National Autistic Society (The)

Cotswold House

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

Cotswold House is a large detached bungalow situated in the extensive grounds of Somerset Court. The home accommodates up to six people who have autism and complex support needs.

The home comprises of the main building and three self-contained flats attached to the home. During our inspection there were three people living in the main part of the home and three people each living in one of the flats. People living at Cotswold House can access all other facilities on the Somerset Court site which include various day services.

The service was last inspected in February 2014 and was compliant with the standards we inspected. This inspection was unannounced and took place on 24 and 25 August 2016.

There was a registered manager responsible for the service; at the time of our inspection the registered manager was absent from the service. 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. The provider had arranged for a temporary manager to cover in the registered manager's absence.

There were sufficient staff available to enable people to take part in a range of activities according to their interests and preferences. The majority of people required a minimum of one to one staffing to help keep them safe. Staff duties were clearly allocated so people received the support they needed.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People received their medicines when they needed them. Staff had received training in the management and administration of medicines and their competency in this area had been regularly reviewed to ensure their practice remained safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made. Staff were skilled at communicating with people, especially where people were unable to communicate verbally.

Where restrictions were placed on people, these were not always regularly reviewed to ensure they were the least restrictive option. People's privacy was not always considered. People were asked for their consent before staff assisted them with any tasks.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

There were effective systems in place to monitor and improve the quality of the service provided.

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 received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff deployed to help keep people safe and meet their individual needs.

Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff were kind and professional.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

People's care plans had been regularly reviewed to ensure they reflected current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Cotswold House

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.

The inspection took place on 24 and 25 August 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we met with four people who lived at the home. We spoke with six members of staff and the manager.

We looked at documentation relating to three people who used the service, three staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with four relatives and requested feedback from two health professionals.

Good

Is the service safe?

Our findings

The service was safe.

People had communication difficulties associated with their autism so they were not able to talk with us about their safety however; people looked relaxed and comfortable with their peers and with the staff who supported them.

Relatives told us they thought their family members were safe at Cotswold House. One relative told us, "We know [name] is happy and safe. He's keen to come and visit us, but always keen to go home again so we know he's happy living there. We know who to call or talk to if we have any concerns at all about safety." Another relative said, "I would never say [name] has been treated badly. I'm very happy with his staff team. I can always tell if he doesn't like staff and he seems happy with them."

Staff spoken with said the home was a safe place for people. One staff member said "Yes, one hundred per cent it's a safe place for people to live." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission. One staff member said, "I would tell the manager straight away, I am confident they would sort it, if not I would go higher or to the local authority." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "People are safe here. It's the sort of home if you have any concerns you can talk to anyone about them and they will be listened to."

People were supported to take risks as part of their day to day lives. There were risk assessments relating to the running of the service and people's individual care. Any potential risks were identified and steps taken to reduce, or where possible, eliminate them. The assessments covered areas such as travelling in a vehicle, support with specific health conditions and activities both in the home and the community. We saw the assessments had been reviewed to ensure they reflected people's up to date needs. When an incident had occurred the risk assessments had been updated and additional control measures had been put in place to minimise the potential for further incidents. Staff were knowledgeable about how to support individuals to prevent them becoming anxious. We observed staff responding to one person who was becoming anxious in a calm manner and in line with the person's risk assessment and guidelines.

There were sufficient staff deployed to meet the needs of the people who lived at the home. The majority of people required a minimum of one to one staffing to help keep them safe. The manager told us they had staff vacancies and these were covered with permanent staff working additional hours and with regular relief or agency staff. The staff we spoke with confirmed this. Staff told us there were always enough staff on duty to meet people's needs. One staff member said, "Sometimes we are short, but the shifts are covered with regular relief or agency. We always ask for someone who knows the guys, they are particular about that." The manager told us the rotas were based on people's individual hours and staff were provided at

times when people required support. For example, where people required two to one staff to enable them to access the community at specific times during the week we saw this was provided.

Medicines were managed in a safe way. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. We saw one person administered one of their own medicines. They were confident and competent in doing this, only requiring a little prompting by staff. A risk assessment was in place to ensure this practice was safe for this person.

Staff helped other people with their medicines. One staff member administered the medicines and another checked the right medicines were being given to the right person, at the right time. Staff received appropriate training and a competency check before they were able to give medicines. This was confirmed in the staff training records.

