National Autistic Society (The)

Gillitts Road

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?	Good

Summary of findings

Overall summary

This inspection took place on 27 and 29 June 2016 and was unannounced. Gillitts Road is a residential care home registered to care for up to 12 people with a learning disability and autism. The service is situated in the suburbs of Wellingborough in Northamptonshire.

The service comprises of two five-bedroom homes, 'Beige House' and 'Green House', and 'The Flat', a two-bedroom apartment created to promote independent living skills. At the time of our inspection nine people were using the service.
The service had 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.

People using the service had complex communication needs and were unable to directly tell us if they felt safe from abuse. General observations made on the day of the inspection and feedback from relatives indicated that people were protected from the risk of abuse. Staff were aware of what constituted abuse and of their responsibilities to report abuse.

Risks to people using the service and others were assessed, and appropriate measures were in place to manage identified risks.

Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff training and on-going training was provided to ensure staff had the skills, knowledge and support they needed to perform their duties. Staff supervision systems ensured that all staff received support through one to one and team meetings to discuss their learning and development needs and the needs of the service.

People received their medication safely and the systems to receive, store and administer medicines were appropriately maintained.

Staff knew how to protect people who lacked the capacity to make decisions. Policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed appropriately.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink. Their physical and mental health was closely monitored and appropriate referrals to health professionals were made.

Staff showed care and compassion when supporting people and ensured that privacy and dignity was respected at all times. Advocacy services were available for people to access, should they need them.

People using the service and their representatives were involved in making choices about their care, which was based upon their individual needs and wishes. The care plans reflected people's current needs and they were regularly reviewed and updated. Staff supported people to follow their choice of leisure, educational and recreational activities and people had regular access to the local and wider community to reduce the risk of social isolation.

Systems were in place to receive and handle complaints and management governance systems were in place to regularly monitor the quality and safety of the service.

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.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been appropriately trained.

Is the service effective?

Good

The service was effective.

Staff had been provided with appropriate training which equipped them with the skills and knowledge to meet people's needs.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people need help to make decisions.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff supported people to develop positive and caring relationships.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were regularly assessed, recorded and reviewed

People were supported to follow their choice of social, leisure and educational activities.

The service had a complaints process and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and there was an open and positive culture that focussed on meeting people's individual needs.

The care provision was regularly reviewed to ensure people received consistent care that met their needs.

Quality monitoring systems were in place to oversee the management of the service.

Gillitts Road

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 inspection was unannounced and took place on 27 and 29 June 2016 and was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We looked at other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at information we had received from commissioners involved in reviewing the care of people using the service.

The people using the service had complex communication needs and were unable to directly communicate with us. We therefore made general observations on how the staff interacted and supported them. During the inspection we spoke with the registered manager, one senior member of staff, one team leader and two care workers. We also spoke with two relatives of people using the service.

We reviewed the care plans and associated care records relating to four people using the service and looked at records relating to the management of the service including quality audits. We also looked at staff training, supervisions and appraisal records held at the service and visited the organisations human resources department to review the staff recruitment files for four staff employed at the service.

Good

Is the service safe?

Our findings

Feedback from relatives about the safety of the service indicated it was consistently good and that people felt safe. One relative said, "I don't have any doubts or concerns about the safety of [family member], the staff do a pretty good job". Another relative said, "[Family member] is always happy to go back when they have been to visit us, in fact they will often say 'I want to go back home'. This is a big change to how they reacted when going back to the place they previously lived. This reassures me that they must be happy and feel safe and secure at the home".

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. One relative said, "The staff all seem on the ball, from what I have observed they have safeguarding people high on the agenda".

The staff were knowledgeable about the risks of abuse and the reporting procedures. One member of staff said, "All the staff are trained on the safeguarding and the whistleblowing procedures, we are very aware that people living at Gillitts Road can be vulnerable to abuse. We report all negative interactions between people under safeguarding, no matter how minor they are".

