

Autism Wessex

Autism Wessex - Higher Ground

Inspection report

Higher Ground
Marston Road
Sherborne
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Tel: 01935389356

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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

Autism Wessex - Higher Ground provides accommodation with personal care for four people. The home specialises in providing a service to adults who have a learning disability, autism, sensory impairment or physical disability.

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

People were not able to tell us about their experiences of life at the home, so we therefore used our observations of care and our discussions with staff and relatives to help form our judgements.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were safe. The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people and how to reduce them. Risk management was central to the day to day care people received.

People's needs had been assessed before they moved into the home, to ensure their needs could be met. People's changing needs were met.

People were supported by staff who were trained to meet their individual needs. There was a very close relationship with people's families and other professionals to ensure people received the care and support they needed.

Staff asked people for their consent before supporting them. People were supported by a staff team who respected their choices and decisions. Staff promoted people's privacy, dignity and independence.

People, and those close to them, were involved in planning and reviewing their care. People's communication methods were identified within their care plans and understood by staff. People's relative's views were central to how care was provided and reviewed and how the service was run.

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.

People were part of their community. They chose a range of activities, trips and social events.

The service was well managed with the provider's support. The management team were open and honest.

There were effective systems to monitor the quality and safety of the service. There was a commitment to improving the service.

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

Rating at last inspection (and update)

The last rating for this service was Good (published June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Autism Wessex - Higher Ground

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Autism Wessex - Higher Ground 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 who had applied to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We therefore looked at the previous inspection report and all of information we had received from and about the service since the last inspection. We used this information to plan our inspection.

During the inspection

During the inspection we observed staff supporting, interacting and communicating with people in communal areas of the home. Some people allowed us to see their bedrooms. We spoke with three members of staff and the manager.

We looked at a selection of records which included;

Two care and support plans

Daily records

Medication Administration Records

Accident and incident records

After the Inspection

We contacted four people's family members for their views of the service; three responded to us. The manager sent us copies of quality assurance audits, staff training records, staff and manager's meeting records for us to read.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safe at the home and looked at ease with the staff who supported them. One relative said, "It's as safe a place as we are ever likely to find. We have no safety concerns at all. He is very happy there."
- Risks to people were minimised because staff knew how to recognise and report suspicions of abuse. Staff were confident that if they raised concerns, action would be taken to keep people safe. For example, there had been a recent incident which had been reported under safeguarding protocols. This was still being investigated at the time of the inspection. One relative told us, "When an incident has occurred, I am confident that appropriate action has been taken to safeguard [name]."
- Staff recruitment was handled centrally by the provider. All staff were thoroughly checked before they began work in the home to ensure they had the appropriate skills and character to work with vulnerable people. One staff member said, "I had to wait until all my checks were done before I started working here."
- There were adequate numbers of staff to keep people safe. People had a minimum of one to one care during the day. One person had two to one support when they went out.

Assessing risk, safety monitoring and management

- Staff ensured people received their care and support as safely as possible. Individual risks were identified and where appropriate action was taken to minimise them.
- Assessing and managing risk was central to providing good day to day care to people as their mood could often change quickly. One relative told us, "[Name] has a care plan and risk assessments in place which are followed."
- Staff supported people in the least restrictive way possible when people became anxious or upset. Staff had been appropriately trained and there were clear care plans to follow. One staff member said, "We give people time, space, talk to them or redirect them. I have never seen any physical intervention used here."
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire alarm and on equipment used in the home.

Using medicines safely

- People received their medicines from staff who had been trained in the safe administration of medicines.

- Clear records were kept of all medicines administered, refused or taken 'as and when required'. This enabled the effectiveness of prescribed medicines to be monitored.
- There were systems in place to audit medicines administration to make sure people received their medicines as prescribed. One relative said, "I believe all the right processes are being followed regarding storage and administration."

Preventing and controlling infection

- People lived in a home which was kept clean and fresh. One staff member said, "We encourage people to help with the cleaning." Staff working in the evenings and overnight has specific cleaning duties to complete once people had gone to bed.
- Staff had been trained in infection control and used personal protective equipment such as disposable gloves and aprons when supporting people with personal care. There were handwashing facilities throughout the home. This also helped to protect people against the spread of infection.

