

North East Autism Society

The Court

Inspection report

22 Thornholme Road
Sunderland
Tyne and Wear
SR2 7QG

Tel: 01915675264
Website: www.ne-as.org.uk

Date of inspection visit:
28 January 2016

Date of publication:
15 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 January 2016. The last inspection of this home was carried out on 18 March 2014. The service met the regulations we inspected against at that time.

The Court is registered to provide care and support for three people who have autism spectrum condition. There were three people living there at the time of this inspection. The care home is a semi-detached family house in a residential area near the city centre. The service is situated next to two similar small care homes and all three services are managed by the same registered manager.

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.

The people who lived at The Court had complex needs associated with their autism spectrum condition. For some people this affected their communication and comprehension of the world around them. Two people were unable to give their opinions of the service they received but one person was able to tell us they felt "safe" at the home and "enjoyed" living there. Relatives and social care professionals also felt the service was managed in a safe way.

All members of staff were trained in safeguarding adults so were aware of their responsibility to report any concerns. The members of staff we spoke with all said they knew how and when to report any concerns and would have no hesitation in doing so. One staff member told us, "We get lots of safeguarding training and are always prompted to read the policy. I would be able to report anything but certainly haven't had to."

There were enough staff to assist people in the house or to go out to activities in the community. The recruitment of staff included the right checks and clearances so only suitable staff were employed. Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way.

Relatives and care professionals said the service provided specialist support for people with autism spectrum condition. Staff were well trained in autism to help them understand the individual challenges faced by the people who lived there. They said they felt "very supported" by the registered manager and other senior staff.

Staff had training in the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. People's capacity to consent to care was clearly outlined in their care records. People were supported to maintain a balanced and healthy diet, and to attend any health services when required.

One person told us they were "happy" living at the home and they said they had a good relationship with the

staff including the registered manager. People chose to spend time with staff members and were comfortable in their presence. Staff were encouraging and patient with people and made sure people had time to respond to any questions or choices.

A relative commented, "This home is a home, and I feel very lucky that [my family member] is in such a lovely place." A social care professional told us, "My client's parents are happy with the placement, their [family member] has been supported by this service for many years now and they see it as their [family member's] home in every sense of the word."

The service provided personalised care. Staff understood each person and supported them in a way that met their specific needs. Relatives told us they felt people were well cared for in the home. Each person had a range of social and vocational activities they could take part in.

Staff were familiar with how people might show if they were unhappy with a situation. Relatives had up to date information about how to make a complaint or comment. There had been no complaints about this service.

Relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation. Staff felt supported and were kept informed about any changes to the service. The provider had a quality assurance system to check the quality and safety of the service provided, and an action plan for continuous development and improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to report any concerns about the safety and welfare of people. Risks to people were managed in a way that did not compromise their right to an active lifestyle.

There were enough staff to meet people's needs. The provider checked potential new staff to make sure they were suitable.

People's medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective. Staff were well trained and experienced in supporting people with their autism needs.

Staff felt supported by the managers to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good ●

The service was caring. There were good relationships between people and the staff.

Staff talked about people in a caring, valuing way that respected their individuality.

Staff worked with people in a supportive way that promoted their independence and choices.

Is the service responsive?

Good ●

The service was responsive. The service was personalised to meet each person's needs.

People took part in daily activities and vocational sessions to promote their independent living skills.

Staff knew if someone was unhappy with a situation and relatives had written information about how to make a complaint. They said they knew how to raise any concerns and were confident these would be dealt with.

Is the service well-led?

The service was well led. People and relatives said the home was well run.

The home had a registered manager who had been in post for several years. Staff told us the registered manager and provider were approachable, open and supportive.

The provider carried out assessments to check the safety and quality of the service for the people who lived there.

Good ●

The Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed the information about any incidents we held about the home. We contacted commissioners of the local authority as well as social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. None of these agencies had any concerns about the service at The Court.

The three people who lived at this home had complex needs and for two people this limited their communication, so we also asked relatives for their views.

During the visit we spent time with some of the people who lived at the home and observed how staff supported them. We spoke with the registered manager, the assistant manager, three support workers and the head of adult care for North East Autism Society. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff, training records and quality monitoring records.

Is the service safe?

