Autism Together

Raby Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Raby Hall is a residential care home for people who have autism. The service was split between the main building of Raby Hall and an annex called The Courtyard; there was also a part of the building that was currently not being used. These two parts of the service had a different registered manager. At the time of our inspection the service provided accommodation and support for 18 people in a variety of settings, including individual self-contained flats, three people within a flat and shared group accommodation.

People's experience of using this service: At our previous inspection in July 2016 the service was rated as good. At this inspection we saw that the service needed to make improvements and has been rated Requires Improvement. This is because, the systems in place to address and reduce risks to people were not always working effectively; exposing people to risk of harm. Processes were not always followed to ensure that decisions made on a person's behalf were appropriate and in their best interests. Some people's support plans and other reports were not consistently written in an everyday and respectful manner; at times they did not demonstrate treating the person concerned with dignity and respect. Leadership of the service had been inconsistent in ensuring all aspects of the service provided for people was appropriate and of high quality.

We found the registered managers of the service to be candid and responsive during our inspection; with some of the areas requiring improvement being addressed within the inspection timeframe.

In June 2017, CQC published Registering the Right Support. This along with associated good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability and or autism. The service has not been developed and designed in line with this best practice guidance. Raby Hall was at the centre of a large campus of five registered services for up to 59 people with autism along with day services for more people. Current best practise guidance promotes housing models that increase opportunities for people's independence, choice and control so they are able to achieve the best possible outcomes.

Some of this was mitigated by the renovation of the accommodation within Raby Hall, 10 people stayed in the main building in self-contained 'flats' for between one to three people; with another seven people living in the courtyard area of the building with a separate entrance. This helped create a less institutional feel within people's home.

People told us that they were happy with the support they received. There was a friendly atmosphere at the home and people looked relaxed and comfortable. Staff were thoughtful and spoke with people in a kind and dignified manner.

People and their relatives told us they felt safe living at Raby Hall. Staff received training on and were knowledgeable in how to safeguard people from the risk of harm and abuse. New staff were safely recruited

in line with best practise. People received their medication safely, the home was clean and the main building was safe.

We saw that people's needs and wishes were assessed and recorded as part of an initial assessment. Staff at the service had tailored how people were introduced to the home in ways that met their needs and preferences as much as possible.

Each person had an individualised care plan that asked people the question, "What's important to me." These plans outlined people's preferences, likes and dislikes. From observing people's support, it was clear that staff knew people and their support needs and preferences well. People's relatives told us that they were consulted on people's care plans.

Each person had a health care plan called, "All about my health" which detailed people's healthcare needs. We also saw that staff kept good records of people's daily health, with any concerns they had receiving prompt attention. We saw examples of when staff being observant and vigilant to people's health needs had led to people receiving healthcare in a timely way.

Rating at last inspection: At our previous inspection published in October 2016 we rated the service as Good. During this inspection the rating was changed to Requires Improvement.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: Ongoing monitoring; we have asked the provider to tell us what they will do to make improvements to the areas of the service identified during this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Raby Hall

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by an adult social care inspector.

Service and service type: Raby Hall 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 and both were looked at during this inspection.

The service had two managers who were registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered managers, service manager and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and the assurance of people's safety required improvements. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- There was a system in place for recording and assessing risks to people; and keeping a record of accidents, incidents and times when things went wrong in people's support.
- This system was not always working effectively to reduce risks to people. For example, one person had been involved in a pattern of incidents when they became upset or frustrated. During these times they placed themselves and staff at risk of significant harm, on one occasion they had caused themselves significant harm. These incidents had been recorded and the risks were known to staff; however, all reasonable actions had not been taken to reduce the significant risks from this pattern of incidents and the person's risk assessment did not reflect these significant risks. The likelihood of a reoccurrence was high; therefore, the person was not safe from preventable harm. After speaking with one of the registered managers these risks were reassessed, and action taken to reduce them.

The failure to adequality assess and respond to risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We checked a sample of documents that showed the building was safe. We also saw than an environmental risk assessment of the building had been completed. The areas of the building that were in use were well maintained.
- Staff received training and regular refreshers on how to support people during risky situations and how to safely de-escalate these situations. Staff told us they found this training useful.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from the risk of harm and abuse; when we spoke with staff they knew what actions they would take if they believed a person was at risk. The provider had safeguarding policies and procedures in place that provided guidance for staff.
- Information was available for people on what they can do if they feel they are being abused. This was available in an easy read format.
- People and their family members told us they felt the home was safe. Staff familiar to people sat down with them and made sure they knew who they could speak to if they were unhappy about anything.

Staffing and recruitment

- The provider had a centralised system across their services to ensure that new staff were recruited safely in line with best practise.
- New staff told us that they had felt supported during a thorough recruitment process. This included

assessing their skills, experience and values during an interview and induction period.
● The number of staff available was based upon people's assessed needs and schedules. There were enough staff available to meet people's support needs and to enable them to have some choice in how they spent their day.

