North East Autism Society

Ashgate Cottage

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

Overall summary

This inspection took place over two days. The first visit on 20 November 2014 was unannounced which meant the provider and staff did not know we were coming. Another short visit was made on 27 November 2014.

The last inspection of this home was carried out on 1 August 2013. The service met the regulations we inspected against at that time.

Ashgate Cottage provides care and support for up to three people who have autism spectrum disorder. The care home is a detached bungalow in a quiet residential area near the city centre. At the time of this visit there were three people using the service. The service is situated beside another small care home and they are both managed by the same registered manager.

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 were unable to tell us about the service because of their complex needs. Their relatives made many

Summary of findings

positive comments about the service. Relatives said people felt “safe” and “comfortable” at the home. Relatives felt included in decisions about their family member’s care.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. There had been no concerns at the home over the past year.

There were enough staff to meet people’s needs. The home had a stable staff team and many staff had worked there for years. This meant they were familiar with people’s individual needs. Staff received relevant training to assist each person in the right way. The provider made sure only suitable staff were employed. Staff helped people manage their medicines and did this in a safe way.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily. Relatives confirmed they had been involved in the agreements about keeping people safe and that people were able to take “reasonable risks” with support so they had as independent a lifestyle as possible.

People were supported to enjoy a healthy lifestyle that included healthy diets which met their individual dietary needs. People were supported to be involved in shopping, choosing and preparing meals. There was a calm, supportive atmosphere in the home and there were positive interactions between staff and the people who lived there.

People were encouraged to make their own choices and decisions about their day to day lives, wherever their capabilities allowed. Staff were respectful of people’s individual and diverse needs. Relatives said people were treated with dignity and respect.

Relatives told us they felt people were well cared for in the home. Each person had a range of social and vocational activities they could take part in. People’s choice about whether to engage in these activities was respected.

Relatives were frequently invited to comment on the service in an informal way and they felt able to give their views about the home at any time. However the results of formal annual satisfaction questionnaires were not collated, shared or used to improve the service. People and relatives had some information about how to make a complaint. Although this was out of date, relatives felt confident about raising any issues.

Relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation.

Summary of findings

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. Relatives told us people felt safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived there.

Risks to people were managed in a safe way so that people could lead as independent a lifestyle as possible.

There were enough staff to meet people's needs. The provider made sure only suitable staff were recruited. People's medicines were managed in the right way.

Is the service effective?

Good

The service was effective. Relatives said staff were well trained and experienced in supporting people with their autism needs.

People received care from staff who had specific training in autism spectrum condition and were clear about how to meet each person's individual needs. Staff felt confident and supported to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. People enjoyed their meals at the home and were involved in choosing and preparing their meals. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. Relatives said the service was "very caring". Relatives felt staff understood each person's individual needs and how to support them. Staff were calm, supportive and patient.

Staff understood and acted on people's individual preferences of how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

Staff were very familiar with each person's methods of expressing themselves. Staff helped people to communicate their choices and decisions about their own lifestyles.

Is the service responsive?

Good

The service was responsive. Relatives felt staff understood each person and supported them in a way that met their specific needs. Relatives felt fully involved in reviews about people's care.

People were offered daily activities, either individually or in small groups, to promote their independent living skills. People's choices about whether to engage in these activities were respected.

People had information about how to make a complaint in easy-read and picture format. Relatives had written information about how to make a complaint. The complaints information was out of date but relatives said they knew how to raise any concerns and were confident these would be dealt with.

Summary of findings

Is the service well-led?

Good

The service was well led. Relatives said the service was well organised and ran smoothly. Relatives felt the provider valued the people who used the service and that it was run in the best interests of people with autism spectrum condition.

Staff told us the registered manager and provider were approachable, open and supportive. Staff felt able to offer suggestions for improving the service for people.

The home had a registered manager who had been in post for several years. People's safety was monitored and the provider was to recommence its systems for checking the quality of the care service.

Ashgate Cottage

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 took place on 20 November 2014 and was unannounced. The inspection was carried out by one adult social care inspector. A short second visit was made on 27 November 2014 which was announced.