People who lived in the flats took their medicines in their flat. Those who lived in the main part of the home usually chose to take their medicines in their own room. Staff only helped one person at a time, which reduced the risk of an error occurring. Medicine administration records were accurate and up to date. Medicines were stored at a safe temperature and those which required dating when first used had been dated. This ensured they were safe to use. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Medicine administration, storage, records and stock were audited each month by a senior member of staff. A member of staff from the pharmacy had visited the home to complete a medicines audit in March 2016. Their report showed medicines administration in the home was good. Some minor recommendations had been made, such as carrying forward the number of medicines in stock when new stock arrived. We saw these had been acted upon.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Health and safety procedures helped to minimise risks to people who lived, worked and visited the home. Hot water outlets were checked each week to ensure temperatures remained within safe limits. There were also up to date checks for electrical appliances. Checks to the fire alarm system and equipment were required to be completed weekly by the staff. Records demonstrated these had not been completed for the previous five weeks. We discussed this with the manager who told us they would ensure these would be completed weekly. Following our inspection the manager confirmed these had been completed. There were procedures to manage emergency situations such as fire, floods, other adverse weather conditions and infectious disease outbreaks. Each person had an emergency evacuation plan which provided important information about the level of support they required and how to communicate with them in the event of an emergency.

Good

Is the service effective?

Our findings

The service was effective.

New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "The induction was really good it prepared me for the role." Another member of staff said, "I shadowed a few shifts and didn't feel 100% ready so asked for more shadow shifts and they arranged this."

Staff felt they had enough training to keep people safe and meet their needs. They told us the training was, "Good" and "Really good." Staff had been provided with specific training to meet people's care needs, such as autism awareness, non-aversive management of challenging behaviours, first aid and training relating to people's specific health conditions. The manager maintained a record of training completed by staff and when refresher training was due. Records were well maintained and up to date. This helped to ensure staff had up to date skills and knowledge to effectively support the people who live at the home.

Staff told us and records showed that they had regular formal supervision (a meeting with their line manager to discuss their work) and annual appraisals to support them in their professional development. This helped to monitor the skills and competencies of staff and to identify any training needs they might have. Staff were positive about the support they received. One member of staff told us, "Supervisions are good, we look at how I am doing and ideas on how I can improve, they are really good [managers] listen and they are regular." Another said, "I have regular supervision we discuss any issues and things get sorted." Records showed line managers offered staff positive feedback during their supervisions and they also discussed where improvements were required.

People used various methods to communicate their wishes and choices. These included speech, pictures, signing, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. We saw staff used communication individuals responded to well, such as 'set phrases', to help them interact with people. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy, if they were in pain or if they wished to spend time alone.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community speech and language therapists, chiropodists, opticians and dentists. Staff recorded the outcome of people's contact

with health care professionals in their plan of care.

People were not able to tell us about their thoughts about the food provided in the home. We saw people had a varied and healthy diet. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. Meals were based on people's preferences. People who lived in the flats chose their own weekly menu and were supported to shop for the meals or ingredients by staff. The three people who lived in the main house were all involved in choosing meals each week. They ordered their shopping on line and had this delivered to the home.

People were encouraged to help prepare and cook meals, although this could be difficult for some people due to their adherence to their particular routines during the day. One staff member said "There is some limited involvement in cooking. This has been part of people's person centred plans, and something to encourage, but can be difficult. [Name] will do some food prep, [Second Name] will clear up after meals and [Third Name] will do a little but it can interfere with people's routines which can make them anxious so we have to be aware of that."

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Any restrictions placed on people should be regularly reviewed. No one living at Cotswold House was able to make complex decisions independently.

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). We checked whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had submitted Deprivation of Liberty Safeguards (DoLS) applications for all the people living at the home because people would not be safe if they did not have certain restrictions in place. Two of the DoLS applications had expired and the manager was in the process of arranging for further applications to be completed.

Where restrictions were placed on people we found the service was not always regularly reviewing these to ensure they were the least restrictive option. For example, one person had a sound monitor in their bedroom to detect if they had a seizure. The person had not had a seizure for two and a half years. Staff told us the monitor was on all the time the person was in their bedroom. Whilst this restriction was included in the person's DoLS authorisation it had not been recently reviewed by the home to determine if it was still required. The manager told us they would ensure this would be reviewed to decide if it was still required and look into less restrictive options.

On both days of our visit we heard staff asking for people's consent before they assisted them. For example when supporting with medicines, preparing meals and trips out. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made. For example, best interest decisions had been made involving family members and professionals regarding people's medication, their finances and invasive health care procedures such as dental treatment.

Good

Is the service caring?

Our findings

The service was caring.

Throughout our inspection staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff.

Relatives told us they were happy with the staff at Cotswold House. One relative told us, "The staff are very caring, they are genuinely involved with the residents." Other comments included, "The staff are very good. They have built a good relationship with [name]. Staff have told us they love working with [name]" and "With staff, there are always outstanding people and others who are not as good, that's a staff team for you. I'm very happy with the staff team. Having a mixed team is a good thing."

