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Aston House

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

Aston House is registered to provide accommodation and personal care for up to five people who are living with autism. There were five people living at the home at the time of this inspection.

At the last inspection in July 2015, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager who had managed the home since October 2010. 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 continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People were supported to improve their communication and expand their social circle. People were encouraged and supported to participate in activities that they were interested in.

People received care from staff that had the support, supervision, training and on-going professional development that they required to carry out their roles. People were supported to maintain good health and nutrition.

Staff and ensured they received people's consent before providing care. The registered manager and staff understood their roles in providing safe care whilst people were under a Deprivation of Liberty Safeguarding authorisation.

Staff knew people very well and strived to understand the reasons for people's displeasure and find ways to rectify these. The provider had implemented systems to manage any complaints made by professionals and relatives.

The provider and registered manager had quality monitoring processes in place to identify areas that required improvement and took action where issues had been identified.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Aston House

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.

This was a comprehensive inspection that was carried out on 18 August 2017 by one inspector, this inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we met five people and spoke with one person who used the service and six members of staff including the deputy manager, the registered manager and the provider. We looked at records and charts relating to two people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. One member of staff told us "I would report anything to my manager and if they were not around I would contact the local safeguarding team the police or CQC." The registered manager had taken appropriate action to report any concerns to the local safeguarding authority and carry out any investigations requested by them.

People's risks were assessed and reviewed regularly, for example the risk of self-neglect or behaviour that challenged others. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to recognise triggers for behaviours and what actions to take.

People lived in an environment that was safe. There was a system in place to ensure that assessment of the safety of the premises including fire safety checks were regularly carried out. The registered manager and staff kept fire exits clear and tested the fire alarms; records showed that checks of the fire alarm system had been carried out on a regular basis. Staff understood their role in the event of a fire. Staff had ready access to people's specific emergency evacuation plans to ensure each person could be safely evacuated in a fire.

There were enough experienced staff to keep people safe and to meet their needs. The registered manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. The rotas showed that staff were allocated to people to provide all of their care and enable them to carry out planned activities. One member of staff told us "The team is fantastic; we have a rhythm of team work which works well." Staff had access to senior staff who were on-call at night time. We observed that there were enough staff to provide the planned care.

There were appropriate recruitment practices in place which ensured that new staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

There were appropriate arrangements in place for the management of medicines. People had care plans that instructed staff how to provide each person's medicine in a safe way, for example one person required liquid medicine and given in private away from other people using the service. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Records showed that people received their medicines at the prescribed times. People received medicines appropriately where these were prescribed and given only when required and staff recorded the effects of these medicines.

Good

Is the service effective?

Our findings

People continued to receive care from staff that were trained to meet people's needs.

People continued to receive care from staff that had the skills and knowledge to meet their needs. New staff had undergone a detailed induction which included training in understanding their roles under the Mental Capacity Act, health and safety and safeguarding vulnerable adults. Records showed that staff received close supervision and worked a probationary period to ensure they were suited to the role.

Staff received on-going training to meet people's individual needs such as the management of care of epilepsy and autism. One member of staff told us "I had training in caring for people with autism; it helps me to manage and support people to meet their needs." The registered manager had appointed a specialist assessment and training company who introduced systems to help staff meet individual's needs. One member of staff described how this training had helped one person to become more active, "[Name] is involved with individual learning around choices, we show them pictures so they can make a choice of what they would like to do. I have helped to develop their book of pictures." Staff developed their communication skills alongside people who were also learning to use Makaton. They described how the training had been useful to them and helped them to communicate more effectively with people.

Staff received individual and group supervision which helped them to carry out their roles. The registered manager provided constructive feedback and staff had the chance to make suggestions to the way the service ran and discuss training opportunities.

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 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were four people in the home who were subject to a DoLS authorisation and another person was waiting to be assessed. The registered manager and staff demonstrated their knowledge in relation to people's DoLS authorisations. One member of staff told us "People do not have an awareness of the dangers outside, we keep the doors locked to keep them safe, it's in their DoLS."

The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. One member of staff told us "We observe people's mannerisms to check they understand what we are saying and consent to their care." They provided an example of one person would fiddle with a toy when they are tired which would indicate they would not be responsive to care.

People received food and drink that met their individual needs. Staff were vigilant to people's specific needs, including allergies. One member of staff told us "We have to be vigilant at parties as we cannot assume that the cake does not contain food [name] is allergic to." People had been assessed for their risks of not eating or drinking enough to maintain their health and well-being. For example one person required at least 2500mls of drink a day; staff provided the person with a sports bottle of drink to ensure they had easy access to their drink. Where people refused meals they were offered alternative food or offered their meal again at a later time. Staff monitored people's weight regularly; people had maintained a healthy weight.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out. Staff were mindful of the impact a change in routine had on people's well-being, one member of staff told us "The GP surgery gets so crowded, so the GP comes to us." They also told us "I am allocated to take [name] to their hospital appointments as I know them so well. I take [name] to the dentist at 10am as they do not like crowds and this is the quieter time." Staff were vigilant in observing changes to people's behaviour which could indicate a change in their health and well-being; they reported any changes to the GP.

