

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

The National Autistic Society operates Field View care home and it is registered to provide accommodation and personal care for up to a maximum of 8 people with autism and learning disabilities. There were 7 people living at the service at the time of this inspection. The service is situated in Goole and provides communal living and dining space, a sensory room and a large amount of safe outside space for people to access.

At the last inspection in March 2015, the service was rated good, although the well-led domain was rated as requiring improvement. We identified a breach in regulation for failing to establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the service. This included a lack of staff supervisions, staff and relatives meetings and reviewing of quality auditing. The registered provider sent us an action plan in response to the breach we identified stating what measures they were going to take in order to address the issues. At this inspection we found the registered provider had taken the action required of them to meet the regulation.

This comprehensive inspection took place on 1 June 2017 and was announced. At this inspection we rated all the domains as good and therefore the service remained 'Good'.

The service had a manager who was registered with the Care Quality Commission (CQC) in March 2016. A registered manager is a person who has registered with the CQC 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.

We found improvements to the quality assurance systems at the service. The registered manager had implemented an effective quality assurance system which ensured the service was continually improving and a range of audits and checks were completed regularly to ensure that good standards were maintained. Staff were receiving regular supervision and team meetings were held frequently. People's relatives were receiving regular updates in the form of a 'letter home' from the service.

People were relaxed with staff. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

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's permission was sought before any care or support was given.

Staff demonstrated good communication with people and supported them to express their views. They had clear strategies and aids in place where people had difficulties with communication. The staff were familiar

with the needs of people living with autism and learning disabilities.

Staff supported people in a positive way and were able to recognise when people may require additional support. They had received bespoke training to intervene when people were at risk from behaviour that may challenge others.

Staff were well supported and had access to additional training specific to people's individual needs. The training was monitored and refresher courses made available. We found some gaps in the training records at the service. We discussed this with the registered manager who addressed this immediately after the inspection and provided us with updated records and an action plan to ensure this remained relevant.

There were enough staff to provide a good level of interaction. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance. People were supported by staff that had the knowledge and skills to understand and meet their health needs.

Effective recruitment and selection processes were in place and medicines were managed in a safe way for people.

People had good relationships with the staff. There was a relaxed atmosphere at the service with staff spending quality time with people. People were treated with dignity, respect and kindness. People received care and support to meet their diverse needs including people who had complex health needs.

People's nutritional needs were met. We saw that they enjoyed a good choice of food and drink during both mealtimes and were also provided with snacks and refreshments throughout the day.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. People who lived at Field View received additional care and treatment from health professionals based in the community.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well led.

We found improvements had been made to the quality assurance systems at the service and the registered manager had implemented a system of audit and oversight to drive improvements in quality and safety at the service. Frequent staff meetings and supervisions were now being held as part of quality assurance.

The culture of the service was open, which meant people felt confident to express their views.

There were clear lines of communication within the staff team and staff commented on the friendly and supportive approach from the registered manager.

Field View

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 checked 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.

The inspection took place on 1 June 2017 and was announced. We did this because the service is a care home for young people with a learning disability who may have been out and we needed someone to be available to speak to us. The inspection was carried out by one inspector and one specialist advisor (SPA). An SPA is someone who can provide expert advice to ensure that our judgements are informed by up-to-date and credible professional knowledge and experience. The SPA who supported this inspection had knowledge and experience relating to autistic spectrum disorder and learning disabilities.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the registered provider had sent us. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur. We consulted with the East Riding of Yorkshire local authority safeguarding and quality monitoring teams in advance of our inspection and used their feedback to inform the planning of the inspection.

The registered provider submitted a provider information return (PIR) in April 2017. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this when planning our inspection.

Some people who used the service were unable to communicate verbally and as we were not familiar with their way of communicating we spent time with four people observing the support they received. We spoke with one visiting healthcare professional, four staff (one of whom was agency staff), the deputy manager, the registered manager and a visiting training provider who worked for the organisation. We looked at records pertaining to four people's care and the medicines they took, as well as staff rotas, complaints, meeting minutes, staff training and other records about the management of the service. We spent time observing the interaction between people and staff in the communal areas of the service and during both mealtimes. We also completed a tour of the environment.

Following the inspection we spoke by telephone to one relative of a person who used the service and they provided feedback about the service.

Is the service safe?

Our findings

Not everyone living at Field View had the ability to verbally share their feedback on the service with us during the inspection; this was because some people were living with autism and learning disabilities. We could see through observation, people using communications aids and the reactions of staff to people's requests that they were safe. Whenever we saw people during the inspection, they looked relaxed and comfortable with the staff, indicating they felt safe with them.