Staff were able to tell us how they respected people's privacy for example by closing doors and curtains whilst providing personal care and ensuring people were aware of and happy with the support they were providing. However, we found the service was not always considering people's privacy. For example, some people had monitors in their rooms and in their flat; these were linked to speakers in the communal lounge. Staff told us how these were in place for people's safety but did not know how they were managed, when to turn them on or off, for example to enable people to have private time or when any risk was reduced. We discussed this with the manager who told us they would arrange for the use of the monitors to be reviewed and implement guidance for staff.

Staff took time to explain to people who we were and why we were visiting. They spoke with people in a polite, patient and caring way and took notice of how people responded to them. Staff paid close attention to people and picked up on small things. For example, one person was showing signs of anxiety; staff identified this at an early stage and offered appropriate support to this person. People looked happy and settled. They showed signs of wellbeing, such as smiling and laughing. We observed a lot of kind and friendly interactions between people and staff; there was a calm and homely atmosphere.

Staff described how they assisted people to maintain their independence and they were aware of the importance of this. We observed staff prompting and encouraging people to do things for themselves rather than doing things for people. Staff talked positively about people and were able to explain what was important to them such as family members, chosen activities and routines and consistency from staff. One relative said "Staff do listen to us and we give them tips on how to care for [name]. They see him as an individual, a person, rather than just someone they need to care for."

People were able to make choices about day to day aspects of their care such as when they got up and went to bed, meals and what personal care they wanted. People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person was allocated a core team of staff who met with them each month to go through their plan of care and to look at what was working well and what was not going so well. From this the person's core team developed a newsletter which was sent to the person's representative.

Staff were aware of and supported people's diverse needs. One person's mobility was poor; they were well supported by staff who ensured they used their walking aid at all times. A 'sensory diet' (a carefully designed, personalised activity plan that provided the sensory input a person needed) to stimulate interaction with other people was being developed for one person. People required a quiet, relaxed home, so staff ensured noise was kept to a minimum and staff worked in an unhurried way.

Care plans contained information about the characteristics of staff who would be best placed to support a particular individual. This helped to ensure people, especially those who were unable to express themselves verbally, were supported by staff who were suitable to work with them. For example, one person was identified as preferring female staff. Staff told us how the person's core team was made up of female staff.

Staff spoke highly of the care they were able to provide to people and the effect this had. One staff member said, "I think the support we provide is excellent. If you had seen people a year ago and see where they are now it is amazing. Just to see how much more settled, confident and happier people are."

There had been four recent compliments formally received by the service. Two of these were from family members complimenting the staff team and made reference to a 'fantastic team' and how staff were 'doing a great job'. One was from a health professional commenting on the 'lovely and welcoming' environment and another was from a visiting professional stating the staff were 'polite and welcoming'. Relatives told us they could visit when they wanted and there were no restrictions.

Good

Is the service responsive?

Our findings

The service was responsive.

The people who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, important routines and how they made choices. For example using signs, pictures, speech or objects of reference. We saw records demonstrating people made choices relating to staff supporting holidays, choice of meals, clothes, furniture and the preferred colour of flooring and wall paint. Staff were knowledgeable about people's preferred daily routines and how people communicated their preferences.

People also had personal goal records that were regularly reviewed. These had been created on a document showing people's goals and the progress made. For example, one person had identified they wanted to attend a day trip to a place of interest. We noted this had been achieved and further goals had been identified. Another person had a goal for them to administer their medicines; we observed them completing this during our inspection. Other goals identified included attending college courses, growing vegetables, accessing public transport and going on trips and holidays to chosen destinations. The manager told us, "We want to support people to achieve the best they can and move people forward with their goals, supporting them to achieve more."

There were communication systems in place to communicate with people's family and friends. Monthly newsletters were sent out giving details about how people had been that month and what they had been doing. People were supported to maintain contact with their family and friends through regular home visits. One relative told us, "Staff phone us twice a week to keep us updated. We get a newsletter every month. These are an excellent idea; we send them to family and friends. It keeps them updated and keeps [name] as part of the family." Another relative said, "I go to see [name] every other week and he comes to me once a month. When I visit I'm on my own with him. We have lunch, play music, watch TV and chat. Normal things."

People were also supported to arrange regular person centred planning (PCP) meetings. These were well done with clear involvement from people. Relatives told us they were invited to reviews of people's care and told us they were felt involved in their family members care. One relative told us, "We go to all the reviews; [name] doesn't go to them all it depends on what the review is about. We don't want to talk over [name] is he is there. We have asked for less people at reviews as [name] can get anxious with too many people and this has been done." Another relative said, "I make sure the reviews are done. I ring the social worker. [Name] comes in and out of the meetings. We have PCPs too. I go to those. We discuss what [name] likes, dislikes and any changes needed. Whatever is best for him really. His plan then gets changed. They are very good with that."