Using medicines safely
● People's medication was administered safely. There were appropriate records kept and guidance available for staff in each person's medication support plan.
● Staff who administered people's medication had received appropriate training. When appropriate staff received training in administering specific medication, such as epilepsy rescue medication.

Preventing and controlling infection
● The home was clean and had effective infection prevention and control procedures in place. Staff made appropriate use of gloves and aprons and had received training in infection prevention and control.
● The kitchen staff and facilities had been awarded the highest grade of 5, for cleanliness and food hygiene practises by the food standards agency.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

The principles of the Mental Capacity Act had not been consistently applied.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- Some decisions had been made by staff on people's behalf which had a negative impact on them being able to live an ordinary lifestyle. It was not always clear that the actions of staff were the least restrictive option, that other options had been explored or that the opinions and voice of the person themselves had been sought and considered.
- The service was not always operating within the principles of the Mental Capacity Act (2005).

Not following the principles of the MCA when making significant decisions on a person's behalf was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw that people's needs and wishes were assessed and recorded as part of an initial assessment. We saw that staff at the service had tailored how people were introduced to coming to the home in ways that met their needs and preferences as much as possible.
- An example of this was one person who initially came to the home each evening to watch a favourite TV show, then stay for evening meal until 8pm and getting to know people and staff before staying overnight.
- One person's relative told us about their family member's positive experience of coming to live at Raby Hall. They said, "The transition was a dream. It was so relaxed with such a good plan in place."

Staff support: induction, training, skills and experience

● The provider had a program of induction training for new staff and refresher and further development training for longer standing staff.

● Staff we spoke with told us they had benefited from the training provided; they told us it had helped them to be more effective in their role. One staff member told us, "The training was really useful. I learnt so much. I now have a folder full of amazing stuff."

● Staff had regular supervision meetings and an annual appraisal of their work their line manager. Staff described these as being helpful for them in their roles and they felt well supported. We also saw that the provider supported staff to develop their skills and promoted staff within the organisation to more senior roles.

● During our inspection one staff members 10 years of service was celebrated.

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

● If appropriate people had an eating and drinking support plan, which gave staff guidelines on any particular food needs and preferences a person had.

● We saw that people had good portions of a variety of freshly prepared meals. There was an alternative if people did not like the main meal.

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

● One part of Raby Hall was decorated in subdued colours and had what was described as a low arousal and low risk environment. Staff told us that some people benefitted from this from this environment. Another part of Raby Hall was decorated and furnished in a homelier style. Both environments were designed to help the service meet people's needs.

● The main part of the building had been redeveloped to meet people's needs. Most people lived in 'flats' within the building with two or three other people. Each 'flat' had its own private sitting and relaxation space which people used while also having access to communal lounges. Some people had their own self-contained 'flats'.

● People were supported to adapt and decorate their rooms to their own tastes and preferences. Some people had been supported to adapt their rooms to make them more like places they had stayed previously.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies to provide consistent, effective, timely care

● Each person had a health care plan called, "All about my health" which detailed people's healthcare needs. We also saw that staff kept good records of people's daily health, with any concerns they had receiving prompt attention.

● We saw examples of when staff being observant and vigilant to people's health needs had led to people receiving healthcare in a timely way when the person had not expressed any pain or discomfort. Assistive technology was also used to help people with health needs remain safe.

● There were examples of when the support people received had been innovative and creative, to enable people to access necessary healthcare. This ranged from a person taking their familiar toothbrush to their dentist to encourage them to open their mouth, changing the location of an appointment to a hospital a person is familiar with; to extensive planning and co-ordinating health and social care professionals from different disciplines to enable a person to have multiple tests and procedures all at the same time with one aesthetic, which greatly reduced the risks and anxieties for the person. The aesthetic was administered in the home where the person felt comfortable, a first for the medical team.

Good

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

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 told us that they were happy with the support they received. There was a friendly atmosphere at the home and people looked relaxed and comfortable. Staff were thoughtful and spoke with people in a kind and dignified manner.
- People told us that they liked the staff members supporting them. People who were not able to use words to speak with us showed that they had a positive relationship with staff members. We saw occasions when staff were caring and thoughtful in how they communicated with and supported a person who was anxious.
- One person's relative told us that their family member had benefitted from the approach of staff. They said, "You can see he is happy here. Physically they look great, which is a great sign." People's relatives also told us that they were made to feel very welcome when visiting the home. New staff told us that when they attended their interview they were given a tour of the Raby site by one of the people living at the home. This dignified the person as it is where they live.
- Staff told us that it was important that they built positive relationships with the people they supported and gained their trust. One staff member told us about staring to supporting one person who was shy and would not initially make eye contact and how happy they were the first time the person spoke with them and used their name.

