

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 8 May 2018 and was unannounced. The service was rated as Requires Improvement at our last inspection with two breaches of regulation. The breaches of regulation related to Regulation 13 – the service had not been meeting the conditions on a person's DoLS authorisation, and Regulation 17 – Quality assurance systems.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Effective and Well Led to at least good. At this inspection we found improvement had been made and the service was rated as Good.

The service provides care and accommodation to people who have learning difficulties and autism. At the time of our inspection there were seven people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

At our last inspection, we found that the conditions on people's DoLS authorisations were not always being met. At this inspection we saw that improvements had been made and the service had taken action to ensure they were complying with any such conditions. We also found that improvements had been made to the quality assurance systems.

People at the service were safe. There were sufficient numbers of staff to meet people's needs and ensure their safety. Occasional agency staff were used but in the main people were supported by a consistent and well established team of staff. People received safe support with their medicines; these were stored securely and stock checks taken regularly.

The service was effective, staff worked with healthcare professionals to meet people's health needs. People had health action plans in place that detailed the appointments they had for example, to check their eyesight. People received nutritional support in accordance with their needs. The service met people's dietary needs and preferences. The service understood and implemented the principles of the Mental Capacity Act 2005.

The service was caring. People were supported by staff who understood their needs well and had built

positive working relationships. Staff spoke warmly about the people in the home. People were able to maintain contact with their families and loved ones.

People were able to take part in a range of activities including swimming, arts activities and walks in the local area.

The service was well led. The staff team were positive and worked well together to ensure people's needs were met. There was a system in place to monitor the quality and safety of the service.

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 rating for this domain improved to Good.

Conditions on people's DoLS authorisations were being monitored and met.

Staff worked with other professionals to meet people's health needs.

People received nutritional support in accordance with their needs and preferences.

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 rating for this service improved from Requires Improvement to Good.

There were systems in place to monitor the quality and safety of the service.

There was a well established staff team who worked well together.

There was an open and transparent culture where staff felt able to raise any issues or concerns.

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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 8 May 2018 and was unannounced.

The inspection was carried out by one Inspector of Adult Social Care. Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). This is a form that the provider completes to tell us what they are doing well and any improvements they plan to make. We also reviewed notifications. A notification is information about certain events that occur, that the provider is required to tell us by law.

We reviewed three support plans. We observed care and support and spoke with one relative. We chatted with people using the service throughout the day but due to people's communication needs, they weren't able to give us detailed feedback verbally about the service they received. We spoke with five members of staff. We reviewed documents relating to the running of the service, such as fire records and quality and safety audits.

Is the service safe?

Our findings

People using the service were safe. There were sufficient numbers of staff to ensure people were safe and that their needs were met. There was one to one support in place for people that had been assessed as requiring this level of supervision to safely meet their needs. Staff told us that staffing levels worked well and only occasional use of agency staff was required to cover shifts. People didn't tell us verbally about how safe they felt at the home, however it was clear that people were settled and content in the presence of staff. Where people had close supervision in place, staff interacted naturally and people were at ease with this so that it was as unobtrusive as possible.

When new staff were recruited, processes were followed in order to minimise the risk of employing unsuitable or unsafe staff. One new member of staff had been recruited in the past 12 months. There was a Disclosure and Barring Service (DBS) check in place. This check identifies whether a person has any convictions or is barred from working with vulnerable adults. There were also references from previous employers and photographic ID.

There were risk assessments in place to ensure a consistent approach amongst staff when supporting people. The risk assessments supported people in undertaking a range of activities and didn't place unnecessary restrictions on people's lives. In one case, we did read some guidance that suggested physical restraint was being used for one person when outside of the home. We discussed this with senior staff who explained and told us clearly that it was not the case that restraint was being used, however agreed that the wording in the risk assessment was misleading and told us they would review it. Staff all confirmed that physical restraint was not something they needed to use with people in the home. The manager also told us they were looking at arranging training for staff in relation to restraint. This was so that if such a time arose that restraint was necessary for the safety of a person using the service then staff would know how to do this safely and using recognised methods.