A relative we spoke with said they felt their loved one was safe living at the service. They said, "I was involved with all [Name's] risk assessments. They [staff] always ring me if any incidents occur."

The registered provider had an up to date policy on restrictive physical interventions. We saw that risks to people from behaviour that was challenging to themselves and others were assessed and managed through 'Positive behaviour support' plans. Each person had a positive behaviour support plan which detailed what had been identified as known triggers for potential behaviour which placed them or others at risk. Staff had clear guidance about what were the early behaviour indicators and how best to support the person to reduce their anxiety and stress.

We saw from records we looked at that staff had received Studio 111 challenging behaviour training which was completed as part of induction and refreshed every 12-15 months. Studio 111 is a training and clinical consultancy service that specialise in supporting individuals with a range of concerning behaviour. All occurrences of physical interventions were recorded on a specific form.

We checked a selection of these forms and saw there was good detailed recording of the incident and other strategies attempted prior to the incident occurring, such as verbal re-direction and reassurance. We noted that one form indicated that only one member of staff had been involved in an intervention which required two staff to complete in line with the registered provider's policy. When we discussed this with the registered manager they told us they were unaware of this incident as they did not monitor the restrictive physical incidents. The registered manager assured us they would complete regular checks of these forms and this would be addressed.

Staff were able to tell us how they supported people in a way that reduced the risks to them. All of the staff we spoke with were able to explain how they supported people in a way that was calm, structured and reflected people's individual needs. The success of this approach in reducing the risk to people was evidenced during discussions with staff and in people's care records that we looked at. For example, one member of staff told us how they had been putting into practice techniques they had learnt on an autism training course with a person at the service. The person had not managed to leave the home and go out in the car for a while due to their anxieties. The staff member had worked with them looking for any small signs of distress at each point of their journeys out and offered support for the person to feel safe whenever they became anxious. This helped reduce the levels of anxiety for the person. We saw this person was now able to leave the car during outings and enjoy short walks.

People had the right support throughout the day and night because staffing levels were based on levels of assessed need and where people had specific additional one-to-one support, this was clearly identified. The registered manager said they had a structure in place which always allowed for at least four staff on shift at all times. At night this was two waking night staff. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it. A relative commented, "There always seems to be plenty of staff." The registered manager told us they were currently advertising to recruit staff into vacant hours at the service and did use some agency staff to provide cover when needed. We spoke with one member of staff who worked for an agency during the inspection and they told us they regularly worked at the service. In addition the registered and deputy managers also helped with working as part of the support team.

People remained protected from the risk of abuse. The staff followed the registered provider's guidance for the safeguarding of vulnerable people and we saw concerns were referred where necessary following local authority safeguarding procedures. All staff received training in safeguarding vulnerable adults as part of their induction training, then refresher training thereafter. Staff demonstrated a good understanding of how to safeguard people who used the service.

People continued to be protected by safe recruitment practices. The required checks and documents were in place. The service had a recruitment procedure to ensure that staff recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of three records for staff. We noted that all the records had the necessary documentation such as a criminal records disclosure check, references and evidence of identity.

Regular safety checks were completed to ensure people were kept safe and the environment was free from risks. Each person had a personal emergency evacuation plan (PEEPS) which detailed what support they would need to evacuate the building in the event of an emergency. Records showed that practice fire evacuations were completed on a yearly basis. Safety inspections had been carried out on the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Water temperatures levels were checked weekly to ensure people's safety from possible scalding.

People still received their medicines safely and as prescribed. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed by staff. The home had a system for auditing medicines. This was carried out by the registered manager. There was a policy and procedure for the administration of medicines. There were no gaps in the medicine administration records we examined.

The environment was kept clean and staff understood about infection control measures. The home was clean, fresh smelling and homely.

Is the service effective?

Our findings

It was clear to us as we observed people throughout the day that staff knew what they were doing and that people who used the service were confident in their care. One person using the service indicated to us that staff were pleasant and had taken good care of them. They expressed themselves via nods and their facial expression was smiling when we asked them if staff took care of them. One relative told us, "Yes I feel the staff are sufficiently trained. We are delighted with the place [service]."

Staff had been provided with some essential training to enable them to meet the needs of people. We saw copies of some training certificates which set out areas of training. Topics included safeguarding, communication, understanding autism, mental capacity act and medicines. We spoke with the training provider for the organisation that managed the training at the service and they told us they visited the service one day each week to book and facilitate the training requirements. They went on to tell us that training was delivered by both e-learning and face to face courses.

We noted from the service training record that there were some gaps in staff training for food safety and first aid. We discussed this with the registered manager who told us that some people on the record no longer worked at the service and since they had taken over as registered manager the training had required a lot of work which was still on-going. They went on to tell us that the organisation had provided a dedicated training provider however they were not always able to be at the service when the registered manager was, which had made it difficult to ensure regular discussions about training requirements.

