

National Autistic Society (The) Park View

Inspection report

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12 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Park View is a residential care home. It is based in a residential area within walking distance of the town centre and sea front. The home can accommodate up to four people who have autism. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to three people.
- The people we met had very complex physical and learning disabilities and not all were able to communicate with us verbally. We therefore used our observations of care and our discussions with staff, relatives and professionals to help form our judgements.
- Two people lived in the main part of the house and one person had self-contained accommodation attached to the main house. This person could use the communal parts of the main house when they wished.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection:

- Good (published 24 October 2016)

Why we inspected:

- This inspection was a scheduled inspection based on the previous rating

People's experience of using this service:

- People who lived at Park View were supported by sufficient staff who were well trained and knew how to support people living with Autism. We observed people's requests for support being responded to promptly.
- The quality of interaction between staff and people was excellent. The environment was comfortable and safe. There was good communication making it easier for people to understand.
- People were active and took part in hobbies and interests that had been identified individually. There were events and interesting activities each day and one to one support for people who needed this.
- People planned their own meals and staff supported people to shop for the ingredients. Staff cooked

people meals from scratch so that people could enjoy good home cooked food.

- People had good access to healthcare and other professionals. People knew how to complain. Incidents and accidents were minimal and if they occurred staff took appropriate actions.

- People and their families were consulted and involved with every aspect of their lives. A relative told us, "I am involved in everything, and I've seen the care plan". People living at Park View had a fulfilling life.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Park View

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- This inspection was carried out by one Adult Social Care inspector.

Service and service type:

- Park View is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- At the time of the inspection the registered manager had been seconded to another service. The provider had promoted the deputy manager to act up in their absence. The deputy manager had work at Park View for five years which meant the management of the service remained consistent during the registered managers absence. For this report we refer to the manager of the service as the "acting manager".

Notice of inspection:

- We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that someone would be in.

- Inspection site visit activity started on 11 March 2019 and ended on 12 March 2019.

What we did:

- We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During our inspection we spoke with the lead care manager, the acting manager and four care staff. We spoke with, and observed three people who received personal care and support. We also spoke with three family members who were closely involved in peoples care and support.
- After the inspection, we received feedback from one health and social care professional.
- We looked at records relevant to the management of the service. These included three care and support plans. We reviewed risk management plans, health and safety records, complaint and incident reports, four staff recruitment files, staff training records, medicine management records, and performance monitoring reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Park View. Comments from people included, "Yes safe". Relatives told us, "It's the safest [relatives name] has ever been "and, "I have no safeguarding concerns, staff are good with [person's name]".

- People were protected from the risk of abuse because staff knew how to respond to, and report, any signs of abuse. One staff member said, "We would know, [person's name] would soon say if they were unhappy, and has said in the past". Staff also said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

- The acting manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. The Acting manager told us, "rather than letting risk stop people doing what they want to do, we manage the risk and make it happen".

Assessing risk, safety monitoring and management

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were accessible, risk assessments had been completed and care plans were clear and up to date.

- Risk assessments included an environmental risk assessment of the home and any risks in relation to people's care and support needs. For example, one person would regularly set off the fire alarms so the provider had plastic shields fitted to the alarms in the home. This meant the person could still tap the alarm as they liked to do, but it would not set the alarm off inappropriately.

- There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about and staff said they could contact the acting manager at any time and they would respond. One staff member said, "We all look out for each other and we can call anyone anytime if we need help".

- Some people had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. Staff told us, "We sit with [person's name] every day and plan the day so they know exactly what to expect and when". Adding, "This has reduced their anxiety a lot".

- In the event of bad weather or a major incident the provider had a contingency plan in place that accounted for fire, flood, staff sickness or road works.

Staffing and recruitment

- Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

- The home had two staff vacancies which had been filled, the new staff were due to start in April 2019. Staff told us they worked additional hours to cover sickness and annual leave, this meant people using the service did not have their care and support compromised.

- The acting manager produced a staff rota in advance. The rota confirmed shifts were covered as required.

Using medicines safely

- The provider had a medicines policy which was accessible to staff. The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.

