Care Quality Commission

Avon Autistic Foundation Limited

Woodwell 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?	Requires Improvement

Overall summary

The inspection was unannounced and took place on 31 January 2015. The last inspection of the home took place in September 2013 and no breaches of regulations were found at this time.

The home provides care and accommodation for six people who have autism and learning difficulties.

There was a registered manager in place. 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.

We found that people in the home were safe. Staff were trained in safeguarding adults and reported feeling confident about identifying and reporting any issues of concern. People weren't able to speak with us about their experiences, however we observed that they looked settled and at ease in the presence of staff.

Summary of findings

People received safe support with their medicine which were stored and administered safely and clear records were kept.

There were systems in place to support people in a safe way. This included having risk assessments in place to guide staff in the best ways to support people. There were also systems in place to manage risks to the environment, for example by checking fire safety equipment and having regular drills.

There were sufficient numbers of suitably trained staff to ensure that people's needs were met.

People received care that was effective. Staff were trained and received regular supervision to help them carry out their roles. Training was tailored to the needs of people with autism; for example training in hypersensitivity and behaviour that challenges was provided.

People's nutritional needs were met and people were supported to maintain a healthy diet. Where people had particular dietary requirements, these were supported by staff.

Staff worked with other healthcare professionals when necessary, for example dentists and psychiatrists. This ensured that people received specialist support when required.

Staff had training in the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. We saw that the principles of this legislation were followed; for example when consenting to the support that the staff provided. The provider had also protected people's rights by applying for Deprivation of Liberty Safeguards (DoLS) authorisation from the local authority for people in the home. DoLS applications are made when it is felt that a person needs to be deprived of their liberty in order to keep them safe and there are no other less restrictive options available.

Staff were kind and caring in their approach and encouraged people to maintain their independence where possible. People were treated with dignity and respect. People were given opportunity to express their opinions about the support they received.

People were supported by staff who were knowledgeable about their particular needs. People had support plans in place which were evaluated regularly to ensure they were up to date.

People had regular opportunities to go out in the community and to attend day services at another home run by the provider.

There had been no formal complaints received by the registered manager; however there were policies and procedures in place to manage complaints if needed.

Staff were very positive about the organisation and the support they received. Staff felt confident about raising any issues or concerns and had opportunity to discuss these at staff meetings.

The registered manager identified and responded to concerns about people in the home through regularly reviewing people's support.

We found that notifications were not always made when required. Without receiving notifications, the Commission cannot effectively monitor people's safety and whether their rights are being protected.

Summary of findings

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. People were protected because staff were trained in safeguarding adults and felt confident in raising concerns.

Medicines were stored and administered safely.

There were systems in place to deliver care safely, including individual risk assessments.

There were sufficient numbers of suitably qualified staff to support people

Good

Is the service effective?
The service was effective. People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported by staff who received training and support to carry out their roles.

People's needs were met in relation to nutrition.

People were able to see other healthcare professionals when needed.

Good

Is the service caring?
People were supported by staff who were kind and caring in their approach. People's independence was encouraged and people were treated with dignity and respect.

People were given opportunity to express their views about the support they received.

Good

Is the service responsive?
Staff were knowledgeable about the people they supported and understood their individual needs.

There were systems in place to respond to complaints

Good

Is the service well-led?
Staff were positive about working for the organisation and felt well supported by the registered manager.

The registered manager had systems in place to monitor the service.

We found that notifications to the Commission were not always made when required, in line with legislation.

Requires Improvement

Woodwell 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 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.

The inspection took place on 31 January 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector. Prior to the inspection we reviewed information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to send to us. The registered manager submitted a Provider Information Return (PIR). A PIR is a form that is completed by the provider and gives information about what the service does well and what they hope to improve.

As part of our inspection, we made observations about the care people received. We spoke with four members of staff and the registered manager. We viewed the care records of two people and other records relating to the safety of the home, including fire safety and staff training.

Good

Is the service safe?

Our findings

People in the home were safe. People weren't able to speak with us verbally about their experiences of living in the home; however we observed that people were content and settled in the presence of staff.

There were systems in place to store and administer medicines. These were kept in locked cupboards so that they were only accessible to staff who were authorised to administer them.

The administration of medicines was recorded on Medicine Administration Record charts so that there was clear information to show what medicines people had taken. Most medicines were included in a monitored dosage system (MDS), which minimised the risk of errors being made. However there were some PRN (as required) medicines in use which were stored separately. We checked the stock levels of two medicines and saw that these corresponded with the amounts recorded. The storage area for people's medicines weren't monitored to ensure that they were within the temperature range advised for safe storage; however the registered manager agreed that they would get a thermometer to enable them to monitor this.

