

# National Autistic Society (The) Heath Rise

## Inspection report

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29 June 2016

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 24, 27 and 29 June 2016 and was unannounced. Heath Rise is a care home registered to care for up to four people with learning disability and autism. At the time of our inspection three people were using the service. The home is situated in the suburbs of Wellingborough in Northamptonshire.

At the last inspection of the service on 7 July 2015 we asked the provider to take action to make improvements to, staffing levels, complaints management and the management governance and oversight of the service. The provider sent us an action plan telling us how they planned to improve. We found at this inspection the actions had been completed.

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

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

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Risks to people using the service and others were assessed, and appropriate measures were in place to manage identified risks. People received their medication safely and the systems to receive, store and administer medicines were appropriately maintained.

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

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

Staff showed care and compassion when supporting people and ensured that privacy and dignity was respected at all times.

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

## 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.

Staff were knowledgeable of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

Staffing arrangements were sufficient to meet people's needs.

The procedures to recruit staff were robust.

Safe systems were in place for the management and storage of medicines.

### Is the service effective?

Good 

The service was effective

Staff had the knowledge and skills required to meet people's individual needs and training was on-going.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy diet to meet their dietary needs.

People were referred to healthcare professionals promptly when needed.

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### Is the service caring?

Good 

This service was caring.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves according to their capabilities.

Staff promoted and protected people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person centred and reflective of people's needs and preferences.

People were supported to follow their choice of daily activities.

Systems were in place to receive and handle complaints effectively

### **Is the service well-led?**

**Good** ●

The service was well led.

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

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

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

# Heath Rise

## 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 24, 27 and 29 June 2016 it was unannounced and carried out by one inspector.

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

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

People using the service had complex communication needs and were unable to directly communicate to us. We therefore made general observations on how the staff interacted and supported people.

We spoke with one person who used the service, one relative, one member of the care staff and the registered manager.

We reviewed the care records relating to all three people using the service. We looked at staff training, supervisions and appraisal records held at the service and staff recruitment files held at the organisation's human resources (HR) department.

We also looked at records relating to the management administration of the service such as quality monitoring audits.

## Is the service safe?

### Our findings

At the last inspection of the service on 7 July 2015 we found that the service relied on bank and agency staff to cover a large proportion of care hours. This did not always ensure consistency of staff at the service. This was a breach of Regulation 18 HSCA (RA) Regulations 2014. The provider sent us an action plan telling us how they planned to improve. At this inspection we found the actions had been completed.

There was sufficient staff available to meet people's current needs. One relative said, "They have regular staff, [person's name] knows all of the staff and they know her well". One member of staff said, "We have enough staff, we cover for each other if anybody is off sick or on holiday. We also use agency staff, but we always use the same staff. It is important that people have staff in the house that they know and trust". During the inspection we observed staff worked calmly and attended to people's needs in a timely manner. We also looked at the staff rota, which indicated that people were supported by a consistent staff team.

We spent time observing how people interacted with the staff and saw they appeared relaxed and at ease, communicating with each other using verbal and non-verbal methods. A relative told us "I have no qualms at all, I know that [person's name] is very safe, the staff really look after her so well".

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. The staff were knowledgeable about the risks of abuse and reporting procedures. One staff member told us, "I have received safeguarding training and I am fully aware of what I would need to do to report any abuse". We saw that information on responding to and reporting abuse was on display in the staff office and it gave the contact details for the local authority safeguarding team. We saw that safeguarding incidents had been reported to the local authority and the Care Quality Commission (CQC) and they had been recorded and investigated appropriately.

Risks to people and the service were managed to keep people safe and promote their freedom. Staff told us that risks to people were assessed to reduce the risk of harm, without limiting people's freedom to make choices. We saw risk assessment documentation identified areas that could cause harm and recorded the actions that staff needed to take to manage the risks. We also saw that the risk assessments were reviewed on a regular basis to ensure they remained current and relevant to the individual risks according to the person.

We saw that environmental assessments had been carried out to identify and address the risks posed to people, which included fire risk assessments. Personal Emergency Evacuation Plans (PEEP's) were in place to inform the emergency services on the level of support people needed in the event of an emergency requiring any evacuation of the building. We saw that accidents and incidents were recorded and appropriate action was taken to reduce the risks of repeat accidents.

We saw that staff underwent a robust recruitment process before taking up employment at the service. The staff recruitment files included references being obtained from previous employers, verification of identity and the applicant's right to work in the United Kingdom. They also included checks that had been carried

out through the Government body Disclosure and Barring Service (DBS). This ensured that only people that were suitable were employed at the service.

People's medicines were appropriately managed to ensure they received them as prescribed. Staff told us they received training before they were able to administer medicines for people using the service. They also told us that they were observed on three occasions administering medicines to assess their competency. We saw that detailed information was recorded in people's care plans on how they needed their medicines to be administered. We observed a person receiving their medicines and saw that the member of staff followed the instructions correctly. Each person had a lockable storage cabinet within their bedroom that contained their medicines and the medicines administration records (MAR's). We saw that medicines were stored appropriately and records on the MAR charts had been fully completed.

