

National Autistic Society (The)

Field View

Inspection report

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Ratings

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

Summary of findings

Overall summary

Field View is a care home providing personal care for up to eight younger adults in a residential setting who have a learning disability and/or autism. The service consists of a main building and two individual bungalows. At the time of our inspection eight people lived at the service and one person received a supported living service in their own home.

The service has been developed and designed in line with the principles and values that underpin 'Registering the Right Support' and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People, their relatives and the staff who supported them provided positive feedback about the benefits the service had on supporting people to have positive outcomes. Care and support was tailored to each person's needs and preferences. Individuals who knew people well were fully involved in developing and updating their planned care.

The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to manage any identified risks.

People were supported to gain work experience and engaged in activities and events that were of interest to them. Staff responded to people's personal preferences and individual beliefs to ensure they received care and support in a way they liked. Evaluations of people's needs ensured planned goals remained relevant and achievable.

People received information in a way they could understand. Staff demonstrated effective skills in communication. Sufficient, regular and skilled staff worked at the service. People were able to choose their support worker and recruitment checks ensured all staff were suitable to work at the service. Staff received training and support to enable them to carry out their roles following best practice guidance.

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

People received their medicines safely and on time. The service worked closely with a range of health professionals which benefitted people's wellbeing. Dietary requirements were monitored, and healthy eating promoted.

Relatives and staff told us the registered manager was approachable and accountable. The registered

manager was supported in their role by the provider. Oversight and checks helped to maintain a high standard of service and highlighted any areas for improvement.

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

Rating at last inspection

The last rating for this service was good (published 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Field View

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 Care Act 2014.

Inspection team

One inspector and one Expert by Experience carried out this 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

Field View 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.

This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at their personal care and support.

The service had a manager registered with the Care Quality Commission. This means that 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 announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the

provider must notify us about, such as abuse. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, a senior support worker, a support worker and a member of bank staff. We met with four people at the service and visited one person in their own home. Three people who were unable to communicate with us were supported by their support workers and one was able to communicate with us directly. We spoke with four relatives who were visiting people at the service during our inspection.

We reviewed three care records, a selection of medication administration records, and documentation about the management and running of the service. We looked at three staff files, in relation to recruitment and supervision, and a range of policies and procedures.

After the inspection

We looked at training information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- People and their relatives told us they felt safe and supported by staff they could trust. One person said, "I feel safe and I wouldn't change anything."
- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they were clear on the actions required to report their concerns and were confident these would be investigated.
- The registered manager understood the requirement to escalate any concerns to the local authority for further investigation if necessary.

Staffing and recruitment

- There were enough staff available to meet people's needs. Recruitment was ongoing and where agency staff were used these were known to people and they understood people's needs.
- Staff were recruited safely with appropriate checks completed to protect people.

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

- Staff followed up to date guidance to support people safely where there were known risks, which helped to promote people's independence.
- Scheduled certified checks ensured equipment and the environment was safe for everybody to use.
- Accidents and incidents were recorded and responded to appropriately. Investigations were completed, and any outcomes were used to implement improvements to maintain people's safety.

Using medicines safely

- People received support to take their medicines safely as prescribed.
- Staff received regular training and checks which ensured they followed best practice guidance to manage and administer medicines.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Preventing and controlling infection

- The environment was clean and well maintained. People were involved with cleaning routines and were supported to maintain good hygiene practice. For example, when preparing food.
- Staff followed good infection control practices and used gloves and aprons to help prevent the spread of healthcare related infections.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was evaluated and updated to meet their changing needs.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance. For example, people received regular health checks to ensure their medicines remained appropriate and wherever possible medicines to manage behaviours were only used as a last result in line with STOMP guidance. (Stopping over medication of people with a learning disability, autism or both).

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

- The service was designed and built to support people to mobilise, access all areas, and live as independently as possible.
- People's bedrooms reflected their personalities. People were involved in making decisions about their environment including decorating their own bedrooms and communal areas.
- People accessed a room which was used to help both calm and stimulate people's senses. The room included furniture that glowed, coloured lights and music.

Staff support: induction, training, skills and experience

- People received care and support from staff who followed best practice and used least restrictive methods to respond to people's individual needs.
- Staff were supported with up to date training, supervision and appraisal to effectively carry out their roles. A staff member said, "Training is very good. We are assessed for competence in our roles and if any shortfalls are identified we can have more training."
- All staff, including any temporary agency staff, received induction to the home and people they supported. Staff understood how to access care plans and policies and procedures to provide people with effective care and support.

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

- Staff understood the importance of encouraging people to enjoy a healthy balanced diet. One person told us, "I like Chinese food and we have a themed evening on Saturday's; we all cook in the kitchen."
- Where people had any specific or cultural dietary needs, this information was included in care plans.
- People were protected from the risk of poor nutrition and dehydration. Where any concerns were recorded, additional health care support was provided.