Our findings

The people who live at The Court had complex needs associated with their autism spectrum condition. For some people this affected their communication and comprehension of the world around them. Two people were unable to give their opinions of the service they received but one person was able to tell us they felt "safe" at the home and "enjoyed" living there.

We asked relatives and care professionals for their views about whether people were safe at this service. One relative told us, "My [family member] is safe." They were positive about the security and management of the home to make sure people were well looked after. A social care professional told us, "In respect of safe, I can advise that this is adequately met."

All members of staff had already been provided with training in safeguarding adults so were aware of their responsibility to report any concerns. The organisation safeguarding adult's policy had been updated and each member of staff directed to read it. The policy was available to staff in the office and also on 'sharepoint' (the IT system used by the organisation). The staff we spoke with all said they knew how and when to report any concerns and would have no hesitation in doing so.

One staff member told us, "We get lots of safeguarding training and are always prompted to read the policy. I would be able to report anything but certainly haven't had to." Another staff member commented, "I've had the training in safeguarding and would feel confident about raising any concerns – the manager is very approachable."

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, some people needed to be supervised when in the kitchen preparing meals, and one person needed the kettle to be locked away when not in use to safeguard the behaviours of one person. The risk management plans were detailed and showed how each person should be supported in a safe way to minimise the risks but without compromising their rights. Staff were also mindful when supporting people out of the house and made sure any environmental risks, such as being near rivers or lakes, were identified and managed. For example, one staff commented, "We're always careful to make sure people are safe when we're out, and we make sure the places we visit are safe."

The accommodation was warm, modern and well decorated. The provider's health and safety team visited the home regularly to check that the premises was safe and to carry out routine maintenance checks such as hot water temperatures. The health and safety team also made sure all required premises certificates were up to date, such as gas and fire safety and legionella testing. The support staff also carried out monthly health and safety risk assessments around the home, such as assessments of cleanliness and kitchen equipment.

There were no areas of the home's premises that were unsafe at the time of this visit, but one person told us the window in their bedroom was causing a draught above their bed. There was also a large crack down the

back wall of the home. Following the inspection the registered manager confirmed that the bedroom window had been resealed by the provider's maintenance team and that the crack in the back wall was being assessed by a structural engineer. This was found to be minor damage and was to be repaired.

Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers each month. These reports were analysed for any trends. There was a clear 'business continuity plan' with arrangements in the event of any type of emergency, including personal plans for evacuating people from the building and arranging alternative accommodation if necessary.

A social care professional felt that staffing levels were safe and satisfactory for their client. They told us, "There appears to be enough staff to support people."

The staffing levels at this home were typically three support workers on duty when the three people were at home, that is between 4 to 10pm. Occasionally this reduced to two support staff depending on people's activities or whether they were visiting family. Through the night there was one support worker on sleep-in duty. Staff told us the staffing levels were sufficient to support people with their individual needs and activities. One staff member commented, "There are enough staff - it's usually one-to-one." Another staff member told us, "There's definitely enough staff. People get support to go out every day."

The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. A senior staff member told us they felt very confident to contact the registered manager or assistant manager if any issues arose. The Court was adjacent to two neighbouring care homes that were also operated by the provider. Support staff from those two homes were familiar with people's needs and could provide suitable cover if necessary.

There were no vacant posts at this time. One staff member was on long term sick and those hours were being covered by staff across the three small homes. There had been one recently recruited support worker. We looked at the staff files for three members of staff including their recruitment records. The files were in good order and demonstrated that recruitment practices were thorough. The records included application forms, interview monitoring forms and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

People's medicines were managed by staff in a safe way and were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time.

All staff (except a new staff member) were trained in managing medicines and had competency checks at least annually. In discussions staff understood what people's medicines were for and when they should be taken. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs).

Staff also recorded a daily count of medicines that were held in their original boxes so they could be checked against the number of tablets left. Staff kept a record of the temperature of the medicines cabinet to make sure medicines were being stored at a safe ambient temperature. A monthly check was carried out of over-the-counter medicines (such as simple painkillers) and whether these were still in date. The home used a local pharmacist who supported the home with guidance and had carried out an audit of the way

medicines were being managed. The audit carried out in November 2015 showed there was only a minor recording suggestion and this had been actioned by the home staff. This meant people received safe, satisfactory support with their medicines.