There was guidance available for staff on the protocol for administering medicines prescribed to be given 'as required', such as pain relief medicines. This ensured that such medicines were only given to people when needed. We also saw that medicine audits are carried out regularly, to check that people received their medicines safely as prescribed.



## Is the service effective?

### Our findings

People using the service were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide their care and support. One relative said, "The staff seem very experienced, they know exactly how to look after [person's name]".

The staff told us they had attended various training courses run by the National Autistic Society they confirmed the training consisted of a mix of face to face and e-learning courses. The registered manager said that they had made it a priority that all staff received updates to training so that they were kept up to date with current practice.

The information we received in the provider information return (PIR) told us that staff completed all mandatory training and annual refresher training was provided. We saw that the mandatory training included safeguarding, the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS). The provider informed us in the PIR that new staff, with no previous care experience, was enrolled on the care certificate qualification, with the expectation that the training was completed within 12 weeks.

'Ask Autism' training was provided annually for all staff to help them better understand autism spectrum disorders (ASD) and gain confidence in supporting people within the autism spectrum. The training included modules that covered autism awareness, communication, sensory experiences, stress and anxiety and the importance of supporting families caring for people with ASD.

The staff confirmed that when they started working at the home they spent time working alongside an experienced member of staff until they felt confident to work alone. They said they felt supported by their peers and the registered manager. We saw records that confirmed that staff had met with the registered manager to receive individual supervision and support. The meetings had included discussion and observation of practical skills, including assessments on providing personal care and medicines administration.

We also saw that staff meetings took place regularly to discuss service development and share information from the provider. Each week a policy was highlighted with the staff to ensure they were kept up to date. The staff said the communication at the service was good and they felt well supported in their work.

The staff sought people's consent before carrying out their care and treatment. We saw the staff communicated with people using their chosen form of communication, using sign language, sounds and gestures, to establish whether they agreed to their care and treatment. For example, a member of staff asked a person whether they wanted to have their medicines, the person responded by smiling, nodding their head and held out their hand to take their medicines from the member of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider told us that two people using the service had current DoLS authorisations in place, which we also were held on file.

The staff had a good knowledge of people's likes and dislikes and nutritional guidance was sought, when required, from relevant healthcare professionals in response to any concerns regarding people's dietary needs. We saw that people were supported to make food choices through the use of picture cards and they went shopping to buy the ingredients to make their chosen meals. Each person took it in turns to prepare and cook the evening meals with the support of staff. Daily food diaries were completed by the staff to ensure that people had a varied diet. We saw that each person was supported by staff to make up a daily snack box that contained healthy choices for snacks, which they could access at any time throughout the day.

Nutritional screening records were mainly completed for each person and their weights were regularly checked for weight loss or weight gains. We saw that each person had a health action plan within their care files and they were supported to attend health screening appointments when needed. The staff worked closely with health professionals, such as, the GP, Speech and Language Therapists (SALT), Psychologists and Psychiatrists. There was detailed information contained in people's support plans on how staff needed to support people to attend health screening appointments, to relieve any anxieties.

## Is the service caring?

### Our findings

We found that people were relaxed and at ease with the staff supporting them. There was a homely atmosphere and it was apparent that people had the freedom to express themselves and to show their emotions. We observed a number of positive and friendly interactions between staff and people, which showed they had positive relationships with the people they supported. A relative said, "The staff seem very kind and caring, they are always very friendly and [person's name] gets on with them ever so well".

We observed that people liked being with staff who provided reassurance and emotional support for them. We heard the staff talking with people in a calm and reassuring way and people responded positively to this approach. One person became anxious, shouting loudly, the member of staff supporting them spoke to the person using a quiet and calm tone of voice, which helped the person to compose themselves. We saw the support was provided in a reassuring way.

People were supported to express their views and the staff were skilled at communicating effectively with people using the service, no matter how complex their needs. One relative said, the staff are ever so good at communicating with [person's name] they have a very good rapport, they understand one another". During the inspection we saw a person used sign language to ask a member of staff, which member of staff was due to work on the evening / night shift. We observed the member of staff explain to the person, using sign language and the spoken word, who was due to work the shift. They calmly repeated the information several times, giving the person them time to process the information.

People were given time and space to make decisions and staff respected their choices. One person was taking a bath and expressed they wanted to soak in the bath for a while. The member of staff respected their choice and sensitively ensured they were safe to remain in the bath and that the water wasn't too cold for them. We also saw that people chose and planned their meals and how they wanted to spent their time throughout the days and evenings.

People met regularly with their named key worker, the meetings gave people the opportunity to meet in private and be involved in planning their care. We saw they talked about things that had gone well and things that did not go so well for them. The care plans contained information that included details about people's background and preferences. There was detailed information for staff on how to communicate with each person, that described the different communication methods people used.

People had access to advocacy information and support. We were told that one person using the service had a named advocate to support them. The staff confirmed the person had regular meetings with their advocate and we saw the meetings were recorded within their care plan documentation.