Although staff had received training, we discussed with the manager the importance of staff completing regular refresher training to ensure their skills and knowledge remained up to date. The registered manager assured us this would be addressed and sent us an action plan to show us how.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. All staff were in the process of completing the 'Care Certificate', which provided an identified set of standards that health and social care workers should adhere to in their work.

We saw from records we looked at that staff had completed SPELL and understanding autism training during their induction to the service. SPELL is the National Autistic Society's framework for understanding and responding to the needs of children and adults on the autistic spectrum. Staff were able to speak about the needs and preferences of the people who used the service, which showed us that they had an understanding of the people they supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Discussion with the registered manager showed they had a clear understanding of the principles of the MCA

and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit there were 6 people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

People continued to be supported to have sufficient to eat and drink and maintain a balanced diet. People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of each individual person's nutritional needs and how these were to be met. They also monitored people's intake of food and fluid where required. There was a picture menu in the main dining room with the meal options displayed and during the evening meal we saw three people eating different meals based on their preferences. One person's relative told us, "The food is okay."

Records showed how staff made referrals to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals such as speech and language therapy and community learning disability teams had been contacted. During the inspection one person had been unwell and staff contacted their GP to check on their medicines.

The building was modern and the living environment was clean, tidy and provided a low stimulation setting to appropriately meet the needs of those living there, which included an easy flow from room to room and neutral decoration. Each room we saw was clearly defined for its purpose and we noted staff spoke calmly and noise was kept to a minimum. The communal and living areas were well used and we observed people spending time in them during the inspection. The service had a large, secure outside space available which people could easily access.

Is the service caring?

Our findings

People had built strong relationships with the staff who worked with them and we saw that people were comfortable around staff. Two people lived in separate bungalows to the main house and five people shared the main house, although one of these had a separate living area. One relative said, "We are very happy with everything" and a visiting healthcare professional told us the service was, "Professional, helpful and caring."

Staff treated people with dignity and respected their privacy. They spoke with people in a respectful and friendly manner. Staff knocked on people's doors before entering. When we went to visit people in their own rooms, staff asked them for permission before inviting us in.

Staff were clear about the importance of ensuring people's needs were at the heart of everything they did. One member of agency staff said, "It is the best place to come and the care plans and essential support guides are very useful."

Staff displayed warmth when interacting with people. We noted positive interactions between staff and people living at Field View. For example, we observed one person became anxious and showing signs of distress as they wanted to go out to their job in the local community. Staff had distracted the person with various activities however the transport was not due for over an hour and the person was insistent they wanted to leave. The staff member hugged and reassured the person whilst discussing with other staff members what they should do. They all decided they should leave and have a picnic on the green before getting the bus. We saw the person was accepting of this and left the service in a calm manner.

People were supported by staff who understood how to meet people's individual complex needs. Staff knew the people they cared for. Care records showed staff how to support people with their communication needs. Staff knew people's particular ways of communicating and assisted us when meeting and talking with people. For example, we saw staff used the 'Picture exchange communication system' (PECS) with people to support communications. PECS allows people with little or no communication abilities to communicate using pictures. Other people used 'Now and next' boards to let them know what was happening in stages throughout the day. We observed one person removing activities from their now and next board after they had been completed.

People were provided with one-to-one support at times to enable them to receive quality time for any activities they participated in. People had specific routines and care was personalised and reflected people's wishes. For example, each person had routines in place to help reassure them and enabled staff to assist people and care for them how they wished to be cared for. Staff knew people well and what was important to them such as their structured daily routines in all areas of their care.

People were encouraged to be as independent as possible. A relative told us, "There is a goal in place for [Name] to get them into their own accommodation. [Name] does some cooking, washing and shopping." People were encouraged to do their laundry, tidy their bedrooms and prepare food and drinks with support.

We saw staff were always on hand to assist or offer support, but tried to encourage people to do as much as they could for themselves. For example, two people who lived at the service volunteered in a local community shop. People were free to move around the building as they chose and spend as much or as little time in their own rooms or communal areas as they wished.

Is the service responsive?

Our findings

Everyone who lived at Field View received care and support that was personalised to their individual needs and wishes. This is when treatment or care focuses on people's individual needs and preferences. Each person had two files; one file contained their behaviour support plan, risk assessments and health action plan, and the second contained their essential support guide. This included a care plan for every aspect of their lives, for example, their communication, medicines, interests, activities, eating and drinking and behaviour.

