Autism Care (UK) Limited

The Cottage

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Cottage 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. It provides accommodation for people living with a learning disability. The home can accommodate up to ten people. At the time of our inspection there were nine people living in the home. The Cottage is part of a larger site called Heath Farm, which consists of five other homes and an activity resource centre.

At the time of our inspection 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. In this report when we speak about both the company we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Good'. At the present inspection the service remained 'Good'. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, improvements were required in the 'well led' domain. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Suitable quality checks were being completed. However, these were ineffective. The refurbishment plan was behind schedule and previously identified issues had not been resolved. Where issues were identified it was not clear when issues would be resolved as dates for completion were not always in place.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

Medicines were managed and administered safely. There were arrangements to prevent and control infections.

Where people were unable to make decisions, arrangements had been made to ensure decisions were made in people's best interests.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their

independence. Staff supported them in the least restrictive ways possible and the policies and systems in the service supported this practice. People received person-centred care.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. Where appropriate people had access to lay advocates. Confidential information was stored securely.

Despite the service having significant vacant hours there was enough staff on duty at the time of inspection. Recruitment was ongoing and appropriate employment checks were in place.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care.

There was a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been involved in the running of the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Requires Improvement

The service has deteriorated to Requires Improvement

Actions to improve quality were not always dated or completed. There was not enough staff employed to cover the required number of hours needed to care for people safely and effectively. Checks on the quality of the service were not consistently effective.

A refurbishment plan was in place but actions were behind.

There was a positive culture in the service. People who lived in the service had difficulty engaging in the running of the service. However, the registered persons had engaged with people lived on other parts of the providers services in order to ascertain people's views.

Registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries and had suitably displayed the quality ratings we gave to the service at our last inspection.

The Cottage

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 was a comprehensive inspection.

This inspection took place on 5 June 2018 and was unannounced.

The inspection was carried out by an inspector and two Specialist Advisors. The specialist advisors had expertise in governance and the care of people living with a learning disability. Following the site visit an expert by experience contacted relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the care of people living with a learning disability.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. 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. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke three care staff, the area manager, the registered manager and the deputy manager. Following the inspection we spoke with two relatives by telephone. We also looked at two care records and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

The service was rated good at the last inspection and this time it remains good.

A recent infection control audit had been carried out and we saw most actions which had been identified had been completed. However, the audit carried out in March 2018 identified the need for a new floor in the bathroom area. The flooring was ingrained with dirt / slime and beginning to split in the corners. This presented an infection control risk. Staff told us they were told that attempts to deep clean this had proved unmanageable and a request to the provider had subsequently been made for this to be replaced and was included on the refurbishment plan. Staff had received training and understood how to prevent the spread of infection.

We saw evidence of people being supported to maintain their feeling of safety. Relatives also told us they were confident that their family members were safe. We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of issues such as accessing the community, choking and falls. Arrangements were in place to protect people in the event of situations such as fire or flood.

A relative told us, "I do feel [family member]is safe. When there is new staff there is shadowing to ensure the needs of [family member] are met. All the staff know family member]." They added, "There has been a person on the unit that seemed to change the way things operated, they have moved on and the unit is much more relaxed." Another relative told us, "[Family member] is safe and we would know because they would let us know. [Family member] is always supported by one [staff] and two if they go out in the community."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could act if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff confirmed safeguarding training had been provided and knew how to report incidents of potential abuse. Staff confirmed they had confidence in management approach to safeguarding and records indicated action had been taken and ensured that lessons were learnt to improve the service.

The registered manager told us there had been a high number of safeguarding incidents over the past year but advised these were largely associated with one individual who was no longer living at the home. They advised they had worked with health and the local authority colleagues to find alternative support for them. A relative told us about an issue where they felt the provider had responded. They said, "There has been a person on the unit that seemed to change the way things operated, they have moved on and the unit is much more relaxed."

We observed the medicine round and saw people were given their medicines safely and according to their preferences. Medicine administration records (MAR) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies and how people liked to take their medicines. Information to support staff when administering as required, (PRN) medicines, was also available to staff to ensure people received their medicines when they needed them. Competency checks of staff's skills to administer medicines safely were regularly completed.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. We observed when people demonstrated signs of possible distress staff spoke positively to them and provided sensitive reassurance. We found that PRN medicines to manage complex behaviours were not utilised to manage challenging behaviour.

