

North East Autism Society

NEAS, Short Term Residential Breaks

Inspection report

New Warlands Farm
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Durham
County Durham
DH7 6EX

Tel: 01914109974

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14 March 2023
17 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

NEAS Short Term Residential Breaks provides personal care to up to 23 autistic people and/or people with learning disabilities. People use the service for short term breaks and stay in 6 purpose-built lodges in a rural setting. At the time of our inspection 11 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

Staff focused on people's strengths and promoted what they could do, so people had an enjoyable stay when they came to the service. Staff supported people to take part in activities and pursue their interests in the local area. People were supported in a safe and clean environment that met their sensory and physical needs. Staff supported people to make decisions following best practice in decision-making.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People were empowered during their stay because of the ethos, values, attitudes and behaviours of the management team and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did.

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

Rating at last inspection

The last rating for this service was good (published 19 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection (report published 19 December 2017) to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for NEAS Short Term Residential Breaks on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

NEAS, Short Term Residential Breaks

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience, who made phone calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

NEAS Short Term Residential Breaks is a 'care home' where people stay for short breaks. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. NEAS Short Term Residential Breaks is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the service on 14 and 17 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 1 relative about their experience of the care provided. We spoke with 9 staff including the acting manager, assistant manager, the provider's operations manager, 1 team leader and 5 support workers. We observed how people were cared for.

We reviewed a range of records which included 3 people's care records, 6 people's medicine records, daily records and risk assessments. We looked at 3 staff recruitment records and a variety of records relating to the management of the service, including audits, policies and procedures.

The Expert by Experience spoke to 1 person who used the service and 13 relatives via telephone on 22 March 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe when they stayed at the service. One person said, "I feel safe here and really enjoy coming to stay. The staff know what I like to do and help me do that. I love coming."
- Relatives said they felt the service was safe and spoke positively about it. One relative told us, "The place is absolutely brilliant. I don't know what I would do without them. No complaints at all." Another relative said, "Yes, I feel he's safe otherwise I wouldn't leave him here. He's totally safe." A third relative commented, "We are 100% happy with the care. We can see the relationship he has with the staff when we drop him off. The staff do a home visit prior to the longer break he has in the summer. They really plan out how he will spend his time. The service is a great support to us."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. When people needed reassurance from staff to minimise distress, staff were quick to identify and act on this, as they knew people's needs well. Where people shared a lodge with other people who used the service during their stay, their compatibility was assessed beforehand to minimise distress and incidents.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "All of the training is second to none, by far the best training I've ever had."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over the time they spent at the service because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. A relative said, "The lodges are really lovely, spacious and clean."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People received supported from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when considering risks of people taking medicines themselves.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We signposted the provider to resources to develop their approach regarding how to store PPE and clean linen safely and staff being bare below the elbows when delivering personal care, to minimise the risk of spreading infection. The provider took immediate action to rectify these issues during the inspection.

Visiting in care homes

- There were no restrictions to visiting at the time of inspection, although people did not routinely receive visitors due to this being a short break service.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A registered manager was in post but was absent during the inspection; they were due to return to their role later in the year. The service was currently being managed by an acting manager who was one of the assistant managers. The acting manager had the skills and knowledge to perform their role, a clear understanding of people's needs, and good oversight of the service they were managing on an interim basis.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff we spoke with said they felt well supported and listened to. They described it as a great place to work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The acting manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- A relative told us, "The best thing about the service is that it is reliable, and it feels like he is going somewhere he wants to go. It is a great environment and appropriate for his needs. I would recommend it to other families." Another relative said, "I would say that the service is well managed because the communication is good. They communicate with us on a day-to-day basis when he is there and keep us up to date generally."
- The management team were visible in the service, approachable and took a genuine interest in what people, staff, family, carers and other professionals had to say. Equality and diversity were promoted.
- The acting manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The acting manager worked to ensure transparency and honesty throughout the service. They contacted other agencies when appropriate. Staff told us they felt supported to raise concerns and knew how to raise concerns internally, and with the local authority and CQC.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The acting manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider invested sufficiently in the service, embracing change and delivering improvements.

Working in partnership with others

- The service worked well in partnership with parents, carers and professionals, which helped to give people using the service a voice and promoted their wellbeing