Before the inspection 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. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the relevant local authorities before the inspection visit to gain their views of the service provided at this home.

The three people who lived at this home had complex needs that limited their communication. This meant they could not tell us about the service, so we asked their relatives for their views.

During the visit we spent time with the three people who lived at the home and observed how staff supported them. We joined two people for a teatime meal. We spoke with the registered manager, the assistant manager and two support workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

The three people who lived at this home had autism. Their complex needs meant they had limited communication and they found it difficult to comprehend the world around them. This meant they could not tell us their views about the service. We asked their relatives for their views about whether people were safe at this service. One relative told us, "It's absolutely safe. There have been a couple of safeguardings over the years and those were handled very well." The relatives we spoke with said people were always happy to return to the care home after visiting them. They felt this was a positive sign that people felt safe and comfortable at the service.

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated by computer-based refresher training. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. There had been no safeguarding concerns in the past two years. The provider had clear policies about safeguarding vulnerable adults. Staff showed us they had access to the procedures in the small office (which doubled as a sleep-in room) and on the provider's computer system. One support worker told us, "Our training in safeguarding and whistle-blowing is kept up to date, and I would feel confident about reporting any concerns." This meant staff understood their duty to report any potential concerns.

Risks to people's safety and health were appropriately assessed, managed and reviewed. One relative commented that their family member was supported "to take small and reasonable risks in order to give them a degree of independence". People's records included risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, some people needed to be supervised when in the kitchen preparing meals, or out in the community because they lacked road safety awareness. The risk management plans were detailed and clearly showed how each people could be as involved as possible with the right support to minimise the risks.

The accommodation for people was warm, modern and comfortable. There were no hazards within the home's premises that would present a risk to the people who lived, visited or worked in the home. The provider's health and safety team visited the home regularly to check that the premises were well maintained and all required certificates were up to date. The staff carried out monthly health and safety risk assessments. Staff told us that any premises issues were reported for attention straight away and repairs were carried out promptly. Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers each month. These reports were analysed for any trends. There had been few accidents in the home over the past year.

Relatives and commissioners felt there were enough staff to support the people who lived at the home. One relative told us, "My [family member] is safe at Ashgate. There are plenty of staff who are well trained and knowledgeable." Another relative commented, "There's always enough staff. They take them out and keep them busy."

On the day of this inspection the registered manager and two support workers were on duty. (The registered manager and assistant manager also managed a neighbouring small care home.) The staff rotas showed that there were always a minimum of two support workers on duty through the day and evening to support the three people who lived there. Recently one person had become anxious about being out of the home so they had one-to-one support through the day. This was provided by support workers from the home or by staff from the provider's adult college who were also familiar with the person's needs. In discussions, staff told us there were enough staff to meet people's needs, although occasionally one person's recent change in needs had an impact on other people's opportunities to go out on individual activities. People still had the chance to go out on group activities with people from other neighbouring homes. There was one staff on sleep-in duty for this home. Staff told us this was sufficient because people slept well and did not often require any support through the night.

The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. The home only used staff from other homes or services operated by the provider and always aimed to use staff who were familiar with people's needs.

The home had a low turnover of care staff and there were no vacant staff posts at this time. The registered manager described the staff team as "very stable" and recruitment processes as "very safe". The staff team members had worked at the home for between three and seven years,

Good

Is the service safe?

apart from one new member of staff. We looked at recruitment records for three staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

The arrangements for managing people's medicines were safe. Medicines were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time.

Staff understood what people's medicines were for and when they should be taken. All the staff, except a new staff member, were trained in safe handling of medicines. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). Two staff made sure medicines were given in the right way. This meant every time a medicine was given, it was checked and witnessed by another staff member. Staff also kept a record of the running tally of medicines that were left. In this way, staff were able to audit the medicines every day to make sure no medicines had been missed.

Good

Is the service effective?

Our findings

Relatives told us they had confidence in the way people's needs were met by the service. One relative commented, "Staff are well-trained and experienced in care." Another relative said, "The communication with staff is very good. They really understand my [family member] and can tell me at any time how [they] have been and what [they] have been doing."