The registered manager reported that they had staff vacancies for 204hrs that they were in the process of recruiting for. Review of the staff rota and discussion with staff, identified that staff were working excessive hours and the provider had put in place a process to support staff if they worked a large amount of hours. In addition, agency staff were utilised to fill vacant hours.

A relative told us, "When I visit there are enough staff on duty to meet the needs of name." Another relative said, "There is enough staff on duty and [family member] always has one to one all the time. [Family member] is allowed in their bedroom alone but staff are aware and ready as soon as [family member] comes out." We examined records of the background checks that the registered persons had completed when appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

The service was rated good at the last inspection and this time it remained 'Good'.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about epilepsy. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive one to one support and yearly reviews. Staff told us they had received one to one support and had found this useful. This is important to ensure staff have the appropriate skills and support to deliver care appropriately.

People were supported to eat and drink enough to maintain a balanced diet. We saw a menu was available but where people wanted an alternative this was available. A relative told us, "I think there is a good diet and [family member] is watched so they do not eat chocolate all the time." They said, "[Family member] will help make a whip for a pudding and there is always fruit available for [family member] to eat." Another relative said, "There is choice about what [family member] eats." Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these.

People were supported to live healthy lives by receiving on-going healthcare support. Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. The registered manager told us that the home had a good relationship with the local GP practice. A relative told us," We always get copy of any letters from the appointments name has been to. We are made to feel part of it all."

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in

line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. They demonstrated that people such as family members, advocate, service commissioners and social workers were involved in the discussions. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people were subject to DoLS the required arrangements had been put in place. At the time of our inspection there were four people subject to a DoLS. A further five applications had been made.

Where people required specialist equipment and furniture this had been provided. However, we saw that there were areas of the home which required refurbishment and maintenance. For example, we saw specialist chairs that were in need of renovation as the covering on them was beginning to split. A member of staff said they felt some parts of the building could be improved and needed they said it needed a "A bit more love." They told us that prompt action had not always been followed up by the provider when improvements had been noted and requested. For example, we observed a spare bedroom was left cluttered with items of equipment for activity provision, which were due to be stored in a garden shed, but this had not yet been fully completed.

Good

Is the service caring?

Our findings

The service was rated good at the last inspection and this time it remained 'Good'.

Due to the people's complex needs most people were unable to tell us about their experiences of living at the home. However, we observed people appeared to be comfortable and relaxed with staff. One person who was waiting to take part in an aromatherapy session confirmed they were happy living in the home. A relative told us, "The staff do a marvellous job and the staff and are kind to [family member]." There was a calm and relaxed atmosphere in the Cottage. People who used the service were very comfortable with staff who interacted with them well, giving people time and space to respond to any requests and prompts when required. Another told us, "[Family member] always looks clean and tidy and smells nice, we have no complaints about their care." Another relative explained that due to the health of another relative the staff were in the process of supporting the person to understand the relative's medical condition and outcome. They told us they felt confident that appropriate support would be given and guidance on how to deal with the situation to themselves when speaking with the service user would also be given.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. For example, one staff member gave an account of a person they supported who was afraid to go out on a bus. They told us that small time frames of exposure to this activity and play, had now enabled the person to look forward to their trips out. Another person was afraid to go out and staff gave an account of what they had done to address this, which now enables the person to go swimming once a week, with less anxiety.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or representatives who could support them to express their preferences. A relative told us about a situation where they had been supported to find the right care for a person. They told us, "Some years ago it was observed that two weeks after [family member] returned from a home visit their behaviour changed. The staff talked to family and to name and it was decided that home visits should stop, but regular family contact on the unit should happen, little and often." They told us their family member was much happier with this arrangement.

We noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. People were called by their preferred name and records also referred to people by this. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, knocking on doors and asking people if they required support before providing it.

We found that suitable arrangements were in place to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of

staff.

Good

Is the service responsive?

Our findings

The service was rated good at the last inspection and this time it remained 'Good'.