There were guidelines in people's support files to describe the support they wished to have with their medicines and how this support should be delivered. For example, in one person's file we saw that they liked to have a full glass of water with their medicines. There was information on file about the dosage of PRN medicine that could be given and how often. There was also information in other parts of the file about the kind of behaviours that might mean PRN medicine was offered. Staff confirmed that any requests for PRN medicines would have to be agreed by a senior member of staff to ensure they were being used in the right way.

There were risk assessments in place so that staff had guidance on the safest ways to care for people. Staff demonstrated that they were aware of these risks and acted accordingly to ensure that people were safe. For example, we saw a risk assessment in one person's file which stated that the door to the staff office should be locked in order to ensure their safety. We observed staff checking that this was the case.

Systems were also in place in relation to the safety of the premises. For example we saw that fire safety equipment was checked regularly and fire drills carried out. We viewed records relating to this. There were systems in place to record any accidents and incidents; however there had not been any in the last 12 months.

There were systems in place to protect people from the possibility of abuse and this included providing training for staff in safeguarding adults. Staff told us that they felt confident and able to report any concerns that they had. All staff were positive about the care that people received and none reported any concerns.

There were systems in place to help the registered manager make safe recruitment decisions about the staff they employed in the home. This included Disclosure and Barring Service checks (DBS) and obtaining two references. DBS checks give information about whether a person has criminal convictions and whether they are barred from working with vulnerable adults.

There were sufficient numbers of suitably skilled staff to ensure that people were safe in the home. We saw that there were sufficient staff to support people to go out in the local community whilst ensuring safe levels of staffing in the home. Staff confirmed that the staffing levels worked well and that they had never been in a position where there were insufficient staff on shift.

Good

Is the service effective?

Our findings

People received effective care from staff who were well trained and supported in their work. Staff confirmed that they had all the training they needed and this included specialist training particular to the needs of people in the home. For example, we saw records of the induction programme for new staff and saw that this included training in behaviour that challenges, autism and hypersensitivity and PECS (Picture Exchange Communication System). PECS is a way that people can communicate using pictures.

Some people in the home used PECS to support their communication and staff told us about the ways in which they supported people in this. For example by using pictures to make choices at breakfast time. Staff knew where to locate the PECS resources so that they were easily accessible when needed.

Staff received regular supervision to ensure that their performance was monitored and their development needs discussed. Supervision sessions were more frequent when a member of staff was new to the service. We viewed records of supervision and saw that as well as discussion around staff's individual needs, they were used to discuss important policies.

There was clear information in people's support plans about the kind of support they required from staff to ensure they had adequate nutrition and hydration. This included information about any particular dietary requirements. One person in the home required a gluten free diet and arrangements were made to support this person, including the purchase of a bread maker so that gluten free bread could be made. We saw from people's records that other people required support to ensure that had healthy portion sizes at mealtimes and ate healthy snacks. People's weight was monitored so that staff were able to identify and act on any concerns.

People were supported to see other healthcare professionals when necessary. For example, we saw support plans in place to manage people's dental health following advice given by the dentist. People also had access to a psychiatrist when required, for example if there were any concerns about a person's medicines. People had 'health action plans' in place and these included information about people's annual health checks.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who lack capacity to make decisions about their own care and treatment. For example, we saw that mental capacity assessments had been carried out in relation to consenting to care provided by staff. We were also told about decision that had been made previously relating to healthcare treatment for one person where a best interests decision had been made. Staff from the home and relatives had been involved in ensuring the person's best interests had been considered when making this decision.

The registered manager was aware of when an application needed to be made for Deprivation of Liberty Safeguards (DoLS) authorisation. A DoLS application is made when it is thought that a person needs to be deprived of their liberty in order to ensure their safety and there is no less restrictive option. We saw that applications had been made for people in the home. In most cases, the registered manager was awaiting the outcome of these applications.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. For example, we saw staff offering one person a hot drink. Staff involved the person by asking them to say when the kettle had boiled and how they would like their drink. The person responded positively to this by smiling and going to the kitchen. There were other pleasant everyday interactions such as staff asking a person how they were and the person responding 'happy'.

In people's support plans, it was identified where people were able to be independent and manage their own care. For example, in one plan for personal care it was identified that for the person, verbal prompts were sufficient to ensure that their personal care routines were maintained. In another plan it stated that a person was able to choose their own clothes but staff needed to ensure they were clean and appropriate for the weather. This helped ensure that people's life skills were encouraged and supported.