## Is the service responsive?

### Our findings

At the last inspection of the service on 7 July 2015 we found that Information on how to make a complaint was not available for people using the service. Also records of complaints were not available for inspection. This was in breach of Regulation 16 HSCA (RA) Regulations 2014. The provider sent us an action plan telling us how they planned to improve. At this inspection we found the actions had been completed.

We saw that information on how to make a complaint was available in an easy read format and displayed on the wall in the kitchen area. One relative said, "I have not had any cause to make a complaint, if I was unhappy with anything I would speak with the staff". They confirmed they had received a letter from the new registered manager introducing herself, they said the letter gave the contact details of the registered manager so they could speak with her directly if they had any concerns.

The provider information return (PIR) informed us that three complaints had been received by the service during the last 12 months. The registered manager confirmed that all of the complaints had been fully investigated. We looked at records of complaints held at the service and saw that no further complaints had been received by the service.

People had their needs assessed before moving to live at the service. The information gained from the assessments went towards putting in place a care plan. We saw the care plans were person centred and detailed information on people's methods of communicating, their likes dislikes and individual interests. A relative said, "I am kept informed and feel very involved in [person's name] care, the staff don't hesitate to contact me".

The staff supported people to work towards achieving their goals and aspirations in connection with their interests. For example, people were supported to prepare and cook meals for each other to develop their daily living skills".

We observed the support that staff gave people reflected the information in their care plans. A member of staff said, "Working with people on a daily basis, we get to know them so well, it's great to see them getting more confident and having a level of independence".

We saw that people's care plans, and other documentation in relation to their care and support was regularly reviewed to ensure they accurately reflected people's current needs.

People were protected from the risks of social isolation. We saw that each person had individual weekly activity schedules in place. They were person centred according to each person's wishes and preferences. The schedules were displayed in each person's bedrooms to act as prompts and reminders. We saw the staff supported people to carry out their planned activities and each person had one to one hours allocated with staff.

On the day of the inspection people were supported by staff to participate in the activities of their choice.

One person was being supported to attend 'The Autism Show' held at the Birmingham National Events Centre, an event aimed at promoting autism awareness. Another person was supported by staff to go shopping and out for a pub lunch, and another person spent the morning relaxing at home and went out shopping after lunch. A relative said, "[Person's name] loves her baths and enjoys relaxing afterwards in her pyjamas. I meet regularly with [person's name], I get the bus to Wellingborough and we meet up in the town. [Person's name] loves to go for a coffee in Morrison's, after this we take a look around the shops together". We saw the daily records held within people's care files, recorded the activities they had done each day, both in the service and in the community.

## Is the service well-led?

### Our findings

At the last inspection of the service on 7 July 2015 we found the records management systems were not robust. They did not ensure records were accurate, accessible and stored securely. This was in breach of Regulation 17 HSCA (RA) Regulations 2014. The provider sent us an action plan telling us how they planned to improve. At this inspection we found the actions had been completed.

We saw records were available that demonstrated quality monitoring audits were carried out on care plans, risk assessments, medicines, accident and incidents and staff supervision and training.

Records were also available to demonstrate that scheduled safety checks were carried out to the environment. Such as the fire system, water, heating, lighting, electrical and gas systems. We saw that any areas identified as requiring attention had action plans put in place and they were attended to within the timeframes. We saw that action had been carried out in response to areas identified for improvement. For example, on the day of the inspection a contractor was replacing a faulty door and a replacement washing machine had recently been purchased and installed.

Since the last inspection of the service a new registered manager had been appointed and they had registered with the Care Quality Commission (CQC). A relative said, they had not yet met the new manager, but she had received a letter from them introducing themselves. Staff told us they were pleased they now had a full time manager in place, to provide consistent leadership and guidance.

People were supported by a team of staff that had the guidance and support they needed to develop their skills and knowledge in order to do their job. The registered manager operated an open door policy and endeavoured to make themselves available whenever needed to people using the service, relatives and staff. The staff demonstrated they were knowledgeable of the service's vision and values in order to meet the needs of all people using the service.

We received positive comments from the relative we spoke with. We also received positive comments from staff about the service and how it was managed and the support they received in order to do their jobs. They told us that the manager was very approachable and their comments indicated that they took pride in supporting people living with learning disability and autism to enable people to be happy and live fulfilling lives.

Communication between people, relatives and staff was encouraged in an open way. A relative said, "All in all I am very happy with her care, the staff keep me well informed about everything". People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. A relative said, "I have completed questionnaires to feedback on the care [person's name] receives, I have no negative comments to make, it is a lovely home".

Policies and procedures were in place to guide staff and were communicated through weekly policy updates. The staff demonstrated a good understanding of the policies, which underpinned their job role

such as safeguarding people, whistle blowing, health and safety and confidentiality.

Regular staff meetings took place so that staff could discuss the needs of the service and any improvements needed. In addition keyworker meetings with people using the service took place regularly to review the support people needed to achieve their chosen goals and aspirations.

The registered manager was aware of their responsibility to notify CQC of events under their registration requirements.