Staff told us they received relevant training to meet the needs of the people who lived at the home. One staff commented, "We have had loads of training, and the organisation is very hot on autism training." The organisation's therapy team provided autism-specific training for all staff including areas such as communication, sensory needs, interaction, anxiety and visual supports. All except a new member of staff had completed a diploma in health and social care, which is a national qualification in care. Staff told us, and records confirmed, they also received training in necessary health and safety subjects including first aid, fire safety, food hygiene and infection control.

The organisation employed a training manager who co-ordinated and arranged the required training for each staff member. New staff received a comprehensive induction training programme that included an introduction to autism, safeguarding and all necessary health and safety subjects. The organisation used a computer–based training management system which identified when each staff member was due any refresher training. The training records showed that all staff members were up to date with their required training. The registered manager had access to the system so she could check at supervision sessions with individual staff members that they were up to date with their training.

Staff told us, and records confirmed, they had regular supervision sessions with senior staff and an annual appraisal with the registered manager. Records confirmed staff had individual supervision around six times a year where they could discuss their professional development and any issues relating to the care of the people who lived there. In this way staff told us they felt trained, confident and supported to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

All of the staff had received training in MCA and DoLS. Staff understood the recent court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made DoLS applications to the respective local authorities that were involved in each person's placement. This was because people needed 24 hour supervision and also needed support from staff to go out. Two people had DoLS authorisations from their respective local authorities and the application for the other person was being processed. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

Relatives felt the staff worked well with each person to find the right balance between managing risk and supporting people's rights. One relative commented, "Restrictions of liberty are in place for the right reasons, for example the house has locked doors, and certain substances and medicines are locked away."

One staff member told us, "We're very clear about not restricting people's lifestyles but rather helping them to be as independent as possible. For example, they couldn't manage in the kitchen alone but we supervise them so they can be as involved as possible."

Staff were trained in ways of helping people to manage behaviours that might challenge the service if they became anxious or upset. Staff described the Positive Behaviour Support (PBS) training and techniques they used to support people in a safe, non-physical way. Staff told us, and care records confirmed, people were supported in the least restrictive way to help them cope at these times. One staff member told us, "We don't use physical restraint here."

In discussions, staff were able to describe the specific triggers that could lead to some people becoming upset, such as crowded or noisy environments. There were detailed PBS plans for the two people who had needed this support from time to time. The plans guided staff to support them in the most effective way to meet their individual needs. All staff who worked for North East Autism Society were trained in PBS, and received refresher training

Good

Is the service effective?

every 18 months. This meant if other staff were covering shifts at the home, or were out on group activities with people, they understood how to support people in the least restrictive way.

People were supported to be as involved as possible in choosing menus, grocery shopping and preparing meals. Staff used a four week menu that was based on people's preferences, and people were also asked at their regular house meetings if there were any other dishes they would like to add to the menu. People were able to choose and make their own breakfasts with support. Some people were also involved in preparing evening meals with the support and supervision of staff. Most meals were prepared from scratch using fresh ingredients. This helped people to improve their independent living skills.

The home promoted a healthy diet that met people's choices by using healthy alternatives such as brown rice and whole wheat pasta. Relatives commented that they had raised a concern about their family member's weight gain, but felt the care staff were working with the person to reduce their weight. No one needed physical assistance with their meal but some people needed verbal prompts to cut their food up. Staff dined alongside people so they could make sure people managed their meal in a safe way. Staff kept a record of people's meals, a monthly record of each person's weight, and their nutritional health was regularly checked. This meant people were fully supported with their nutritional well-being.

Relatives told us people's health care needs were acted upon. One relative commented, "Staff are efficient and caring in taking her for doctor's appointments and so on." Another relative told us, "My [family member] needed a lot of support when they dislocated their shoulder. All the staff got involved in helping them with exercises and attending the physiotherapist and this meant they recovered quickly."

It was clear from health care records that people were supported to access community health services whenever this was required. Each person had an annual health check with their GP and regular check-ups with their dentist and optician. The provider also employed a speech and language therapist and an autism assessment manager who were involved in reviewing people's support needs at this home.

Good

Is the service caring?