The Care Quality Commission (CQC) had received notifications from the service informing us of altercations and confrontations between people using the service. The information about the actions taken in response to the incidents, assured us that the registered manager and the staff were proactive in reporting safeguarding concerns and took their responsibilities seriously in order to protect people using the service. We also saw the registered manager reported all safeguarding incidents to the local authority safeguarding team.

The staff supported people whose behaviour had the potential to cause harm or compromise the safety of people and others using the service. One member of staff said, "People with autism are highly sensitive to the environment, we try to keep noise down to a minimum and not have too much stimuli. It is important that staff understand autism and have a calm temperament to work here. We know the triggers that can spark off negative reactions and we try to avoid them as much as possible". We saw that people had positive behaviour plans in place that identified the situations, 'triggers' that had the potential to cause people stress and anxiety and result in displaying negative behaviour. For example, some people reacted to certain words being used, unfamiliar staff or visitors and staff of different genders providing their care.

We spent time observing how people using the service interacted with each other and the staff. They appeared relaxed and at ease with each other. A relative said, "The staff are very good at recognising when [family member] starts to get stressed, they know how to intervene and relax them".

Risks to people and the service were managed to keep people safe and promote autonomy within people's capabilities. We saw that risks to people were assessed to reduce the likelihood of them coming to avoidable harm. Risk assessments identified areas that had the potential to cause harm and recorded the actions the staff needed to take to effectively manage the risks. We saw the assessments were reviewed on a

regular basis to ensure they remained current and relevant to the person.

Environmental assessments had been carried out to identify and address the risks posed to people. Personal Emergency Evacuation Plans (PEEP's) were in place to inform the emergency services on the level of support each person needed in the event of an emergency requiring any evacuation of the building.

There were sufficient staff available to meet the needs of the current people using the service. Relatives said they had no concerns about the staffing levels at the service. One relative said, "I am aware a while ago they had quite a turnover of staff, but the staffing situation has settled down now". Another member of staff said, "I think when you work in an environment like Gillitts Road, you do get some staff changes, as it's not for everybody". They went on to say that they had observed the staff changes as a positive, 'natural progression', as some staff had gone on to train as a nurse.

Staff told us they thought there was sufficient staff available to meet the need s of people using the service. One member of staff said, "We definitely have enough staff, we also use agency staff but always use the same staff". A relative said, "[family member] can sometimes get a bit stressed if there are changes in staff, because they use the same agency staff [family member] knows and trusts them and it is not a problem". During the inspection we observed staff worked calmly and responding to people's needs in a timely manner. The staff rota showed that people were supported by a regular team of staff, including agency staff and the ratio of staff support per person was in keeping with each person's assessed needs.

Robust recruitment procedures were followed to ensure that only suitable people were employed to work at the service. We looked at some staff recruitment files held at the human resources department. We saw the records within the files included written references from previous employers, verification of the staff identity and their right to work in the United Kingdom. They also included checks though the Government body Disclosure and Barring Service (DBS) to ensure they were not on the barred list of staff unsuitable to work in the care sector.

People's medicines were appropriately managed to ensure they received them as prescribed. Relatives told us they had no cause for concern about how their family members were supported to take their medicines. One relative said, they had been involved in a medicine review with their family members GP at which a medicine had been prescribed that had a positive effect on improving their family member's well-being. Staff told us they received training and competency assessments before they were able to administer medicines for people using the service. We saw that detailed information was recorded in people's care plans on how they preferred their medicines to be administered. We observed staff administering medicines following the instructions.

We saw that medicines were stored appropriately and records on the MAR charts were fully completed by staff. There was guidance available on the protocol for administrating medicines prescribed to be given 'as required', such as medicines for pain relief. This ensured that such medicines were only given to people when needed. Medicines audits were carried out by senior staff to check that people consistently received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People using the service were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide their care and support. One relative said, "The staff seem very skilled. I know that some have gone on to train in the nursing profession. I'm sure the experience and skills they have learned at Gillitts Road, is invaluable to them".

