

# National Autistic Society (The) Pinecroft and Bristol Outreach

## Inspection report

Gloucester Road  
Alveston  
Thornbury  
Gloucestershire  
BS35 3RG

Tel: 01454417658  
Website: [www.autism.org.uk](http://www.autism.org.uk)

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Pinecroft provides accommodation and personal care for four people. There were four people living at the home at the time of the inspection.

In addition, the service provides personal care as part of an outreach service to people in their own homes. This service was situated in a separate self-sufficient office in the back garden of Pinecroft. It provides a service to older adults and young adults who have a diagnosis of autism.

Not everyone using Bristol Outreach Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection no one was receiving the regulated activity of personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

#### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Pinecroft provided people with a homely environment that was safe, clean and well-maintained. People were able to personalise their bedrooms. They had been consulted on the décor of the home. Checks were completed on the environment to ensure it was safe.

Staff supported people with their medicines that promoted their independence.

There were enough staff that were skilled to meet people's needs safely. This was kept under review. Staff recruitment and induction training processes promoted safety.

#### Right Care:

People led inclusive and empowered lives because of the values and the attitudes of the management and staff. People were supported to do the things they liked to do. People were encouraged and supported to gain life skills enabling them to move to more independent living.

People received care and support that was person-centred and promoted their dignity, privacy and human rights.

Staff understood how to protect people from poor care and abuse. Risks to people had been identified and clear plans of care were in place to keep people safe. People were supported with bespoke training in keeping safe and staying healthy.

#### Right Culture:

The registered manager and staff were clear about their roles and responsibilities in supporting autistic people. The ethos and the values were promoted within the service, with people setting clear goals based on their aspirations.

People received person-centred, individualised care because staff knew people and their needs well. There was an inclusive atmosphere in the home, people were fully engaged in the running of the home with regular meetings taking place. Their views were acted upon.

Staff worked well together as a team and sought advice and support from health and social care professionals when required. Feedback from professionals was positive and showed the staff worked in partnership to ensure positive outcomes for people.

Quality was everyone's business. Staff and people and were involved in the quality audits with one person championing in this area in respect of health and safety and the fire checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires good (published 7 August 2018).

#### Why we inspected

We undertook this focused inspection due to the length of time since the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinecroft and Bristol Outreach on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# 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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Pinecroft and Bristol Outreach

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried by one inspector.

#### Service and service type

Bristol Outreach is a domiciliary care agency. It provides personal care to people living in [their own houses and flats. At the time of the inspection, the service was not providing regulated activity to people.

Pinecroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pinecroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. They told us they were in the process of deregistering and a new manager was being recruited. Ongoing support was being given to the people and staff by a deputy area manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who lived at the service about their experience of the care provided. We spoke with the registered manager, and two members of staff. We contacted the deputy area manager and the manager responsible for Bristol Outreach Service by telephone to clarify if anyone was receiving personal care. After the inspection we received an email from a member of staff sharing their experience of working for the service.

We emailed 6 health and social care professionals about their experience of the service. We received 3 email responses and spoke to a further health professional on the telephone. Feedback was positive.

We reviewed a range of records. This included 2 people's care records, daily records and medication records. We looked at the recruitment records for 3 newly appointed members of staff. A variety of records relating to the management of the service, including training data, recruitment documentation, duty rotas and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. Comments included, "Yes, feel very safe, settled in well and I like the staff", and "Safe yes, we all get on well". People looked comfortable in the presence of each other and staff. A member of staff told us, "I believe that we make every effort to ensure that our residents are safe".
- People were supported during house meetings to have safe discussions about what abuse means and how they could keep themselves safe. Bite size learning materials promoted these discussions.
- There were systems in place to ensure people were kept safe. This included policies and procedures around safeguarding, raising concerns/complaints and for workers to speak up. Staff completed training on safeguarding and their knowledge checked during supervisions and staff meetings.
- The management team understood their responsibilities for keeping people safe from harm and abuse, by reporting concerns to the safeguarding team and working with other agencies to protect people. The registered manager had been trained by the local Authority to enable them to train staff on safeguarding adults.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were kept safe as risks were assessed. People were supported to take positive risks to enabling them to lead a full and active life, within their home and when out and about in the community.
- Staff told us they knew people well and were aware what could potentially cause a person to be anxious such as an increase in noise. The team were supported by positive behaviour team. Risk assessments looked at how to avoid known triggers, and positive support plans showed staff how to deescalate a situation. There was no restraint used in the service.
- Checks were completed on the environment. These were completed by a designated member of staff and external contractors. A person in the home was supporting staff in completing the health and safety checks and had been awarded a certificate as a champion in this area.
- Detailed Personal Emergency Evacuation Plans (PEEP's) were available to support people safely out of the home in an emergency. Staff and people living in the home participated in fire drills and received training in fire and health and safety.
- Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The registered manager informed us there was currently no one using the service who lacked the capacity to consent to their care or treatment and therefore applications to deprive a person of their liberty had not been required.
- Policies and procedures were in place guiding staff about the process of DoLS and the MCA. All staff received annual training updates about the MCA and DoLS. From talking with staff, it was evident they empowered people to be involved in their care and make day to day decisions.