Learning lessons when things go wrong

- All accidents and incidents which occurred were recorded, analysed and used as a way of learning and improving practice.
- Reviews were carried out by the manager and by the provider. The manager told us, "I see every report. I look at each one looking for patterns or trends. I can ask for support from the area manager or the in-house behaviour team if I need it."
- Lessons learnt were shared with staff and care plans were up dated where appropriate. For example, a significant event had been discussed at a recent team meeting so staff could discuss this and learn from it.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People looked very comfortable in their environment. The provider had ensured the home was adapted to meet people's changing needs. One relative told us, "The environment was looked at prior to [name] moving there and [the provider] did make changes to the home. The views were sought from other families re [the changes made]."
- Aids and adaptations to meet people's needs were in place. For example, one person had an adapted bath which was easier for them to get in and out of and had tactile items on the wall of their room. One person chose to have very little in their own room, as this caused them anxiety.
- The home suffered fairly high levels of wear and tear; repairs and redecoration were ongoing.
- The home had well-kept gardens which people enjoyed using in good weather.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs had been assessed before they first moved to the home; their introduction to the home was based on their individual needs. One relative told us, "[Name] had a very good transition from his previous placement with several visits taking place prior to the move."
- Care plans had been created and then developed, with the involvement of people and those close to them.
- Care plans were detailed and explained what care and support each person needed and how this was to be provided. A new computer-based care planning system had recently been introduced, which staff were getting used to.
- People were supported by a staff team who were trained in health and safety and in people's specific needs, such as supporting people who have autism, epilepsy or behavioural difficulties. Training was a mixture of on line and face to face training.
- Staff said their induction and ongoing training and support was "very good". It included refresher training to make sure their practice was in line with up to date guidance and legislation. Staff had regular supervision meetings to support them in their role.
- Relatives thought staff were well trained. One relative said, "I believe that they have a good staff group who have a lot of experience in working with people with autism and complex needs."

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

- People had their nutritional needs assessed and met. People chose the meals and drinks they wanted. Staff knew what people liked and disliked.
- People received the support they needed to eat in a dignified way.
- Staff encouraged people to participate in cooking as much as people were able. One relative said, their family member was involved in "Preparing food and by choosing his own shopping whilst out in the community."

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People had an annual health check. They saw a range of healthcare professionals, such as a GP and speech and language therapist, to make sure they received the support and treatment they required.
- Staff monitored people's health very closely, as people often could not say if they were unwell or in pain. One relative told us staff had been concerned about their family member. "They immediately rushed him down to the doctors. They do that if they have the slightest concern. Their doctor seems very good there. They are very lucky. We are very pleased about that."
- People were supported with their oral healthcare and saw dentists. Oral care had recently been focused upon and discussed at a team meeting. The manager was aware of recent good practice guidance about this area of care.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lived at the home were able to make some decisions about their day to day lives. During the inspection we heard staff offering choice and respecting the choices and decisions people made. One staff member said, "Everything we do is with their consent. We do listen to what they tell us or how they respond to things."
- Where there were concerns about people's capacity to make more complex decisions, staff consulted family members and others involved in their care to ensure any decisions made were in the person's best interests. One relative told us, "[Name] does not have capacity to make appropriate decisions for himself but can make limited ones such as what he would like to eat or wear. He makes choices with help, using his communication aids. Staff have been helping [name] do this and have been very accommodating."

- Clear records were kept when people had decisions made in their best interests, such as which medicines would be best for them to take.
- Applications had been made for people to be legally deprived of their liberty where they required this level of protection to keep them safe. Any conditions which had been applied were being complied with. One relative told us, "The DoLS people also go and do reviews. They send us a copy of the report. Staff do need to be strict with [name] and restrict him in some ways. He does understand some things are dangerous I think but not everything."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as individuals by staff who were kind and caring. During the inspection we saw staff chatting and joking with people and assisting them in a way that was equal and warm. One relative told us, "I have found staff to be welcoming and friendly, this includes managers, staff and agency staff."
- Staff adapted their approach to people according to their individuality. We saw staff were kind and patient.
- People were cared for by staff who were keen to provide care that met people's individual needs. Staff knew people well and people trusted staff. One relative said, "I feel that [name] is very settled at Higher Ground. I am happy that he has a trusting relationship with his support workers."
- People living at the home had no specific cultural or spiritual needs. One person chose to attend a coffee morning with a church group but did not go to church services.

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

- People were involved in planning their care as much as they could be. Family members advocated for people; health professionals were also involved. Staff used their observations of what people were comfortable with and how they responded to things, to help review care plans.
- People were often unable to express their views verbally. They used a range of communication methods, such as pictures and sign language which staff had been trained to use.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff respected each person as an individual. Each person who lived at the home had their own room where they could spend time or see their family in private. One relative said, "I believe that [name's] privacy and dignity is being met, he has his own bedroom and own bathroom."
- People could have visitors at any time and they were always made welcome at the home. One relative said, "Higher Ground have been very helpful in maintaining family visits with both myself and [name's] sister and niece. I have had monthly family outings and have visited [name] at Higher Ground for drinks and a chat every month. [Name] enjoys his family visits."