We saw that staff had completed initial induction training when they first started working at the service. We saw the training included topics such as health and safety, safeguarding, fire awareness, moving and handling, food hygiene and medicines administration. We also saw that training had been provided on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

We saw that specific training on meeting the needs of the service had been provided through the National Autistic Society. The training had included behaviour and risk management and the types of autistic spectrum disorders (ASD). In discussion with staff they told us they had opportunities to obtain a recognised accredited care qualification through the Qualifications and Credit Framework (QCF) and the records of staff training demonstrated that training was on-going.

People's needs were met by staff that were effectively supported and supervised. We saw that staff meetings took place regularly and staff had regular scheduled one to one supervision and annual appraisal meetings. The meetings were used to discuss and evaluate work performance and any further support and training needs. The staff said the registered manager was very approachable and supportive.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and the staff team were knowledgeable of the requirements of the MCA and DoLS. We saw that MCA assessments had been carried out for people to determine their capacity to make specific decisions and best interest decisions were in place. The staff told us they had received accredited 'Studio 3' training that focussed on promoting positive behaviour.

Consent to care and support was gained at all times. The people using the service had complex communication needs and many used gestures, body language and picture 'cue' cards to express their likes and dislikes. One relative said, "[Family member] can make simple choices and they have some level of understanding of questions put to them, the staff are very good at understanding the non-verbal cues". We observed interactions between staff and people using the service and it was evident that gaining consent was a fundamental element of interactions before staff carried out any care tasks. The staff told us that

through body language and gestures, they were able to recognise each person's form of communication, should they not agree to any requests made.

People were supported to eat a balanced diet that promoted healthy eating. One relative said, "[Family member] has put on some weight, the staff do all they can to promote healthy eating, it's a balancing act". They went on to say that their family member was involved at every stage of buying their groceries to preparing and cooking their meals. We saw the staff closely monitored people's food and drink intake and worked in collaboration with other health professionals. We saw that each person had their own food store cupboards and sections within the fridge and freezers to keep fruit and snacks for their individual use. We observed the staff discreetly provided help to people who needed assistance to eat and drink in order to preserve their dignity. They ensured that each person had sufficient quantities of food and drinks according to their choice.

Individual nutritional assessments were carried out and the staff discreetly monitored people's food and drink intake and reported any concerns regarding dietary changes to the person's GP and when necessary referrals had been made to dietician and speech and language services as needed.

We saw that people's care records contained information that demonstrated their physical and mental health conditions were regularly assessed. One relative said they had been involved with meeting their family members GP to review their medicines. We also saw that relevant health professionals were contacted in response to any concerns or changes in people's health conditions and the staff acted on the advice from the health professionals.

Good

Is the service caring?

Our findings

Relatives were very complimentary of the care provided for their family members by the staff team. One relative said, "The staff have a difficult job, but they seem to take everything in their stride. They always appear very professional in their attitude towards residents, they talk to people on a level, treating them like the adults they are".

During the inspection we observed the interactions between staff and people using the service were positive and encouraging. One member of staff said, "I really do love working here, it is important people are treated with dignity and respect". We heard staff speak with people in a respectful way, giving time for people to use their individual methods of communication to express their thoughts and feelings.

We saw that people and /or their relatives were asked whether they wanted to share information about their lives, such as, people that mattered to them, like and dislikes goals and aspirations. The information went towards building individual profiles to help staff and others involved in their care understand people better.

We also saw that confidential information about people using the service was stored securely and it was only shared with health and social care professionals involved in their care. People were supported to maintain relationships with people that mattered to them. Advocacy services were available for people, should they need them.

Relatives told us the staff treated their family members with respect and ensured their privacy and dignity was promoted. One relative said, "[Family member] can make simple choices and they have some level of understanding what is happening around them. They prefer a male member of staff to help them wash and dress in the morning and the staff always accommodate this. Another relative said, "The staff are always mindful of not discussing anything about [family member] in front of other people. They are aware of keeping people's private lives confidential". The staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed during the inspection that they discreetly attended to people's personal care needs.