#### Staffing and recruitment

- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Pinecroft. People were involved in the recruitment of new staff. The registered manager was passionate about getting the right staff with the right values that meant people had positive outcomes.
- Staff completed a six-month probationary period where the registered manager checked if they were performing to a suitable standard and demonstrating the values of the service.
- The registered manager said they had experienced some workforce pressures during the pandemic, which had improved recently with the recruitment of additional staff. Regular and familiar agency and bank staff were used to cover any shortfalls.
- Sufficient staff were working in the home to support people to do the things they wanted to do. There were usually two care staff working during the day and early evening to enable people to have the support they needed. Two people told us they preferred to go out in the day and there was always enough staff. Everyone in the home could go out when they wanted without staff support.
- One person told us, they felt there should be more staff between 7 and 8 pm at night and first thing in the morning when there was only one member of staff. The registered manager said staffing was planned flexibly and if a person wanted to go out in the evening and needed staff support then additional staff would be rostered to work. Staffing levels were safe and kept under review.

#### Using medicines safely

- Medicines were managed safely. Daily, weekly and monthly checks were completed to ensure medications were stored correctly, administered safely and all relevant documentation was in place.
- Only staff that had been trained and their competence checked would help people with their medicines. This was reviewed annually to ensure staff were competent.
- People were supported to look after their own medication. This was done within a risk assessment framework.
- Where people kept their medicines in their bedrooms there were no checks being completed on the temperatures to ensure they were stored within the manufacturer's recommendations. Assurances were provided by the registered manager this would be addressed immediately.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visitors. People were planning a barbeque and were planning to invite friends and family.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the staff knew and understood the provider's vision and values, to improve the quality of life for autistic people and how to put this into practice when supporting people.
- The registered manager and staff team had created a positive culture within the service which resulted in good outcomes for people. People told us about some of these positive outcomes such as budgeting, learning to cook and increasing their experiences in the local community.
- Staff described a positive culture in the home, including a team that worked together to meet people's needs. A visiting health professional told us, "Excellent service, each person is seen very much as individual". They went on to say they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to report significant events to the Care Quality Commission and Local Authority safeguarding team to protect people.
- The provider understood the Duty of Candour, which aims to ensure that they are open, honest and transparent with people, their relatives and others in relation to care and support.
- Organisational learning was used and shared with all services to improve care for people, such as any deaths, accidents and incidents. Learning was a topic that was discussed at each team meeting. This showed the service was open and honest when things went wrong and there was a team approach to making improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some management changes had taken place in the service in the last three weeks. Whilst there was a registered manager in post, they were working at one of the provider's other services with the plan to deregister at Pinecroft. A deputy area manager was supporting the service 2 days per week in the interim. Recruitment was ongoing for a new manager. Staff said they continued to be well supported.
- Regular checks were completed on the quality of the service. This enabled the registered manager and the provider to monitor and identify any shortfalls in the quality that people received. Audits included health and safety, fire safety, care documentation, medicines management and environment audits.
- There was a team approach to monitoring the quality. People were also involved in the checks such as fire checks and environmental audits.

- The registered manager told us the provider was implementing a new audit system which would include a self-assessment completed by the service which would then be verified by the quality assurance team. A schedule was in place guiding the staff on the frequency and the expectations and included annual quality checks in respect of restrictive practice, safeguarding and a financial audit.
- The registered manager compiled a monthly report in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. This enabled the provider to monitor the service remotely in respect of any risks. Regular visits were completed by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had suitable arrangements in place for gathering people's views of the service. We found that the feedback was consistently positive.
- People were at the centre of the service and their views were fully considered and acted upon as evidenced in the minutes of the meetings. Weekly house meetings were held, which enabled people to be fully involved in life at Pinecroft.
- Staff described a service that was well managed and a team that worked together to ensure people's needs were met. Daily handovers took place to share important information and monthly meetings were held to discuss various topics relevant to the running of the service.

Continuous learning and improving care

- The registered manager engaged in local forums to work with other organisations to improve care and support for people using the service. They also networked and attended regular meetings with other services operated by the National Autistic Society.
- Pinecroft and Bristol Outreach had been accredited and achieved an Advanced Specialist Award for supporting autistic people. In order to achieve accreditation a service must provide evidence that it has a specialised knowledge and understanding of autism.
- The provider and the registered manager invested in staff by providing them with training to meet the needs the individuals living in Pinecroft. This led to people receiving consistently good care. Staff confirmed they had received regular training both face to face and online.
- People were supported to attend colleges to gain skills such as literacy or topics of interest. In addition, the staff provided in house training sessions on keeping safe, budgeting, cooking and men's health. Training materials were in an easy read format. This had a positive impact on people enabling them to gain skills to move to more independent living.

Working in partnership with others

- Staff worked in partnership with health and social care professionals using a multi-disciplinary approach to achieve positive outcomes for people. Feedback from health professionals was complimentary about the service.