Is the service effective?

Our findings

Relatives felt that staff were trained in the specialist needs of people with autism spectrum conditions and were capable in their roles. One relative commented, "The staff are all skilled and competent." A social care professional also felt staff were adequately trained and their client's needs were met at The Court.

Staff told us, and records confirmed, that they received relevant training in autism and communication methods to meet the needs of the people who lived at the home. All staff also received training in health and safety, such as food hygiene, first aid and fire safety. The organisation had a training manager who arranged the induction training for new staff members and enrolled them on to the required care certificate training. Two staff had achieved a national care qualification, called NVQ, in social care and the remaining four staff were working towards this.

Staff felt there were very good training opportunities with North East Autism Society (NEAS). One staff member commented, "We get loads of training." Another staff member told us, "We did autism principles in practice in a group, then completed a workbook and had mentors to support us. The training is constant."

Staff also felt supported in their roles through regular individual supervision sessions with either the assistant manager or registered manager. (Supervision provides an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs.) Each staff member also had an annual appraisal of their performance and development with the registered manager. Staff told us they felt supported by the manager and assistant manager and could speak with them at any time. One staff member commented, "I feel very supported by the manager and other senior staff who are always available to speak to."

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

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

It was clearly outlined in two people's care records that because of their autism spectrum disorder people were unable to comprehend the concept of consenting to their care. We found that the provider had made applications to the relevant supervisory authorities about two of the people who lived at The Court because they needed supervision both inside and outside of the home. One person's local authority had not responded to several attempts to progress their DoLS application. In the meantime the registered manager

had recorded best interest discussions to set out the clear reasons why the person would be at significant risk of danger to their well-being if they went out unaccompanied.

The third person had been assessed by an external health care professional as having capacity to go out independently so did not currently have a DoLS authorisation. In this way the provider was complying with the requirements of the Mental Capacity Act.

The registered manager and assistant manager had attended a comprehensive two day course in MCA and DoLS and were very aware of the principles of these safeguards for people. All members of staff also completed MCA and DoLS training.

Staff were trained in ways of helping people to manage behaviours when they became anxious or upset as that might lead to them injuring themselves or others. This was called Positive Behaviour Support (PBS) and included techniques such as 'turn and guide' to redirect people away from the area that was upsetting to them, and giving people time and space to calm down. There were detailed PBS plans for the two people who needed this support from time to time. There were records of any occasions when any PBS techniques had been used to support people.

The care records about each person included nutritional information about their eating and drinking needs. None of the people who lived there had any special dietary needs, but one person had difficulties in maintaining a healthy weight so staff supported them to have a healthy living menu. One staff member commented, "We try to help people eat healthily, but with meals that they like. For example, if we're having pizza, we'll make salad with it."

Two people were involved in the main grocery shopping with staff support; the third person would find this too challenging but was able to go shopping for smaller items. One person was able to make their own meals and might choose to make a different meal than the other two people were having. The other two people were involved in preparing meals with staff supervision. Staff kept a monthly record of each person's weight and their nutritional health was regularly checked. People enjoyed occasional takeaways and meals out. This meant that people were supported to maintain a balanced and healthy diet.

The three people who lived at this home were physically healthy. There were 'hospital passports' for each person that described how their autism affected them, their communication needs and their individual personal routines. This important information about each person could be shared with health care professionals if the person needed to go into hospital in an emergency. Each person also had a health action plan which set out any health needs, how these were being met and how they were reviewed.

Each person had access to community health care services such as GPs, dentists and opticians. The staff also supported people with relevant specialist services such as psychologists. The provider employed a range of health care professionals including occupational therapist, physiotherapist and speech and language therapist (SALT). There were plans for one person to have SALT input to support their communication through using an iPad. This meant people were supported to access relevant health services to meet their individual needs.

Is the service caring?

Our findings

One person told us they were "happy" living at the home and they said they had a good relationship with the staff including the registered manager. They said, "I like this house and I like living here. I get on well with staff and I can have a laugh with [the registered manager]."

The other two people found it difficult to verbally express their views about the staff and how they were supported. We saw people chose to spend time with staff members and were comfortable in their presence. We saw staff were encouraging and patient with people and made sure people had time to respond to any questions or choices.