We found that people received personalised care that was responsive to their needs. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person and their relatives about the care they wanted to receive and had recorded the results in an individual care plan. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Where people's needs had changed this was detailed in care records. A relative told us, "Between us and the staff we have developed a care plan which is constantly being updated." Another told us, "There is a review every year that we are always asked for our input and comments." They said, "The manager and seniors are very approachable and good listeners I am made to feel part of the team. There are emails and phone calls between us all about different things." Information was included in the care record to inform staff about what was important to people. For example, information about people's family. We observed staff speaking to people about their families.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. For example, information was provided in a variety of formats to assist people to understand it.

Arrangements were in place to provide a range of activities daily. On the morning of the inspection a group of people from the Cottage went out to a local community provision whilst others went shopping with staff. People had individual programmes however these were flexible according to people's preferences on the day. We observed people had access to transport so they could go out on visits. A relative told us," There is a choice about activities, swimming on a Friday, cookery and bowling and since about 18 months ago [family member] helps with the laundry to gain independence. I am not sure how much they do, but it gets done. They [family member] also make tea for people on the unit and visitors with supervision of course." Another told us their family member was taken on holiday by staff.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Furthermore, the registered manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, and bisexual and transgender.

Arrangements were in place to support people who could not communicate verbally. For example, care records detailed how staff should communicate with people. Staff told us that communication training was developed around individuals to ensure it met their needs and facilitated effective communication. We observed staff used different techniques when they communicated with people, for example writing things down and gestures.

There were arrangements to ensure that people's concerns and complaints were listened and responded to

in order to improve the quality of care. There had been no formal complaints received in the last twelve months. A complaints policy was available to people and people were aware of this. Regular meetings were also held to facilitate people to be able to raise concerns. When we spoke with relatives they told us they would be happy to raise concerns if they had any. One told us, "We are listened to, if I am not happy with things the staff will listen to me and we discuss the way forward."

At the time of our inspection there was no one receiving end of life care. However, arrangements were in place to enable people to consider their wishes if they wished if they wished.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection this domain was Good. At this inspection we found the domain to have deteriorated to 'Requires Improvement'.

Regular checks were carried out on a range of issues such as health and safety, by the registered manager and also by an independent external assessor. However, we observed that actions agreed from the checks did not always have a completion date to ensure action was taken.

Quality assurance systems were in place to make sure that people received the care and support they required to meet their identified needs, as agreed in their care plans. These checks included making sure care was being consistently provided to the required standard; and staff had the knowledge and skills they needed to care for people's complex needs. Despite this we found identified issues had not always been addressed. For example, there was not enough staff employed on a permanent basis to cover the required number of hours needed to care for people safely and effectively. Previous audits had identified the need for refurbishment for example, the replacement of a bathroom floor however despite the need for the work being included on the refurbishment plan and defined as essential since September 2017, the work had not been carried out. Refurbishment plans were not on schedule, which impacted on people's day to day living and their experience of care. This demonstrated that the quality assurance systems in place were not effective, as they did not lead to improvements or ensure good quality care.

There was a positive culture in the service that was focused upon achieving good outcomes for people. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. A member of staff told us the registered manager was, "Very supportive and could always them ask any questions." Staff had been invited to complete an annual questionnaire anonymously to encourage their involvement in the service provision. Where staff worked a substantial amount of additional hours we saw welfare checks had been carried out with them. This ensured the additional work was not affecting their wellbeing.

The registered persons had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Regular staff meetings were held and staff received feedback about issues in the home. In addition, the provider had established annual meetings with nominated staff. However, when we spoke with staff they were unaware of when these meetings were held.

We found that people who lived in the service had difficulty engaging in the running of the service. However, people who lived on other parts of the providers services were involved. For example, some people were involved in the recruitment of staff. We observed on the day of inspection interviews were being held and people who lived in other services run by the provider were involved in these. Another person provided training to staff about living with autism.

We found that the registered persons had made a number of arrangements that were designed to enable

the service to learn and innovate. This included linking with local organisations such as the local authority and voluntary organisations to introduce improvements. Two-weekly meetings were in place to review care and referrals, we observed other professionals and services such as primary care services and therapists were involved in these meetings.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.