

# North East Autism Society Brentwood

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 and 29 December 2015. The last inspection of this home was carried out on 20 August 2013. The service met all the regulations we inspected against at that time.

Brentwood provides care and support for up to four people who have learning disabilities or autistic spectrum disorders. At the time of the visit three people were using the service.

The home had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is being run.

People had complex needs so not everyone was able to share their views about the service with us, but we spent time with people and observed care and support. We spoke to family members to obtain their views of the service. There were no concerns raised by other health and social care organisations that we contacted prior to the inspection.

Relatives felt involved in decisions about their family members' care. They described the service as supportive. One relative told us, "Staff are always caring and helpful with [family member], they seem to be more settled here." We saw good relationships between relatives and staff. Staff knew how to communicate with people in an accessible way using gestures, pictures and sign language.

There were some gaps in daily records, and some records lacked detail. People's care records and risk assessments showed us that people were encouraged to be independent. We saw support plans included the promotion of life skills to include shopping and cooking. People's choices were acknowledged wherever possible. Each person had a weekly planner detailing leisure and social activities. Dietary needs were assessed and appropriate diets provided in line with people's needs and cultural beliefs

People's health needs were regularly monitored and assessed. The service contacted other health care professionals when necessary, such as GPs and dieticians. We saw that the service supported people to attend educational facilities.

People had individual bedrooms which allowed privacy; these were comfortably furnished in accordance with people's choices and preferences. Accommodation took into account people's support needs with the use of assistive technology.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision and Deprivation of Liberty Safeguards (DoLS) to make sure any restrictions were in people's best interests.

Staff had an understanding of safeguarding and whistleblowing and told us they would speak to management if they had any concerns. They felt confident that management would listen and act on any concerns they raised.

Recruitment practices at the service were thorough and safe. Staff training was up to date and staff received regular supervision and appraisal. We looked at current and recent staffing rotas for the service. There were enough staff employed to make sure people were supported. Relatives told us their family members had the correct level of staff supporting them in the home and the wider community.

Systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. Relatives told us they knew how to make a complaint. Records were available which showed the service responded to complaints and lessons were learnt from such events.

The service had a quality assurance system in place. Regular audits were carried out by the registered manager and operations manager. A development plan was in place for service improvements.

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to date with no gaps. A signature sheet was in place to indicate who was able to administer medicines. Medicines were counted and recorded on a daily basis as part of the audit process.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Processes were in place to ensure people's medicines were managed in a safe way.

There were enough staff to meet people's needs.

Risks to people's safety were assessed regularly and managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Staff were appropriately trained to meet the needs of the service.

The service monitored and assessed people's health needs.

### Is the service caring?

Good ●

The service was caring.

There were good relationships between staff and relatives.

Relatives told us their family member was well supported and cared for.

Staff knew how to communicate with people in an accessible way, according to their individual needs.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a lack of consistency and detail in daily recording.

Relatives felt involved in people's care.

People had activities available to them when at home and in the local community. Relatives knew how to make a complaint and were confident that the service would respond.

### **Is the service well-led?**

The service was well led.

Staff felt the registered manager was approachable and supportive.

Relatives felt the home was well managed.

The service had an effective quality assurance system in place.

**Good** ●

# Brentwood

## 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.

The inspection took place on 14 and 29 December 2015 and was announced. This meant the provider knew we were coming. The provider was given 48 hours' notice because the location is a care home for young adults who are often out during the day, so we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we observed how staff interacted with people, and spoke to one person. We spoke to the operations manager, the registered manager, the deputy manager and three support workers. We spoke to one relative who was visiting the home and contacted two who were happy to speak with us.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff, training records, medicine records and records in relation to the management of the service.

# Is the service safe?

## Our findings

Relatives told us they felt the service was safe. One relative said, "[Family member] is perfectly happy there."

The service had a range of policies and procedures to keep people safe, such as accident, incident, safeguarding and whistleblowing procedures. These were accessible to staff for information and guidance. Staff had an understanding of safeguarding and whistleblowing and were able to describe the procedures for reporting concerns to management and felt comfortable in doing so. One member of staff told us, "If I saw anything of concern I would report it to the manager and I know they would act." The registered manager told us "All staff are notified in supervision or team meetings when policies and procedures are updated so they are working with current processes."