A relative felt this home provided a truly homely environment for people to be cared for. They commented, "This home is a home, and I feel very lucky that [my family member] is in such a lovely place."

A social care professional told us, "My client's parents are happy with the placement, their [family member] has been supported by this service for many years now and they see it as their [family member's] home in every sense of the word."

The service aimed to promote and improve people's independent living skills, including making their own choices wherever this was possible. People's abilities in respect of their decision-making skills were clearly recorded in their care records. For example, one person's care records stated, "[Name] is extremely able to make structured choices and day to day decisions."

One person confirmed that they made their own choices, for example about how they spent their spare time. They told us, "I like it here because I can do what I like doing." Staff understood the individual likes and dislikes of the other two people and offered them a small number of choices based on their known preferences. This was important because people with autism cannot cope with too many choices.

Staff were respectful of people's individual abilities and diverse needs. The interaction between staff and people was friendly, helpful and appropriate. A social care professional commented, "They treat my client with respect and dignity at all times." People's care records were written in a sensitive and valuing way. One staff member commented, "All the staff I work with value the people here, although we have to be careful not be too gushing as it can affect people's behaviours."

A relative commented, "All the staff are friendly, I always feel very at home there." A social care professional told us, "In terms of caring the staff present as caring towards my client and involve them as much as possible in decision making."

All the staff members we spoke with felt their colleagues were caring in the right way for the people who lived there. For example, one staff member commented, "They are all very caring. We have to be quite instructional to help people process the information but that's only because it's best for them." Another staff member told us, "The staff are really nice to everyone. They were very helpful to me when I was new and

they guided me to understand people's very different needs. "

Each person had a large single bedroom that was decorated and furnished to their own individual tastes. People had their own interests and hobbies and these were reflected in their own bedroom. The house was well decorated in a modern style that suited the people who lived there and people were involved in making choices about decoration. Staff made sure the home was warm, clean and comfortable for people and included them in housework.

Staff described the aim of the service in supporting people towards increased independent living skills. In this way people were encouraged to take part in all household tasks such as cleaning, laundry, shopping, and preparing meals with supervision.

The registered manager supported people to access local independent advocacy services where people needed additional support to understand their rights. For example, he had recently applied for one person to have an advocate to help them understand their right and responsibilities relating to social media networks.

Is the service responsive?

Our findings

The people who lived at The Court were not involved in planning their care service because of the complexity of their needs, and this was outlined in each person's care records. Relatives were invited to annual reviews of their family member and also felt able to comment on the care service at any time. One relative told us, "My [family member] is very well cared for and all [their] needs met."

We looked at the care records for two people. Their care plans were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way.

The care plans were written from the perspective of the person, and described people's abilities and attributes as well as their care needs. The care records included an 'All About Me' section that described each person's skills, 'how my autism affects me' and what their individual likes, dislikes and preferred daily routines were. Each person was working towards increased independent living skills and had individual goals (called SMART targets). For example, one person's goals were: I will practice requesting a drink by using my picture exchange system; and I will independently dry my hair with a hairdryer."

People received a care service that was personalised. For example, one person described how they were working with staff to choose a suit and arrange travel to London to receive a Duke of Edinburgh award. A social care professional told us, "The staff are focused in terms of being person centred. The care plan in place places my client at the centre of all interventions. They support my client to undertake activities of their choice."

Staff they had a very good knowledge of each person's specific needs. A member of staff told us, "Each person is totally different but we meet each of their needs." Another staff member said, "Everyone is different so we try to respond to each person in the way that is best for them."

During the week each person had an individual timetable of vocational activities. One person attended the provider's purpose-built training centre set on a farm and enjoyed arts and crafts sessions. One person went to the provider's vocational centre to do IT and social sessions. One person did voluntary work at a motor garage and also helped the provider with vehicle maintenance, such as oil checks as well as doing IT at college.

During the evenings and weekend people took part in a range of social and sporting events, such as a climbing wall, bowling, gym, yoga, disco and trampolining. Staff described how they tried to support individual people with the different activities they each enjoyed. One staff member told us, "They do a lot both in and out of the house. One person does much more with the people from another home because they enjoy being with them and doing the same sort of things." Another staff member commented, "There's always plenty of activities and they enjoy the pub, the cinema, swimming and the gym."