Staff also told us about other ways in which people contributed to the running of the home, for example in helping with meal preparation. One person was asked if they wanted to go and clean their room staff and the person accepted this.

People were treated with dignity and respect. Staff spoke with people in a respectful and kind tone, for example reassuring people about the inspection and why there were visitors in the home that day. Staff respected people's private rooms and asked for their permission before entering them.

People were able to maintain relationships that were important to them. We saw records detailing how family members had been able to visit the home at Christmas and have a meal with their relative. The registered manager told us that they were also in regular phone contact with families to keep them informed about their relative's wellbeing. The views of relatives were sought when significant decisions were being made about a person's care, such as a particular health treatment that was required.

The registered manager told us that in the past they had attempted to carry out meetings for people to express their views about the running of the service; however these had not always worked well and people responded better to discussions with their keyworker each month. We saw evidence of this in people's support files on a form where people expressed any 'concerns and suggestions'. In one record we saw that a person had wished to make a particular purchase and had been supported to do so. We heard staff discuss later in the day how this person wished to purchase more of this item.

Good

Is the service responsive?

Our findings

Staff understood the individual needs of the people they supported. People in the home were allocated a key worker. A keyworker is a member of staff who has particular responsibility for ensuring the wellbeing of the person they support. Keyworkers were knowledgeable about the people they worked with and told us about their individual needs and preferences. For example we heard about a particular walk that one person liked to go on and how they liked things to be planned and structured.

Key workers wrote a report each month summarising the care people received. This included information about any particular health concerns that month and any significant events that had taken place; for example visits from family or trips out of the home. This helped staff to monitor peoples support and identify if any changes to the person's support was required. We also saw that people's support plans were evaluated each month as part staff's monitoring of the support provided.

People were able to follow their own daily routines. For example, people got up for the day at a time of their choosing and were able to have their breakfast when they wished to have it. People were able to go out when they wished and were supported to do so

There were support plans in place that detailed the individual ways people should be supported included their preferences and individual needs. Support plans included details of people's lives prior to coming in to the home and the relationships that were important to them.

Plans covered a range of people's needs including communication, support required with healthy eating and going out in the community. These included details particular to the individual such as how any behaviour that challenged should be managed and how a person might express that they were in pain. This showed that people were treated and understood as individuals.

People were able to take part in activities that they enjoyed and to go out in the community if they wished. We read in one person's support file that they enjoyed a particular pastime and we saw this person engage in the activity during our visit. Other activities that people took part in included being supported to go to a day centre at another home run by the organisation and to a local sports centre.

We viewed photographs relating to an arts exhibition that people from the home had put on; which included a contribution from everyone in the home. This helped people feel valued and to make a contribution to their local community.

There had been no formal complaints in the home in the last 12 months; however there was a process and policy in place to refer to if required. This outlined the timescales for acknowledging the complaint initially and the time it would take for a full investigation.

Requires Improvement

Is the service well-led?

Our findings

We found that on one occasion a notification had not been made in line with the requirements of legislation. One person in the home had received authorisation from their local authority to be deprived of their liberty. However, the registered manager had not notified the Commission of this. If the Commission do not receive notifications when required, people's rights, safety and wellbeing cannot be effectively monitored.

The registered manager was supported by a deputy manager and other senior staff. Staff were very positive about the organisation and the support that they received. Comments included "I am proud to be part of the organisation" and "best company I've worked for". Staff all agreed that there were high expectations of the quality of the service. For example, one member of staff commented that if the carpet had been accidentally dirtied, there would be "cleaners in the next day" to address it.

Staff all felt confident and able to raise any issues or concerns. One staff member commented that "nothing is hidden". We saw that any issues or concerns about the running of the service were discussed at regular staff meetings. For example, in one set of meeting minutes, we saw how one person was being supported with extra staffing in response to their particular needs at that time. This showed that staff were able to identify and respond promptly to people's changing needs.

Staff told us that communication was good in the home, so that any important issues that had occurred during a shift were handed over to the new staff on duty. Staff also told us that there was a handover book in place with key information. We saw that staff communicated with each other effectively during their shift to ensure that people were supervised appropriately.

The registered manager had systems in place to ensure that important tasks relating to the running of the home were completed. There was a 'shift planner' in place which required staff to sign when certain tasks had been completed. These tasks included for example, temperature checks of the fridges, whether evening activities had taken place and all cleaning tasks. This enabled the registered manager to monitor whether key tasks were being completed.

The registered manager told us that they monitored people's support by reviewing their care every three months. This included discussion of the medicines people were prescribed, with the psychiatrist. This enabled the registered manager to be closely involved in the care that was provided and to make changes where necessary.