Records showed the service had investigated incidents and accidents. Staff told us they were offered support following incidents where people's behaviour had been challenging. We saw records of completed post incident debriefing sessions.

The service's guide to the home contained information in easy read format to support people to report abuse. This was in an area which was accessible to people who used the service, as well as visitors, relatives and stakeholders.

Staff told us, and training records showed, staff had completed up to date safeguarding training. Staff knew how to keep people safe and gave examples of checking identification of visitors and following support plans and risk assessments. Staff were able to describe signs of potential abuse and knew what to do if they suspected or witnessed any abuse.

We looked at the records of support staff. These showed checks had been made with the disclosure and barring service, (DBS) these were carried out before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms, employment history and proof of identification was on file.

We reviewed the current weeks rota and recent weekly rotas. The service had enough staff on duty, depending on the people's assessed support needs and activities for the day. There were two support staff during the night, one waking and one sleeping. Support plans set out the level of care each person needed and we observed people had enough staff to support them. One staff member told us, "It is a nice place to work, the other staff are supportive."

The service had a business continuity plan and records confirmed that people had a personal emergency evacuation plan in place. Staff had access to an accident and emergency grab sheet for each person which contained details of medicines, support needs and communication plans. This meant staff would have easy access to information in case of an emergency.

The service had current certificates in place in relation to health and safety. For example, gas safety

certificate and electrical installation certificates. The organisation holds a valid Contractors Health and Safety Assessment Scheme certificate (CHAS) this meant that the provider is proactive in health and safety requirements and had proved to have a recognised level of compliance.

Risk assessments were in place to cover work practices within the service, along with building maintenance records. The staff carried out routine health and safety checks, including hot water temperature checks and fire safety checks.

Medicines were stored securely in a locked cupboard in the office. There was also a fridge available if the service needed to store medicines that required cool storage. Records confirmed that temperatures were checked and recorded daily. Each person had a medicine file which contained the most current Medicine Administration Record (MAR). Records gave clear instructions on what medicine people were prescribed, the dosage and timings. The MARs were completed correctly with no gaps or inaccuracies. There was also pictorial information about medicines.

Staff had received training in the safe administration of medicines. The registered manager told us, and records confirmed, that staff had their competency to administer medicine safely checked on a regular basis. The service had three members of staff who had overall responsibility for the management of medicines from ordering to returning medicines. The registered manager told us, "We have a good working relationship with the local pharmacy, any queries regarding dispensing of medicines are addressed quickly."



## Is the service effective?

### Our findings

One relative told us, "They look after [family member] very well, there is really good staffing levels to support [family member]." Another told us, "I do not feel that the service is really effective, in the past I have had to tell staff to do things to promote [family member's] independent living skills, I should not have to do this. It has improved now with staff following instruction better." Regular meetings took place with staff to review support plans. One relative told us, "Staff are well trained, they know what they are doing."

Staff told us and records confirmed that staff received training that enabled them to support and meet the needs of the people who used the service. One staff member told us, "I have never done as much training as I do here." Staff completed an induction into the home and the organisation and were supported by more experienced staff members during the induction period. The induction covered a range of subjects, such as health and safety, communication and support planning.

Staff told us and records confirmed that staff received mandatory training in subjects that included, safeguarding, MCA, DoLS and positive behaviour strategies (to support people to manage behaviours that challenge) communication methods and autism awareness. This meant that staff had the skills and knowledge to support people effectively. The registered manager told us and records confirmed that of the 12 staff employed, eight have completed and four were working towards Diploma Level 3 in Health and Social Care demonstrating the services' approach to the development of staff. One staff member said, "We are encouraged to do training and to progress." Staff told us they felt well supported by colleagues and worked well as a team. One relative told us they felt the staff were appropriately trained. They said, "The staff know how to support [family member] they understand them so well."

Staff we spoke to during the inspection told us the registered manager was extremely supportive and they received regular supervision sessions and had an annual appraisal either completed or planned. Records confirmed supervision and appraisals had taken place. The service provided support to staff outside the supervision process. One staff member told us, "We are given the time to debrief after an incident and to reflect on what happened." The registered manager told us some staff had transferred from another service within the organisation and a plan was in place to ensure all staff had received an appraisal in Brentwood by the end of December 2015. Records showed this was underway.