Care plans we reviewed had good detail within them, including how people chose to communicate, what people's routines were and what they had done on a daily basis. Records also included those for monitoring people's emotional state on each shift. We read how one person didn't like touch, communicated by using objects of reference and needed to be given time to process any requests. Care plans were reviewed monthly. This meant that care was adjusted to meet people's changing needs, in a timely and responsive manner.

We saw in depth detail that showed how people's illnesses affected them and what strategies staff could use to support them with this. For example, one person's plan stated, 'I need concrete information presented in an unambiguous language, delivered simply and directly, using written and visual tools.' This gave staff specific information about how people's needs were to be met.

We saw evidence of reviews of people's care and focus sessions where SMART goals were reviewed and set, encouraging people's independence. SMART is a best practice framework for setting goals. SMART means the goal should be specific, measurable, achievable, realistic and time-bound.

Staff were knowledgeable about people's support needs and were able to talk in detail about how they liked to be supported. For example, one member of staff was able to tell us how the PECS system operated and how this differed from a visual timetable. We saw staff discussing people's support needs with each other throughout our visit, and a communication book was used to handover information to staff working on the next shift. Staff told us they now had regular meetings with the manager which were positive and helped them to plan and improve the service. This meant that there were processes in place to ensure staff had the latest information on people's support needs. Each person also had an assigned key worker, who was the lead member of staff responsible for the person's support. This helped to ensure people received continuity of care.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited and volunteered at local shops, went to local social clubs, swimming, and to a nearby activities and entertainment centre. Staff were knowledgeable on how they supported people to access a wide range of activities. We saw the service had its own 'mood lounge' which contained fibre optic lighting and areas of seating. The registered manager told us this had been created from funds raised by people's relatives.

We saw a pictorial complaints procedure which was easily accessible for people living at Field View. The procedure gave clear information to people on how to complain and who to. A relative told us, "To be honest I have no complaints and if I did I would phone up [Name of registered manager] and she would listen."

Is the service well-led?

Our findings

At our last inspection the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. We saw that staff had not received regular supervision, quality audit reports had not been reviewed or updated and meetings had not been held with people who used the service, their relatives and staff. The registered provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

During this inspection we discussed any improvements that had been made at the service since the last inspection with the registered manager who told us, "Team meetings are now held monthly and staff supervisions are regular. I have introduced inclusion events for relatives and we have a suggestion box. We have also introduced essential support guides for all residents."

The registered provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. We looked at the quality assurance file and saw a 12 month action plan for the service. This included tasks to be completed such as safeguarding training for all staff and all residents to have a positive behaviour support plan in place. We saw dates of completion had been recorded when these were achieved.

The registered manager carried out a programme of six weekly audits and checks. They also showed us the assessments that were carried out by the registered provider's own internal assessors every six months, and a quarterly audit that was carried out on areas of the service and service provision by the organisations area manager. Each of these audits looked at areas of compliance, safety, staffing, environment, support and miscellaneous checks such as handover records and petty cash. Records confirmed that where issues were identified action was taken to address them. For example, the registered manager's audit in March 2017 showed that all staff needed an appraisal. When we checked the audit from May 2017 we saw all but two had been completed.

Records checked showed that staff were now supervised approximately every eight weeks and team meetings were held regularly. Staff we spoke with told us they all felt that the service had improved with the arrival of the new registered manager, as they had provided consistency.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 17.

The service had a manager who was registered with the Care Quality Commission in March 2016. They were supported by a deputy manager and senior care staff. The registered manager had worked for the registered provider for 20 years. During the inspection they demonstrated a thorough knowledge of each person living at Field View and the staff team. They told us they had a good relationship with the management team, and staff who worked at the service. A relative told us, "[Name of registered manager] is excellent." Staff spoke positively about the registered manager, one member of staff told us, "It's better now we have a consistent manager." Staff went on to tell us the registered manager sometimes worked alongside them in supporting

the people using the service, which helped them to feel more relaxed and able to voice their opinions.

The registered manager told us they had regular contact with the provider for advice on good practice such as the 'Too much information campaign', which aims to encourage everyone to understand autism, the person, and the change you can make. They told us they attended local authority forums and attended regular organisation meetings. At the time of this inspection the service was in the process of being assessed for the registered provider's autism accreditation. Autism Accreditation is an internationally recognised process of support and development for all those providing services to autistic people.

The registered manager was aware of their duties under the duty of candour regulations and was open and honest in their approach. They were also aware of their responsibility to notify the Care Quality Commission of any significant events and had submitted statutory notifications where necessary.

Copies of the most recent report from CQC were on display at the service and accessible through the registered provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the registered and deputy managers. They listened to our feedback and were clearly committed to providing a continuously improving quality service.