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to

their needs and preferences.

Relatives told us they were happy with the activities their family member participated in. One relative said "[Name] loves going out for walks, drives and visiting quiet places. Staff do make sure he is able to do these things. I can tell he enjoys the things he does." Another relative said "[Name] loves horse riding and swimming; just loves being out and about. He goes out more now than he used to. He's going away for a week's holiday with staff in October as well."

Each person was well supported; they had one to one or two to one staffing at times. People were able to plan their day with staff. Some people chose regular weekly activities, such as attending day services on site on set days. At other times people chose how to spend their day through discussions with staff. Each person had an 'in house' day where they were supported with domestic tasks and shopping trips. On both days of our inspection people were busy coming and going throughout our visits. People also spent time relaxing at home. Records showed people attended day services, went out for drives, walks, shopping trips, day trips, visited relatives and went on holiday. On the first day of our inspection one person went out for a trip to a water theme park as this was one of their favourite activities. One staff member said, "People choose how to spend their time. They are really well supported; they get out a lot."

Not all the people living in the home were able to verbally raise concerns or complaints and relied on staff to raise these on their behalf. There were pictorial complaints procedures displayed within the home stating who people should talk to if they had a concern. We discussed with staff how they supported people to raise concerns. A staff member told us how they observed one person making clear signs they were no longer enjoying day services. They told us in response to this the person had stopped attending day services and staff were supporting them to engage in activities within their home. They said the person appeared happier with this arrangement.

Relatives were aware of the complaints policy and told us they were happy to raise any concerns with the manager. One relative told us, "I am very happy to raise any concerns with the manager, they listen." Other comments included, "We can pick up on [name's] behaviour, so we know if he's unhappy. We always speak to staff and ask them about things if we have any concerns. They always listen to you as a parent and make sure it's looked into. We understand it's Cotswold first, then the NAS, then we can contact the CQC if we are still unhappy. We have raised issues before and these have been dealt with."

The service had systems in place to receive feedback from relatives. This was completed on an annual basis. We saw the results of the survey conducted in 2015. Areas covered included relatives feedback on involvement in decision making, being listened to, the environment and their opinions on how people were supported. Six relatives had contributed to the survey and the feedback received was positive.

Good

Is the service well-led?

Our findings

The service was well led.

Staff spoke highly of the management team at Cotswold House. The temporary manager had been keen to develop and improve the service since they started working in the home. They were supported by senior members of the team who each had their own management responsibilities, such as medicines or staff rotas. One staff member said, "I love working here. The home is well run and the support you get is excellent." Another member of staff told us, "The team here are brilliant, really supportive. You can go to the manager, the deputy or any of the seniors. They are always here to help and advise you. It's the best job I've ever had."

People's relatives also spoke highly of the service and of the manager. Comments included, "The manager is absolutely great" and "We talk to staff a lot. We have so much information which we share with them. Communication is good. They do ask us what we think and if we want anything changed. We now limit the number of people at meetings about [name]. I said let's change this; it's totally different now. We are generally very happy with Cotswold."

The manager told us they maintained a regular presence in the home to enable them to monitor staff performance. They told us this included working some shifts alongside staff. They also told us how their office door was "Always open" and they encouraged staff to talk to them about any concerns. The manager spoke positively about the staff team commenting, "I am proud of the team and what they do, we are a strong team and they are amazing each and every one of them. They put the people we support first." The manager told us they received regular support and supervision from their manager and the senior management team.

We spoke with the manager about their vision for the service and they told us this was, "To create the best home on the Court" and to "Move people forward supporting them to achieve more. The people we support are at the centre of everything we do." They told us they shared their vision through team meetings, staff supervisions and appraisals. Staff were clear that one of the main aims of the service was to provide people with individualised care and support. One staff member told us, "People choose their own lives. It feels like you help people to achieve things and have a positive impact on their lives."

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "We have staff meetings every two weeks we can raise any concerns, the staff speak up and we are listened to." Another commented, "Staff meetings are good, we discuss any problems and how we can improve things. Staff can take any issues to the managers and they sort things out."

There were audits and checks to monitor safety and quality of care and the registered manager submitted monthly audits to the provider's service manager who then carried out visits to the home to monitor and highlight any areas for improvement. We looked at the action plans which had been developed from two

recent visits. These demonstrated that the manager and senior team had, or was in the process of addressing the points raised by the service manager.

Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All incidents had been entered onto a computer system and the manager explained that these were regularly reviewed so that any traits or concerns could be identified. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.