People received safe support with their medicines. Most medicines were received from the pharmacy in a blister pack, organised in to the days and times they were due to be administered. These were stored securely in lockable cabinets. Some PRN or 'as required' medicines were also kept and these were checked regularly to ensure stock levels were correct. Records were kept of any medicines returned to the pharmacy. Administration of medicines was recorded on a form so that there was a clear record of what people had taken; these forms were monitored for any errors or omissions. Temperatures were taken of the areas where medicines were kept to ensure they were being stored at a safe temperature.

Staff were trained in and aware of their responsibilities to safeguard vulnerable adults from abuse. Staff told us they would feel confident and able to report any concerns they had to senior staff and were confident that they would be listened to. There was a culture of openness and transparency amongst staff.

There were processes and procedures in place to ensure the home was safe. We saw for example that a fire risk assessment was in place and that checks of fire equipment were carried out regularly. People had individual plans in place for evacuation in the event of an emergency.

The home was clean and fresh and staff confirmed they had all the equipment and supplies they needed for preventing cross infection. This included items such as gloves and aprons.

Is the service effective?

Our findings

The rating for this domain improved from Requires improvement to Good. At our last inspection we found a breach of regulation 13 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. This was because the service was not always meeting the conditions placed on people's Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS is a framework to protect the rights of people who need to be deprived of their liberty in order to receive safe care. Conditions are sometimes placed on DoLS authorisations to ensure that they are being used in the least restrictive way possible.

At this inspection we were told that one person had conditions placed on their DoLS authorisation. We saw evidence and records to show these conditions were being monitored and met. Each person had their own file with information relating to DoLS. This identified whether there were any conditions associated and what actions were required to ensure they were met. The action taken by the service since our last inspection demonstrated that the breach of regulation 13 had been addressed.

The service understood the principles of the Mental Capacity Act 2005. 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. We saw examples of mental capacity assessments used to identify whether people had capacity to make a particular decision for themselves and records of subsequent best interest's decisions.

Staff were positive about the training and support they received. New staff to the service underwent a comprehensive induction focused on supporting people with autism. This incorporated elements of the Care Certificate. The Care Certificate is a nationally recognised qualification that provides staff with the necessary skills and knowledge to work in the care sector. Staff told us they received training tailored to the individual needs of people in the home. One person for example used British Sign Language (BSL) and Makaton to communicate and so staff had requested training in this so that they could better support the person. Staff told us this was being arranged. Staff also confirmed they had one to one meetings with a senior member of staff to discuss their performance and development needs.

People were supported to see healthcare professionals to ensure their health needs were met. There was evidence in people files for example that they had regular checks with the optician. It was also clear that people were supported to see the GP when necessary. People had Health Action Plans outlining their health needs and any appointments they had.

People were supported to eat healthy and balanced diets. Where people had particular concern about their weight or nutrition this was recorded in their care plans and staff gave advice and support accordingly. At lunchtime, one person was eating a particular meal because staff told us there had been concerns about them losing weight and so they were being supported with a diet to help them manage this.

Is the service caring?

Our findings

The service was caring. People were supported by staff who were kind and caring in their approach and treated people with dignity and respect. People didn't communicate with us verbally about the care we received, however people were calm and relaxed in the home and interacted positively with staff. One relative commented "I'm very happy for (X) to be there". They told us that staff knew their relative very well and that they had opportunity to enjoy a range of activities and hobbies. Another relative wrote in the home's relative survey 'X is always well cared for by all the staff'. Another person wrote ' It is a wonderful care home, a really happy place'

Staff spoke with people in a friendly, warm tone. The staff team was well established and most had worked at the home for a number of years. This allowed strong relationships to be formed and for people to be cared for by staff who understood their needs well. This is particularly important for people with autism who benefit from continuity of care and familiarity. As people were getting ready to go out for their activities, we heard staff supporting them and encouraging them to get ready in a calm and respectful way.