- People were supported to be as independent as they could be. We saw staff encouraged people to do things for themselves. One relative said, "I believe that they are encouraged to promote [name's] independence by encouraging him to participate in activities in the home."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to develop relationships with each other. One relative told us, "We had a nice family meal and went bowling with another service user at Higher Ground which was very successful." We saw people were generally relaxed in each other's company.
- People kept in touch with their family. Relatives visited, and some people visited their family or stayed with them at times, such as over the Christmas period.
- People took part in a wide range of activities in the community. This helped people to avoid social isolation and have as full a life as possible. One relative said, "[Name] has been swimming and bowling and has attended a local youth club for people with learning disabilities. This is ongoing and being developed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and met. We saw staff ensured information was exchanged with people in a way each of them understood.
- People used a range of communication methods, such as pictures, sign language, behaviour and physically leading staff to make their views known. One staff member said, "Two people here can speak a little. We also use picture exchange and sign language. You do get to know how to communicate with each person. It works well."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were fully involved in planning care to make sure they received the right support. One relative said, "I have had the opportunity to be involved from the beginning. The managers have been very helpful in working with me and other professionals to try and set up a good care plan for [Name]. My views are sought by attending reviews and by corresponding by email."

- People's care plans had information about their life history, their interests, risks and about people who were important to them. This helped staff understand what was important to each person and how to provide care and support in accordance with people's individual needs.
- People were able to choose their own routines and make choices about their day to day lives, as far as they were able to. We saw people made these choices during our visits.
- Staff responded to changes in people's needs. One relative told us, "They review his care plan. They ask us for our opinion and what we think, should there be any changes. If changes are needed it is done."

Improving care quality in response to complaints or concerns

- People lived in a home where complaints and concerns were treated as information to help make improvements.
- Each person would need staff or relatives to complain on their behalf. No one could use the complaints procedure independently. Staff were aware of how each person could show if they were unhappy or upset and knew people could complain if they needed to.
- There had been no complaints. The manager told us that any issues people had were usually resolved informally. One relative said, "We've never had to make a complaint; never needed to. If we were unhappy though we would be in contact immediately, we wouldn't wait."

End of life care and support

- The service was designed to support younger adults so did not specifically provide end of life care. The manager did feel it would be a good idea to discuss this topic with people and their relatives so people's wishes could be included within care plans in the future.
- No one was currently receiving end of life care and support.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 last registered manager had left the home. A new manager had worked in the home for four months. They had already started the registration process with us.
- The provider had ensured the manager was well supported to make sure standards of care and support were maintained. The manager told us, "My support is brilliant. [The area manager] is always approachable. She is always contactable. I have a good relationship with other managers. I do see the CEO as well. She's approachable."
- There was a clear management and staffing structure which made sure people were supported by experienced and competent staff. We saw the manager and deputy manager worked closely together during our visits. Staff spoke highly of the manager; they liked and respected them.
- The service was honest and open if things went wrong. The recent safeguarding incident was reported immediately and the findings of the investigation will be shared once completed.
- Relatives and staff all described the management of the home as approachable and happy to listen to their views. The manager told us they saw all views as a way to learn and improve the service.

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

- Staff were positive about working at the home and in the care and support they provided. There was a homely atmosphere. One staff member said, "I think people get really good care from the staff here. It is a really nice, friendly place to work."
- The manager understood and implemented the ethos of the provider and had a commitment to improve the service for the people who lived here. Comments from relatives, staff and our observations, showed this was put into practice by staff.
- People who lived in the home looked happy and content. Each relative told us they were happy with the service their family member received. One relative said, "[Name] has a great place to live. We are perfectly happy." Another told us, "[Name's] very happy and likes the people who care for him."

Continuous learning and improving care

- The provider carried out audits and checks which monitored quality and enabled them to plan on going improvements to the environment and people's care and safety. These audits covered areas such as care planning, accidents and incidents, people's behaviour, activities and staffing levels.
- Where shortfalls were identified, improvements had been carried out with others planned. For example, care plans had been improved with the introduction of a computerised system.
- People lived in a home where the manager had identified where improvements could be made. They had a realistic plan in place for things they would like to improve further. One relative said, "[Name] would benefit from more inhouse activities, so games have been purchased for him." We saw them using these during our visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who lived at the home were part of their community. People used local shops and other community facilities.
- People's, staff's and relative's views were sought and listened to. This was to ensure any changes made were in accordance with people's wishes.
- Staff were able to have their say through regular meetings. Minutes of these meetings showed several subjects were discussed.
- The staff worked in partnership with other professionals. This helped to make sure people had access to specialist care and treatment when they needed it.