to the provider's service manager who then carried out visits to the home to monitor and highlight on any areas for improvement. We looked at the action plans which had been developed from two recent visits. These demonstrated that the registered manager had, or was in the process of addressing the points raised. The minutes of staff meetings showed the registered manager discussed the action plans and areas for improvement with the staff team and had delegated responsibilities. They had monitored progress and ensured delegated tasks had been completed within agreed timescales.

Regular quality monitoring visits were also carried out by a manager from one of the provider's other services. We were provided with a copy of a report from a visit in February 2016. The report focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? The visit also included observations of staff interactions with the people who lived at the home. Outcomes for people and the findings of the audit had been very positive.

Significant incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. All incidents had been entered onto a computer system and the registered manager explained that these were regularly reviewed so that any traits or concerns could be identified. They told us the number of incidents was low and that no concerns or traits had been identified. This was confirmed by the records we read. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.