Good

Is the service caring?

Our findings

People continued to receive care from staff that were caring.

People received care from staff that they knew well. People had developed positive trusting relationships with staff and were treated with compassion and respect. We observed that all five people appeared to be happy and engaged in what they were doing. One member of staff told us "Most of the staff have been here for a long time, we know what people need so we provide it automatically."

One member of staff told us they had known one person a long time, they said "[Name] and me have 'grown' up together we know each other really well." They demonstrated how they provided the care using the person's favourite colour and how they engaged them with their preferred food and music.

Staff knew when people's birthdays were without referring to documentation. They helped people to plan for celebrations and provided a structure for them to understand how many days there were to any forthcoming events and helped people to plan their own parties. People were encouraged to socialise with others in the local learning disabilities and autism community. We saw photographs of events where people joined others in social events.

People's rooms reflected their personalities and their likes and dislikes. For example one person expressed themselves by using crayons on their walls and another person had liked robotic toys. People were supported to maintain their relationships with their families, for example by going to their family home at weekends or for holidays.

People were treated with dignity and respect. Staff described how they observed people's body language to gauge how they were feeling. For example, one member of staff told us "I know when [name] is not ready to get out of bed as they pull their cover over their head." One person asked for a snack, we saw they were offered a choice of an apple or a packet of crisps. When the person chose crisps, the staff emptied the crisps into a bowl and gave them the bowl.

Advocacy was available and was used regularly. People had planned six or eight weekly reviews of their care involving the staff, commissioners, people's advocate and the adult learning disability teams where people could demonstrate if they were happy with their care. Some people who could not speak communicated in other ways such as using pictures.

Good

Is the service responsive?

Our findings

People continued to receive care that met their individual needs.

People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. These plans were updated as people's needs changed and reflected people's current care needs.

Staff were acutely aware of the triggers that could lead to behaviours that challenged others and provided care that pre-empted any of the triggers. For example, one person did not cope with lots of people being in their home and found it particularly hard at shift change times. Staff had put in place a strategy to provide specific one to one care in the person's room with their favourite music during shift change to help them to manage.

People were supported to follow their interests and take part in social activities. For example one person liked to be in the water, so staff ensured they had regular planned activities at the local swimming pool. Another person wanted to go on holiday; we saw that staff had worked closely with them to gain their confidence in using public transport to enable them to achieve their goal of having a holiday.

People were helped to develop their communication. For example, one person had a book where they attached a picture of the action or emotion they wished to convey. One person had developed this to a point where they planned their day and chose their activities. Their allocated member of staff told us "We carry this book everywhere. When we are out [name] can make their wishes known or ask questions and we can communicate effectively. We are constantly adding to the range of pictures to develop their communication." This increase in communication had helped to expand this person's life to include more activities such as bowling, going to the library and the gym.

Staff also used other methods of communication to help people to make choices and consent to their care. For example staff would show people an object relating to their care, such as a flannel for having a wash. This had been developed so that people had specific objects shown to them which related to their individual needs such as an apron to indicate a meal. Another person communicated by taking staff by the hand. We observed staff say "show me" and the person guided them to what they needed.

People were supported to live how they preferred. One person enjoyed spicy foods; staff ensured that their plans for the week always included the opportunity to have spicy food. They also preferred female care staff which the rota showed was always allocated.

Staff ensured that people received care that had been prescribed by health professionals, for example one person required special shoes during the day time to help with their mobility.

Although most people using the service could not make a written or verbal complaint, staff were vigilant to people's behavioural changes that would indicate their displeasure. Staff had worked together to find

solutions to people's unhappiness. Over time this had developed into a harmonious household where people and staff knew each other well and staff respected people's home. Other health and social care professional and people's relatives had regular opportunities to raise any concerns at people's reviews and these had been acted upon. There was a complaints policy in place; however, the registered manager was exploring ways to enable people who could not communicate verbally to make a complaint.

Good

Is the service well-led?

Our findings

People continued to receive care from a service that was well led.

There was a registered manager who had managed the home since October 2010. 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 benefited from receiving care from a team of people who were committed to providing the best possible care and support they could which was consistent and could be relied upon. Health and social care professionals and people's relatives knew who the registered manager was and were confident in talking to them about people's care and support needs. Staff felt well supported and said that they would not hesitate to speak to the registered manager if they needed to. One member of staff said "[Registered manager] is always accessible, she always listens."

Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. All of the staff we spoke with were committed to providing a high standard of personalised care and support. One member of staff told us "It's a wonderful place to work." Another member of staff told us "I like it here, we all work well together."

Staff told us that they were involved with the development of people's care plans. The registered manager was receptive to staff ideas and suggestions and made the appropriate changes when necessary. Meetings were held with staff which enabled them to share good practice and keep up to date with any changes or developments within the company.

People were protected from poor care by the quality assurance systems in place. These included health and safety checks of the environment and the water supply. Regular audits of the medicines and care plans helped to drive improvement as the registered manager took action when issues were identified.

There were policies and procedures in place which covered all aspects relevant to operating the home which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The registered manager made the ratings available to visitors as they were unable to display these in the communal areas as they told us the signs and notices caused some people to be distressed.