One relative told us that they did not feel staff understood the risk of eating certain types of food and associated weight gain and had to ask for their family member's diet to be monitored more closely. Weight records were in place to demonstrate the service effectively monitored and assessed the weight of people using the service.

A four weekly rolling menu was in place which had been developed with the involvement of people who use the service. People were supported to maintain a varied and healthy diet. In order to support people to have a healthy diet a copy of the home's menu had been given to the educational facility and day services so lunch time meals were no longer duplicated. One person told us, "I help with making my meals, the food is good." Staff told us and we saw that people go out for meals. For example, whilst at the service people went to the coast for a walk and to have lunch out. We observed one person being given a choice of lighter foods

for their evening meal to balance their diet.

People's records contained hospital passports. These gave detailed information about people's support needs if they needed to attend or were admitted to hospital as well as essential medical information.

The service worked in partnership with other health care professionals and ensured people had access to health care services. We saw information relating to dietician involvement as well as visits from the behaviour team. Records were in place to support people in accessing health for example, the support people needed to attend dental appointments.

The service used assistive technology equipment in monitoring people's conditions. For example, specific bed sensors and alarms were used to monitor when seizures occur so staff were alerted immediately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager tracked the DoLS applications and kept a log of each person who had a DoLS authorisation in place. One authorisation had been applied for and records showed necessary assessments had been carried out. The service was waiting for the outcome document. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that people's support records contained details of the authorisation.

The home was clean and comfortable and spacious. Communal areas were furnished in a homely manner. People's rooms were clean and individualised with personal effects on display.

## Is the service caring?

### Our findings

Relatives told us the service was good. One relative told us, "They encourage [family member] to do things, they are really supportive with [family member]." Another relative told us, "[Family member] is very settled in Brentwood."

Staff were seen to have positive interactions with people during the inspection. It was clear by people's body language and facial expressions that they were comfortable in the presence of staff. We saw staff talking to people and they were respectful and polite. One person told us, "I am happy here." We observed one person carrying out an activity, staff communicated in an appropriate manner then stepped away to observe but within a safe distance if needed.

Due to the complex needs of the people who use the service, staff used alternative methods of communication as well as the spoken word to give information, showing that they understand diversity. Staff used gestures, facial expressions, Makaton (a type of sign language) and a picture exchange communication system, (PECS) to support effective communication. For example, pictures were being used at meal times to determine choice.

Staff we spoke to were able to discuss people's support plans outlining how they promoted independence. For example, one person is encouraged to assist in food preparation. It was clear they understood people's likes, dislikes, and needs and how to use strategies to support behaviours that challenge. We saw strategies being used at the service. Staff told us they were given time to read support plans to make sure they were up to date with people's support needs.

The service had accessible information regarding advocacy. The registered manager told us and records confirmed there was an Independent Mental Health Advocate (IMCA) currently supporting one person who is using services. An IMCA is someone who supports a person who has a condition that is affecting their ability to make a decision. Records pertaining to this involvement were seen in the person's records.

The service had produced "Your Guide To Brentwood" this gave clear information about the home, how support was provided and how people's rights were protected. Information was also in pictorial form. The guide was easily accessible to people, relatives and visitors.

One relative told us they could visit any time, they said, "I visit regularly, [family member] is happy here. There is always something going on. [Family member] goes out and about with staff."

Relatives told us they were involved in their family member's care. One relative said, "Staff keep me informed of any changes, they are good like that."

The registered manager told us that people's cultural and religious preferences were acknowledged with arrangements made to allow people to maintain their faith. We saw that menu planning took this into account.

People had access to communal living spaces, along with dining and kitchen area.

## Is the service responsive?

### Our findings

Support plans were reviewed regularly and updated when any changes occurred. Staff told us and records showed that they are made aware of any changes through meetings, supervisions and a daily handover records. However, we saw that there was an inconsistency in the frequency and level of detail recorded on the daily care reports. We saw records to show this was being addressed through team meetings and supervisions. The registered manager and operational manager acknowledged this and were continuing to audit the records to monitor the quality of recording.

