

National Autistic Society (The) Cotswold House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Cotswold House is a detached bungalow situated in the extensive grounds of Somerset Court which is owned by the provider. The home accommodates six people who have autism and complex support needs. At the time of the inspection six people were living at the home.

The service had not originally been developed and designed in line with the Registering the Right Support guidance. This guidance was implemented in 2017 after the service had registered with us. This was because there were five other registered care homes set in the grounds of Somerset Court near Cotswold House. The registered manager had personalised the service to reflect the Registering the Right Support Guidance.

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

People were supported by staff who had a very good understanding of managing risk safely. Records provided staff with clear guidance on how to manage specific risks such as choking. Staff were kept informed of changes to people's risk assessments.

Specific risk assessments had been put in place to support people during the Covid 19 lock down, and for managing the return to socialising in the wider community safely.

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.

Staff confirmed there had been learning following a choking incident in one of the providers other homes.

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

Rating at last inspection

The last rating for this service was Good (published 18 March 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern CQC had about a choking incident. A decision was made for CQC to review how risk around choking and specific health needs was being managed. The information CQC received about the incident investigation indicated concerns about the management of choking. This inspection examined those risks and the management of health-related risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cotswold House on our website at www.cqc.org.uk.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Cotswold House

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.

This was a targeted inspection to check on a specific concern we had about assessing risk, safety monitoring and management.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cotswold House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection to ensure we could manage the risks related to COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last 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 used this information to plan our inspection.

During the inspection

Due to Covid 19 guidelines around inspecting in a campus setting we did not carry out a site visit to the service. We requested the documentation we required be provided for us at a safe location chosen by the

service. We reviewed the care plans and risk assessments for two people identified as at risk of choking, staff training and supervision records relating to managing risk. During the visit we spoke with the lead manager, area manager and quality manager. We later spoke with four staff members and the registered manager using virtual meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

Assessing risk, safety monitoring and management

- People at risk of choking had been assessed by the Speech and Language Therapy Team (SALT) to decide the safest way to support them to eat safely whilst managing a healthy diet. The SALT guidance was available in each care plan looked at.
- Best practice guidelines are that a SALT assessment should not be transcribed. The risk assessments and care plans were clear about directing staff to the original SALT assessment and guidance.
- Staff told us they received regular updates about any changes to people's care plans and risk assessments. One staff member explained how there were reminders in people's rooms and the kitchen about the types of food they could and could not eat.
- The registered manager told us how one person sometimes did not like staff with them when they were eating. They had introduced a monitor that staff could listen to, to ensure the person was safe. Care plans included a best interest assessment and decision around the use of the monitor.
- The registered manager explained how people's risks were discussed at handover, staff meetings and staff supervision. Senior team leaders also carried out observation of staff working practices and assessed staff competency.
- The registered manager confirmed how the provider had shared learning from an incident at one of the providers other homes and they told us how this learning was cascaded to the team.
- The use of agency staff was kept to a minimum with regular agency staff who knew people well. All agency staff completed an induction process and people's risks were discussed with them each time they worked at the service.
- Care plans also contained in depth risk assessments for supporting people during the Covid 19 Pandemic. The risk assessments included how staff could safely support people and whether people were able to use a mask or understand social distancing.
- The risk assessments also considered how people would react to the changes that needed to be put in place. The registered manager and staff told us people had not expressed any anxieties around staff using masks. However, one person needed to lip read so the registered manager had purchased masks with clear spaces to reduce their anxieties.
- The registered manager had oversight of people's risk assessments and the provider had systems in place to monitor these.