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

- People had communication support plans offering staff guidance on how to support people to make decisions. One person's family member told us this had worked and said, "His support is adapted to him."
- To help people express their views staff used pictorial care plans, pictures, Makaton (A language programme using signs and symbols to help people to communicate) and stories to help people communicate and make decisions. There was also a picture menu to help people make food choices.
- For some people gaining their feedback and opinions was done using pictorial feedback documents that people could fill in with support during one to one meetings with a staff member that a person felt comfortable with.

Respecting and promoting people's privacy, dignity and independence

- People's care plans had information on how staff could promote people's independence. We saw practical support was given with adapted crockery and cutlery to enable people to be more independent at mealtimes.
- One person's whose support had been arranged so that they had more independence told us, "I love it. I like this flat. I'm getting there."
- People's private space was treated with respect and people's confidential private information was kept securely.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Each person had an individualised care plan that asked people the question, "What's important to me." These plans outlined people's preferences along with their likes and dislikes. From observing people's support, it was clear that staff knew people and their support needs well. People's relatives told us that they were consulted on people's care plans.

● Some people had care plans to help them plan for a specific event. For example, one person had a pictorial plan for a holiday they wanted to go on.

● For another person who was going to the cinema for the first-time staff used walking maps on an electronic tablet to show a person what the cinema and the area looks like. They also used social stories, so the person knew what to expect. A social story is a way of using a story to help a person anticipate what will or may happen and prepare how they may respond. This helps some people reduce their anxieties. The staff member told us that the trip went well. They told us, "They were scared at first, but this helped them feel reassured."

● Staff spoke with people's family member to gain information on people's lifestyle preferences and personal history to help them be effective in supporting the person. One person's relative told us, "they are now trying new things."

● Some people were supported to have active lives in their community. One person had started going out for two evenings a week, to a local pub, cinema and watch a local football team. Other people had been on walking holidays, clothes shopping, camping and eating out.

● There are some areas that we discussed with the registered managers for people to be supported to have more choice and control within their lives. For example, the provider supplies food through online shopping on a rolling summer and winter menu. People who were able don't get the opportunity to look around and shop for food and make choices about what food is bought. One senior member of staff told us that one person could look at the screen when ordering online and pick out items; and they may try this.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place, details of which was openly displayed. The procedure was available in easy read format to ensure people knew how to make a complaint or raise a concern. Any complaints were responded to appropriately in line with the providers policy.

End of life care and support

● Nobody at the service was receiving end of life care and support.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some areas of the leadership of the service required improving. These included, robust risk management when significant out of the ordinary risks happened; following a clear, legal and person-centred process when making decisions on people's behalf that may have a negative impact on people being able to live an ordinary lifestyle; and at times the language used and approach towards people who may be behaving in a way that posed themselves or others risk.
- The registered managers have a responsibility to assess, monitor and improve the quality and safety of the service provided for people. This leadership had been inconsistent.
- Both registered managers took action within the inspection window to correct some of the areas requiring improvements.
- Staff told us that they had a clear understanding of their roles. One person told us, "I have had so much help of everybody in getting to know people's likes and dislikes."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Documents and staff at the service did not always use everyday language when referring to people and their lives. Some people were using this institutional language when talking about themselves. Also, some people's support plans and incident reports were not consistently written in an everyday, dignified and respectful manner.
- Incident reports and support plans at times focused on preventing risk and managing a person's behaviour that may cause a risk or challenge staff. They did not always explore what was behind the incident, what the person needed, how the person was feeling or if they were trying to communicate something.
- In some areas people's support was not in line with the principles of Registering the Right Support in that as much as possible people led as ordinary a life as any other citizen, can live as full a life as possible and have the best possible outcomes. Some aspects of people's support and accommodation was institutionalised. For example, when speaking about people and when recording in documents, staff had an approach and used organisational based language that inadvertently promoted a difference between the people supported and others.
- Staff and people's family members described the registered managers as "Proactive" and "very good." We found the registered managers were focused on priorities for the future; telling us these were to; keep staff motivated, promote people having choice and to understand what people are communicating when things go wrong

● The registered managers had shared information with the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People's relatives told us that the service provided was flexible, met people's needs and that communication with the family was excellent. All these factors gave them confidence in people's support. One person's family member described, "working as a team together with the staff."

● The service had good partnership links with local healthcare providers, social work teams, and community services. This ensured that people had access to the support they needed to have a healthy and meaningful life.

Continuous learning and improving care; working in partnership with others

● Some areas of the service provided for people required improving whilst some areas of people's support were innovative, creative and it was clear people had benefitted from this approach.

● The registered managers attended local registered managers meetings. There was an action plan for improvements being made at the service. Also, one of the managers had recently become a Positive Behavioural Support facilitator which they told us will help them to have a person-centred approach when people experience difficult times.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Not following the principles of the MCA when making significant decisions on a person's behalf.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to adequality assess and respond to risk .