Relatives told us they felt the service was responsive. One relative said, "They are on the ball and keep us posted." Relatives told us they had frequent contact with the home. They felt encouraged to raise issues or concerns. We saw the interaction between relatives and staff was positive, with relatives speaking with staff about their family member.

One relative told us, "They arranged things to make sure our family contact continued so [family member] was able to still come home."

Care plans were written in a person centred way, with clear, concise details of how to support the person with their health and wellbeing. Personal profiles covered aspects of the person's personality, likes, dislikes, activities and how they liked to spend their leisure time. One person told us, "We are going bowling today." Each person had a number of goals towards independence, these were called SMART targets. For example, planning meals and ordering foods.

Each person had a record in their care file of indicators of well-being. This set out how the person may present if they were happy or sad, and how to support them. Staff were familiar with the record. This meant staff had information to inform them how the person was feeling and communicating with them. People were encouraged to make choices about their day to day lives and staff used pictures, signs and gestures to help people make choices and express their views. Where ever possible people were involved in planning their care. Records showed people attended house meetings to discuss their support.

Care records identified behaviours that may challenge and contained clear strategies and techniques to support people manage such behaviour. Staff told us and records confirmed that they had received training in positive behaviour strategies.

Each person had a weekly planner, which set out their preferred social and leisure activities, along with a term timetable for their educational needs. The service received an end of year report from the educational facility the person attended, setting out the targets that had been met and recognised achievements. The service ensured that educational target setting was acknowledged in support plans, using a coordinated approach to learning.

The service had already started to plan for the Christmas period and staff and the registered manager told us how they were supporting people to maintain and develop relationships by spending time with their

family in a number of ways, either the person going home or relatives visiting over the holiday period.

A complaints procedure was available for people, relatives and stakeholders. A policy was also available in easy read format. Relatives told us they were aware of the complaints procedure and knew how to complain. Complaints had been addressed with detailed responses available.

The service had a "Tell us what you think" leaflet in the reception area for relatives, visitors and visiting health care professionals to capture their views on the service. The registered manager told us that the service had not received any completed leaflets.

Management operate an open door policy so relatives, visitors and other health care professionals can discuss concerns or issues relating to the service. One relative told us, "I visit regularly so can always speak to the manager if I need to." The organisation's head office sends out the annual staff survey to seek the views of staff. The operations manager told us responses feed into the services development plan to ensure staff are supported and their views valued.

The service had an accessible vehicle which was used regularly to transport people to college and social activities in the community.

## Is the service well-led?

### Our findings

Relatives felt the management in the home was good. One relative said, "I have no problems with the manager, I can speak to them and they listen, so does the deputy manager." Another commented, "The manager is brilliant and is very hands on."

The service had a registered manager in place. The CQC registration was on display. The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all the notifications completed. All personal records were secure and stored in accordance with the Data Protection Act.

Staff told us that the registered manager was approachable and was actively involved in supporting staff. We saw that there was an obvious management presence in the service. One staff member said, "The manager is very good, they are always here to talk to."

Regular team meetings were held and minutes were available for staff to read. These gave staff the opportunity to discuss the way they supported the people who lived in the home, as well as their own development. Meetings were also used to give information to staff. For example, a recent meeting discussed the changes in recording the home had introduced.

Policies and procedures were reviewed by the organisation and maintained to ensure staff and people had access to up to date information and guidance. Staff told us they were encouraged to read these as part of their induction.

The registered manager had a system in place to record and manage accidents, incidents, safeguarding concerns and complaints. These were audited to identify if there were any trends or patterns. Records demonstrated changes to practice had been made following investigations e saw evidence of multi-disciplinary meetings to discuss safeguarding issues. This meant that the service was actively involved in promoting partnership working.

A quality auditing system was in place. Audits had been completed and action plans were in place. These had been signed off by the registered manager when the action was completed. This meant that the registered manager ensured that the systems in the home were checked and any concerns addressed so improvements could be made. A monthly report was completed for senior managers, which covered areas such as behavioural interventions, safeguarding, training and health and safety.

The quality improvement plan was linked to the CQC's questions on quality care. The registered manager told us they worked closely with the operational manager to develop the service.

Some experienced staff had transferred to Brentwood from other North East Autism Society services' and the registered manager told us they were keen to embed good practice in the home using the new staff's knowledge and experience. Staff were valued for their input into the home's development.