Our findings

Relatives told us the staff were "very caring". One relative commented, "We feel the service is caring and compassionate. Staff seem genuinely fond of [my family member] and concerned for their welfare." Another relative told us, "The staff are really friendly and helpful. I've always witnessed them to be caring." "

Relatives said they felt involved and included in the care of their family member. There was frequent contact between the home and relatives. Relatives told us they were kept informed of any events and had a good relationship with the registered manager and staff. Relatives were pleased with the help people received to engage with their family members. They told us people were supported to keep in touch with family and friends through visits and celebrating family events. One relative commented, "It's like a proper home, just like a family. The staff have a list of family birthdays and they help people choose cards and gifts for special occasions."

One relative told us, "I feel totally relaxed because [my family member] is so relaxed there." Staff were patient and calm when supporting people. Staff tried to make sure the home was a relaxing place for people to feel settled. The registered manager made sure people received gender-appropriate support, so there were only female staff on night time duty.

Relatives felt staff understood each person's individual needs and what they liked. One relative commented, "They respect their individual preferences and likes and dislikes." Staff were very familiar with people's communication styles. For example one person used symbols and pointing to indicate what they wanted, other people could use sounds or short phrases to express their choices.

People were encouraged to make their own decisions and choices, for example about activities, menus and clothes. Each person went shopping with staff for clothes and their own personal items so they could be involved in choosing these things.

People found it difficult to cope with too many choices so staff supported each person by offering them a small number of options of the things that they knew the person liked. This was clearly recorded in people's care plans and was written in a sensitive way. For example, one person's care records stated, "It is important that I'm given choices but please don't give me too much choice as this confuses me. I am able to make informed choices out of two items, but no more than two."

One relative told us, "They always make sure people have their privacy and dignity. If I'm visiting they ask me to wait a second while they make sure people are supported in private if they are in their bedrooms." Another relative told us, "I've always seen them knocking on doors and asking people if they can go in their rooms."

Staff were able to describe how they made sure people's privacy and dignity was respected when they were being supported. For example, making sure bathroom doors were locked when in use and closing bedroom doors when people were getting changed.

Staff described how they supported people to retain as much independence as possible. For example people had electric toothbrushes with timers so they could manage their own oral care with prompts. Staff also described how people could manage their own laundry and some housework tasks with verbal encouragement.

Good

Is the service responsive?

Our findings

People had limited involvement in their own care records because of their limited communication and the complexity of their needs. Relatives said they felt involved in planning and reviewing their family member's care. Relatives were invited to annual reviews of their family member and felt able to comment on the service at any time. One relative commented, "Staff are always welcoming and interested in hearing relatives' views."

Relatives felt staff understood each person and were each supported in a way that met their specific needs. One relative commented, "My [family member] is always treated as an individual."

Another relative told us, "Staff make sure my [family member] gets plenty of chances to go out with other lads from other homes and this is something we talked about and agreed before he moved here."

A commissioning officer from a local authority told us the home considered each person's individual needs before and after they had moved here. They said, "The home has always been really open and engaged in the assessment process of each person."

We looked at the care records for two people. Their care plans were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs.

The care plans were written from the perspective of the person and valued their abilities as well as their goals for the future. For example, one person's health care plan stated, "I cope well with minor treatment but I require full support from familiar staff to reassure me while I'm there. If I needed major treatment this would need to be discussed with my care manager as I am unsure as to how well I would understand this." Care records showed that people's needs were continuously reviewed by the staff at the home, and annual reviews were held with care professionals and relatives.

Each person had small number of goals towards more independent living activities, called SMART targets. These included using a picture-exchange system to support their communication, being able to differentiate between coins and cleaning their own bedroom. The care records showed that people did not understand the concept of care plans, however we noted people had signed their SMART targets. In this way people had been asked to sign something they were unable to understand. The registered manager stated this was to show people's involvement in their SMART targets which had been verbally explained to them. The registered manager agreed this could be demonstrated in a clearer way.