We discussed with staff how they involved people in planning their care given that people had a range of communication needs and some would not be able to give verbal feedback. Staff told us that for some people they would plan care based on their observations and knowledge of the person in order to see what worked well for them and what might need to change. For other people staff told us they used communication methods such as Picture Exchange Communication System (PECS) and Makaton to help establish a person's views and wishes.

People were encouraged to be independent in their lives as far as they were able to be. It was clear from people's support plans what areas of their daily routines they could manage for themselves and what they needed support with. We saw staff encouraging people throughout the day in ways set out in their support plans. This included for example, encouraging people to take care of their personal care needs before going out in the care.

People were supported to maintain contact with people who were important to them. Families were able to visit when they wished and were involved in people's care where appropriate. For example when making decision on behalf of people who did not have capacity to do so for themselves.

Is the service responsive?

Our findings

The service was responsive to people's needs. People had opportunities to take part in a wide range of activities in accordance with their needs and wishes. During our inspection, people were taking out swimming in the morning and taken out for a walk in the local area in the afternoon. There were also regular opportunities for art and music activities. One of the other homes in the organisation had a day centre which some people from Woodwell attended. Staff told us that people were able to go out every day if they wished to. The home had a pleasant outside area for people to use. We saw people using this during our inspection.

People had clear person centred support plans in place. These covered a number of areas of support needs including people's communication needs, personal care and behaviour. The approach to managing people's behaviours was to use positive behaviour support plans. These identified triggers that might lead to behaviours that challenged and gave strategies to support the person. From our discussion with staff, it was clear they understood people's individual needs, telling us about the individual situations that would make people anxious.

People had goals outlined in their care plans; these helped people maximise their skills and abilities. This included for example, supporting people to prepare snacks such as toast. One member of staff told us how they enjoyed making apple crumble with one of the people they supported. The support people received was reviewed regularly to ensure it was working well for the person concerned and met their current needs. There were end of month records completed for each person detailing information such as their mental and physical health, any appointments they'd had and trips they'd been on. This helped staff monitor people's health and wellbeing and identify where action might be required.

There was a key worker system in place. A key worker is a member of staff with particular responsibility for the wellbeing of the individual they are allocated to support. Staff told us they had time to spend with people they were keyworker for on a one to one basis. One new member of staff told that it was currently being decided who they would be keyworker for. This demonstrated that thought was given to matching people to a keyworker that would work well with them.

There was a process in place for managing complaints. We saw one example of a complaint that had been made and this had been responded to appropriately. We saw that the service were proactive in addressing the concern and found a solution.

Is the service well-led?

Our findings

The service was well led. The rating for this domain had improved from requires improvement to Good. At our last inspection we found a breach of regulation in relation to the systems used to monitor the quality and safety of the service. This was because the service hadn't identified some issues relating to the MCA and DoLS. The service had now put in place procedures to ensure that issues relating to people's DoLS authorisations were monitored effectively.

Regular checks were made of the environment, medicines and care plans. These were used effectively to identify issues and make improvements. For example, the environment audit had highlighted several areas that required addressing.

Feedback was sought from relatives, staff and professionals. Comments included in this feedback included 'able to voice any concerns' and 'management always available'. One professional fed back 'I would like to compliment the Avon Autistic Foundation on the high quality of service it delivers for people with autism'.

There was a registered manager in place and other senior staff supporting the day to day running of the service. Many of the staff had been working at the home for a number of years and told us how well staff worked together as a team. It was evident during our inspection that there was a calm atmosphere with staff working and communicating well. Staff were positive about working in the home, comments included "Brilliant – absolutely brilliant".

Staff described an open and transparent culture within the home, where they felt able to discuss any issues and concerns and felt confident they would be addressed. Team meetings took place to discuss developments within the home.