We also saw that communication profiles were contained within people's care plans; they described how each person communicated to make their needs and choices known. For example, using picture cards, sign language, sounds and body language. The staff demonstrated through their interactions with people that they knew each person's methods of communication very well.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before moving into the service and the findings of the assessments formed the basis of the care plans that were put in place. Relatives confirmed that they had been involved in the pre admission assessments of their family members care and in putting together the care plans. We saw the care plans were personalised and detailed to inform the staff on each person's care and support needs.

Relatives told us they felt involved in making decisions about the care of their family members. One relative said, "We meet every six months with the manager to discuss [family members] care. These face to face meetings give us a good opportunity to thoroughly look at all [family members] care needs".

We saw that each person had a member of staff assigned as a 'keyworker' who held the responsibility for meeting with the person and / or their representatives to carry out care reviews. We saw that people's care plans and associated documentation were regularly reviewed and updated. We also saw that the updates were communicated with the rest of the staff team so they were all aware of any changes in people's care.

People were supported to engage in occupational and recreational activities and supported to maintain links with the community. We saw that the care records profiled people's likes and dislikes, hobbies and interests. This was so that suitable activities could be arranged according to individual preferences. One relative said, [family member] needs lots of encouragement to go out and about, the staff do really well to motivate them". They said the service kept them informed of the activities their family member participated in and they were regularly provided with a schedule of the activities. They said they knew their family member had been swimming, bowling and to the gym and that they liked going to a disco run for people with learning disabilities and autism.

People were encouraged and supported to work towards their personal goals and aspirations and achieve as much independence as possible. For example, some people did their own light housework and laundry and prepared their own snacks and light meals. The level of support needed to achieve this was reflected within their care plans. A member of staff said, "It is very rewarding when you see people becoming more confident and achieve a level of independence".

The service routinely listened to and learned from people's experiences, concerns and complaints. The relatives we spoke with said they had never had any cause to complain about the care their family members received. They said if they did they would speak directly with the registered manager. One relative said, "I am sure if I did have cause to make a complaint it would be taken seriously and dealt with straight away by the manager". We looked at the records of complaints that indicated that formal complaints had been appropriately responded to in line with the providers own complaints procedure.

We saw that during resident meetings people were asked if they had any concerns or complaints. We also saw that people had the opportunity to raise any concerns they may have in private during their keyworker meetings.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The staff told us the support they received from the registered manager was very good. Relatives said they had confidence in the management of the service. One relative said, "I have seen a big improvement since the new registered manager took over the home. They seem to share the responsibility of running the home with the staff, so all the staff know what's expected of them".

One member of staff said, "I feel really well supported by the registered manager, she recognises the achievements I have made, it makes me want to do even better".

We found there was an experienced and knowledgeable staff team, discussions with the staff and observations of care practice demonstrated that they knew the provider's values and philosophy of caring for people using the service. We found there was a positive culture, where people using the service and relatives were involved in making decisions about their care.

The service worked in partnership with other organisations to ensure they were following current best practice in providing a high quality service for people with learning disabilities and autism. For example, people and staff were involved in promoting awareness of autism. One member of staff said they had recently attended a photo shoot to be used in literature promoting the rewards of supporting people living with autism. We saw that staff had opportunities to further their knowledge of autism and achieve nationally accredited qualifications in the field.

Systems were in place for people living at the home and their relatives to provide feedback on the quality of the service. This was achieved through regular resident meetings and annual satisfaction surveys. Relatives told us they had recently completed questionnaires that had been sent out to them. The registered manager said they had started to receive the questionnaires and the responses would be collated to identify any areas for future improvement.

Quality assurance systems were in place to monitor people's care and treatment. Regular management audits took place that covered for example, care records checks, medicines management systems and routine checks to the building and equipment. In addition regular provider quality reviews were carried out to oversee the management of the home by a senior manager from within the organisation.