Each person had a timetable of daily activities that included sessions at the provider's nearby college or workshop where they could take part in educational or vocational sessions. People had opportunities to go out each evening and at weekends to social or sports activities such as swimming, horse riding, discos, shopping or meals out. People's choices about whether to engage in these activities were respected. For example, one person had recently started to find it difficult to cope with going to or coming back from their planned daily activities. As a result this person was temporarily receiving one-to-one support to engage in activities within the home until they felt able to return to their timetable.

Relatives felt the home was "warm and welcoming", and that they could contact staff to discuss their family member at any time. The provider had a complaints procedure which was available to people, relatives and stakeholders. The procedure was also available in a picture version to help people who used the service understand how to make a complaint. The complaints procedure at the home was out of date as it referred to organisations that no longer existed. It was also not user-friendly as it stated that people should make an appointment with a senior manager but did not explain how people could do this. The registered manager agreed the complaints procedure at the home was not the latest version, so needed to be updated.

In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation. Relatives said they would feel comfortable about raising issues with the registered

Good

Is the service responsive?

manager if they needed to. One relative commented, “I know how to make a complaint. I’ve never needed to but I would feel comfortable about doing so.” There had been no recent complaints made about this service.

Good

Is the service well-led?

Our findings

Relatives said the service was well-led by the provider and registered manager. One relative commented, "It's very well organised and seems to run smoothly." Another relative told us, "NEAS is not run for profit and has grown out of an interest and expertise in autism."

The registered manager had been in post for several years. Relatives described the registered manager as "friendly" and "helpful". One relative commented, "The manager is approachable and open. She is always happy to discuss [my family member] and knows them very well." A commissioning officer from a local authority told us, "The manager is always open and informative, and she seeks advice whenever necessary." Staff also felt supported by the registered manager and described her as "very amenable" and "open and approachable".

People were offered opportunities to comment on the service they received at monthly house meetings. Staff used picture questionnaires to help people make decisions about menus and activities. Relatives were encouraged to make comments on a 'handover' form that was used for communication between staff and relatives when people were visiting their families. For example, one relative had recorded their concerns about a person's weight increase. As a result the staff had arranged for the person to visit their GP to be checked and then acted on the guidance given by the GP.

Relatives were also invited to complete an annual satisfaction questionnaire. The responses of the last annual questionnaire were positive. However the responses were filed away and were not collated for any emerging trends or actions. In this way any positive comments were not shared with staff or others in the organisation, and any suggestions were not shown to be acted upon. The registered manager acknowledged that the questionnaire results could be used to support and develop the service.

Relatives and staff felt the organisation was supportive of its staff. One relative commented, "The chief executive officer is an excellent leader who values staff and works creatively and innovatively with them to ensure that service users' needs are met." Staff commented that they felt supported and valued by the organisation. One staff member commented, "I find the organisation very helpful. I needed to move from a different service. The organisation was fantastic and sorted it straight away." Another staff member described the provider's occupational health and human resources team as "supportive and sympathetic".

Staff had monthly staff meetings where they could receive consistent direction, discuss expected practices and make suggestions. For example at the most recent staff meeting clear guidance had been given to staff about working with one person in a consistent way in relation to their healthy eating plan. The registered manager worked alongside staff on some shifts which allowed her to observe the care provided and to check that the home's values were put into practice.

The registered manager felt the organisation continued to meet its values and principles of care. These were displayed on the office noticeboard so could be seen by staff at any time. One staff member described the service as "a holistic care package" that was inclusive and open to suggestions for improvement. They told us, "We're all happy – staff, families and residents. There will always be something that could be better, and as soon as it is mentioned it gets sorted out." Another staff member told us, "We all feed our views into the service, from senior managers to home staff, to get the best outcome for people."

The registered manager carried out a number of audits to ensure the welfare and safety of the service. These included monthly health and safety checks and daily medication audits. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The provider formerly employed an independent quality assessor to carry out quality monitoring visits to each of its services, including Ashgate Cottage. However the arrangements for quality monitoring had changed in the past year and recently a new operations manager had been appointed who would be responsible for these visits. At this time there had been only one monitoring visit by the provider to this service in the past year. However the operations manager was in frequent contact with the service and it was planned that the monitoring visits would recommence in the new year.