One person told us they would feel able to tell staff or the registered manager if they were unhappy about any aspect of the service. They said, "I have no worries here. If I did I would talk with [the registered manager]."

People had access to a complaints procedure that was in pictures, but this was a difficult concept for two of the people to understand. In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation. There were 'indicators of well-being' records that showed how each person might present themselves if they were upset or unhappy. People also had house meetings where they were encouraged to say if they liked or did not like anything.

Recently the provider had sent relatives an updated version of the complaints procedure so they were aware of how to make a formal complaint if necessary. Relatives told us they would feel comfortable about discussing any issues with staff. One relative told us all the staff and the registered manager were "approachable".

The registered manager kept a monthly log of complaints and there was a standard template to use to record the details, investigation and any actions taken following a complaint. There had been no complaints about the service over the past year.

Is the service well-led?

Our findings

One person told us they thought the home was well run and described how they had a good, open and honest relationship with the registered manager. The other two people were not able to comment on the management of the service but were relaxed in the presence of the staff and registered manager. A relative commented, "The Court is a wonderfully run place."

People were assisted to hold monthly residents' meetings where they were encouraged to discuss their views about the service and to plan future events. For example at the most recent monthly meetings people had discussed the best shop to get toiletries from, menus, activities and new wallpaper for bedrooms. The meetings also gave people the chance to discuss whether they liked living at The Court and if they could think of improvements. The meeting minutes were written in a valuing way which promoted and respected people's suggestions and choices.

Relatives felt the culture of the home was open and they felt able to contact the registered manager or staff to discuss anything about the care provision for their family members. Relatives' comments about the registered manager included, "The manager is a lovely man" and described him as "very approachable".

The registered manager had been in post for several years. He was also the registered manager of two similar neighbouring care homes that were operated by the North East Autism Society (NEAS). All the staff we spoke with told us the registered manager was open, approachable and supportive. For example one staff member told us, "I feel I could say anything to the registered manager. He is always approachable and always asks each of us how we are." Another staff member commented, "It's definitely well-managed. The manager and assistant manager are so helpful."

Staff felt they worked in a supportive, inclusive environment and were happy in their roles. One staff member said, "I can ask anything and I always feel there is someone to ask. We have an on-call sheet so I know there is always someone to ring." Another staff member said, "I'm very happy in this job – I love it." One staff member told us, "I do feel valued by NEAS. I can ring the head office anytime."

Staff meetings were held about monthly and included the staff across all three care homes that were managed by the registered manager. This meant all staff could be kept up to date about issues relating to each of the people who used those three services. This was helpful if staff from the other two homes were asked to cover absences. It was also an opportunity for staff to receive consistent information and direction, discuss expected practices and make suggestions. One staff member commented, "The staff meetings are a two-way conversation, and I can ask things without feeling awkward."

One staff member told us, "I can't think of anything that would improve it (the service). The three people like it and that's the main thing." Another staff member commented, "I can't think of anything that would be better (for the people who use it). It's a very good service."

The organisation had planned improvements for staff support and was working towards the Investors in

People award. The provider had recently introduced 'star awards' where individual staff members could be nominated for especially good work. These included awards for innovative practices, going the 'extra mile' or being an exceptional team leader. There was to be presentation for the winners at a football stadium in the spring.

The registered manager and staff carried out a number of audits to ensure the welfare and safety of the service, such as monthly health and safety checks, including an infection control and medicines audit. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), staff training percentages, maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The home was also subject to comprehensive quality audits carried out by the operations manager four times a year. These included a detailed check of care records, positive behaviour support records, people's personal finances, how people were involved in decision making, meals, complaints, staff supervision, premises, training, medicines and health and safety management. Any improvements were set out in an action plan with timescales for the registered manager to address.

The organisation also had a wider Quality Improvement Plan that included actions and expected outcomes across all its services. These included, for instance, achieving Investor In People award by March 2016, and sending out updated communication and complaints information to all relatives (which had been achieved).

The organisation was involved with the national Autism Alliance, which is the largest UK network of specialist autism charities. A senior manager described plans for the service to be assessed in line with European Framework Quality Management Systems. This would involve staff being asked to identify what works well in the organisation and what could be improved. In this way the provider aimed to continuously improve and develop the support for the people who used its services and the staff who worked there.