- The provider had safe arrangements for the storing, ordering and disposal of medicines.

- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed regularly.

- Medicine Administration Records (MAR) were completed and audited appropriately. All three medicine administration records (MARs) we reviewed had been filled out correctly with no gaps in administration.

- Support plans clearly stated what prescribed medicines the person had and the level of support people would need to take them. Senior staff carried out regular medicines audits.

Preventing and controlling infection

- Staff understood their responsibilities with regards to infection control and keeping people safe. One staff member said, "It's all our responsibility to make sure the home is clean". We observed staff supporting people to clean their rooms, and staff told us they wear protective clothing when carrying out personal care.

- There were hand washing facilities throughout the home. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, the registered manager told us about an incident where one person pulled the handbrake in the car whilst staff were driving. Staff became concerned about taking this person out. Staff told us they discussed how they could prevent the incident from happening again and one action was to provide the service with a vehicle that did not have a pull up handbrake.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed, and care, treatment and support was provided to achieve effective outcomes. Assessments assisted staff to develop care plans for the person and deliver care in line with current legislation, standards, and guidance.
- People were involved in setting goals and supported by staff to work towards achieving these goals.
- The acting manager told us, "When we assess people we look at the impact they might have on the house". They added, "We have a vacancy now, but we don't just take anyone". They gave an example, "One person recently referred was very vocal and didn't like to share staff, we knew we could not take them because it would cause too much anxiety for the people who live here".

Staff support: induction, training, skills and experience

- Staff had appropriate skills, knowledge, and experience to deliver effective care and support. One relative told us, "I think so, they all work so hard".
- Staff completed an induction when they commenced employment. There was a system in place to remind staff when their mandatory training was due. Staff also received training, which was relevant to the individual needs of the people they supported. For example, all staff had received training in Autism and Epilepsy.
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. Staff told us, "The provider looks to develop us, if we ask for additional training they will usually let us do it."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Park View. Staff told us, "(Persons name) has a themed night every Monday". The day of the inspection was Russian night. We observed staff researching recipes and planning the meal with one person.

- Staff completed food hygiene training and evidenced they knew about best/safe? practices when it came to food. Staff understood people's dietary needs and ensured that these were met.

- People were actively involved in choosing meals and preparing their menus. One person, who liked a structured approach to their care and support, sat with staff every Sunday and planned what meals they wanted for the coming week. This person told us they went shopping on Monday evenings with staff to purchase the ingredients for their chosen meals.

- People were actively involved in preparing their meals if they wanted to be. Menus reflected a good choice of healthy home cooked meals. People told us they could have what they wanted even if their meal was planned it could be changed if they wanted something different.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when needed. Health professional visits were recorded in people's care records which detailed the reason for the visit and the outcome. Recent health visits included; a GP and dentist.

- Staff told us they supported people to visit health professionals. Each person had a health action plan which reflected the support they required to maintain good health and wellbeing.

- People received an annual health check in line with best practice for people with a learning disability. Information was clearly recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- Park View provided appropriate accommodation for the people who lived there. The home was nicely decorated and homely and peoples' rooms had lots of personal belongings that made the room special to them. People had their own bathrooms. There was access to outside space and quiet area for people to receive visitors, one person had their own entrance to their flat.