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

- Guidance and support from healthcare professionals was obtained and followed.
- Information was shared with other health services to provide people with consistent care and support to ensure their needs were met.
- People were holistically supported to maintain their health and wellbeing. For example, staff worked with people to mitigate any anxieties associated with maintaining their oral health and people attended GP and hospital appointments when required. A relative said, "The GP comes to the home. [Name of person] has seizures but they are controlled, and they see the specialist epilepsy nurse."

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed appropriate decisions had been made in people's best interests.
- Where decisions included any restrictive practices, the provider had applied to have these legally authorised and systems were in place to ensure the decisions remained the least restrictive option.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness; they were actively listened to and their choices respected. One relative said, "There's very good support for my [relative] and I am very happy with the service. I get good feedback; they (staff) know him well."
- People told us carers supported them to be independent. Information was available in care plans for staff to follow to promote people's independent living skills. These records described what people could do for themselves and what they required support with.
- Care and support was respectful of people's dignity and staff understood the importance of maintaining people's privacy. For example, during personal cares.
- People had access to a variety of transport according to their individual needs and mobility. This included access to their own vehicles, public transport and a service bus; all of which were used to ensure people remained actively mobile which promoted their independence.

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

- Staff and people were involved in the care planning process. People's preferences and choices were clearly documented in their care records. People and their relatives were included in decisions about their care and were encouraged to maintain their independence.
- People were directed to sources of advice and support or advocacy when this was required.
- Staff knew people's communication needs well and we saw people made decisions about how they spent their day. We observed staff respected people's wishes and their preferred routines. A staff member told us, "I can tell when [person's name] is happy; they communicate by taking your hand and guiding you to what they want. I give them a choice of what they would like for lunch, they will say out loud when they decide, and I know what their favourite things are to eat."

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality, diversity and human rights were respected. The provider had a policy and procedure for promoting equality and diversity within the service. Staff completed training in equality and diversity and demonstrated an understanding of discrimination or prejudice-free support.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided person-centred care which met people's individual needs.
- Staff were knowledgeable about people's personal routines and care plans contained detailed information about people's care needs, personal histories and interests.
- Care plans were regularly evaluated. Information was routinely updated and included input from individuals that knew and understood how best to support the person. For example, their relatives, care staff and social care professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and information was provided to people in a way they understood. This was in line with the AIS. For example, printed documents included pictures, photographs and a variety of sizes and colours of text to ensure people received and understood important and everyday information.
- Care plans contained details of key communication, phrases and words people used and how to respond and staff were knowledgeable about this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed, which helped people lead fulfilling lives.
- Activities were planned around people's interests. This included community based social clubs, shopping, trips out, attending rugby matches, cinema and theatre visits, going out for lunch and visits with friends. Staff had a flexible approach, swapping planned events to suit people's moods on the day.
- The provider was proactive in supporting people to engage in work opportunities. Two people discussed their voluntary roles; assisting to support charities and other organisations in the community.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to and were confident they would be addressed.
- People told us they would speak to the manager or their family if they had any concerns but were confident they could go to any of the staff, who would support them with any issues. One person said, "If I

was unhappy I would tell the staff, but I am happy."

- The provider had a complaints policy and procedure. Staff understood how to manage complaints and said they addressed them immediately if possible or passed concerns to management. A copy of the complaints policy was on display within the service.

End of life care and support

- At the time of the inspection there was no one at the service receiving end of life support. Care plans included some information on how people would like to be supported at this time.
- The deputy manager had recently completed extended training to help staff to engage further with people to record their wishes and to ensure they are supported to remain pain free, with consideration of any religious preferences.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People were supported to access the community. Strong links with the community enabled people to take up work opportunities and to meet and form friendships with people away from the service.
- Records showed staff worked with a range of health and social care professionals involved in people's care and treatment. Staff and the registered manager involved people and their relatives in discussions about their care.
- Person-centred care and support was at the heart of the service. Staff were passionate about ensuring people's needs were met and making sure they were empowered.
- Staff within the service had built up good relationships with a range of health and social care professionals which helped to support and promote people's health and wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager clearly understood their requirement to share important information with the relevant agencies. For example, events which affected people's safety with the local safeguarding team and CQC.
- The registered manager was aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies. A relative told us, "They ring me and keep me up to date with everything and let me know if anything is wrong. If I had a problem I would speak to the manager, we have regular meetings. The staff are all welcoming."
- Systematic checks and audits were completed and evaluated which helped to maintain and drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they felt listened to and that the registered manager was approachable. They said they worked as a good team to provide person centred care. Staff meetings provided opportunity for open discussion and feedback; to help maintain and improve standards of service.
- Systems and processes ensured the service proactively learned from incidents and accidents.