Ensuring consent to care and treatment in line with law and guidance

- 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People at Park View were living with autism, which affected some people's ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. At the time of the inspection two people had a Dols in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the service continued to be caring.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were kind and caring to their loved ones. Comments included, "Staff are committed, they do it because like doing it, they genuinely care". And, "(Staff member) comes in on their day off just to help (relatives name) with one of their favourite activities, if that's not caring what is".
- We observed highly motivated staff who offered care and support that was exceptionally compassionate and kind. Staff demonstrated a real empathy for the people they cared for. For example, one person took several minutes to respond to questions, we observed staff showing patience, and waiting calmly allowing the person to respond in their own time".
- The provider focused on building and maintaining open and honest relationships with people and their families. Staff were matched with people's interests and personalities. One relative told us, "They make sure the staff that support (relatives name) with tasks are interested in what (person's name) is actually doing".
- Staff respected people's cultural and spiritual needs. Staff supported one person to volunteer at their chosen church as well as attending regular church services.
- Staff encouraged people to maintain relationships with friends and family in a way that reflected their own wishes. One relative told us, "(Acting manager) brings (person's name) home twice a year and stays in our home to support them". Staff told us, "(Persons name) likes to write a letter to their family, we support them to write the letter every week and post it to their loved one".
- Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Staff were exceptional at helping people to express their views so that staff and managers at all levels understood peoples, preferences, wishes and choices. One person would have, what staff called, "blocks", staff would ask a question and this person might take up to five minutes to respond, staff never pushed this person and knew exactly how to communicate with them to get the best from them.

- Staff made sure that people got the support they needed, and were particularly skilled when exploring ways to resolve any conflicts and tensions for people. For example, one person loved music, we observed staff signing to this person upon their request, this made the person very happy.

- All staff positively welcomed the involvement of advocates to support people to make decisions based on their own preferences such as where to go on holiday.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that staff did for people. People, relatives and staff told us they felt respected, listened to, and influential. Staff told us, "We try things out with people, if it works great if it doesn't we change it, there's no right or wrong for people here".

- One example staff gave was when one person wanted more independence, staff arranged for them to go into the town with staff at a distance, this didn't work for the person as they became too overwhelmed. Staff told us, "We made the step smaller, now they go to the post box at the end of the road every Friday and post their letter independently".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained responsive.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.

- Staff knew people's likes, dislikes and preferences. They used this information to care for people in their preferred way. Goals set for people had been achieved and led to positive outcomes.

- One person experienced emotional difficulties between September and January. Staff told us, "We got an advocate in to explore the reasons and found out it was because they were anxious about their care review". Staff added, "We now have a meeting monthly to avoid long periods of waiting". This person is now use to the meetings and no longer gets anxious during September and January.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example, one person needed to be given time to respond to questions, we observed staff waiting patiently when communicating with this person.

- Staff told us, "We assess people who can't communicate and identify the best way for them". Adding, "For example, we use pictures or assistive technology to help people make a choice but sometimes it just takes patience."

- Staff put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), families and people where possible. A relative told us, "I'm involved in everything, I attend the meeting every year, they don't do anything without me being involved".

- People were supported to access the community and participate in activities which matched their hobbies and interests this was reflected in individual support plans.

- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities

open to everyone. For example, one person liked to go out for coffee and cake in the community. Staff supported this person to access the local coffee shops regularly, now this person was known in the community and people regularly acknowledge them when they were out. Another person volunteered at local authority gardening project.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The registered manager said, "We want to learn and improve".
- People and relatives told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. A relative told us, "I've never had to complain, but would speak to (acting manager) if I needed to".

End of life care and support

- People's end of life wishes and preferences had not been considered by the provider. There was a policy in place and staff had attended bereavement training, but the manager told us they weren't clear about what would happen if someone needed end of life care whilst living at Park View and they had not had conversations with family members about their wishes either.

We recommend the provider explore peoples end of life wishes in line with national guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained well led.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff, people, relatives and professionals were positive about the management at Park View. Relatives comments included, (Acting managers name) knows (relatives name) so well". Staff comments included, "(Acting managers name) is excellent, they are very approachable and supportive and they get things done".

- The acting manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider and acting manager demonstrated a commitment to ensuring the service was safe and of high quality. Quality monitoring systems proved to be robust and effective because checks were regular and improvement plans in place.

- Managers and staff were clear about their roles and responsibilities. Regular manager and staff meetings took place where improvements and learning were shared.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "[Acting managers name] always listens to us". Adding, "We can raise ideas, some work some don't but we at least try".

- The acting manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- Staff worked in partnership with other agencies to provide good care and treatment to people.

Professionals fed back positively about partnership working with the home. Comments included: They have the right balance between statutory requirements and person centeredness". And, "It's one of those homes where you come away thinking, "That's a nice place".

- The service had good links with the local community and key organisations.