

Review of compliance

National Autistic Society Merlewood House	
Region:	North West
Location address:	52 Park Lane Great Harwood Lancashire BB6 7RF
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	The National Autistic Association are registered to provide accommodation for a maximum of six people who require personal care at Merlewood House. The home is a detached adapted. All bedrooms are single, there are shared bathing facilities and communal rooms. The home has been decorated and furnished to meet the needs of the people using the service. There is an enclosed private garden. Merlewood is

	located in a residential area, within walking distance of local shops and bus routes.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Merlewood House was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 March 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We considered people's overall experience of the service and perceived they were satisfied with the care and support provided at Merlewood. Relatives of people using the service told us, "This home is really good; they make sure he has a good quality of life", "We are quite happy with things", "It's all very good" and "It's fantastic, I don't think he could be in a better place".

People were being involved as far as possible in planning their support and were sensitively enabled to make decisions about matters which affected them.

People were treated with respect and valued as individuals, they were enabled to make choices and develop independence skills. They were being supported to pursue learning opportunities and try new experiences.

They were supported to access resources and activities within the community and keep in touch with families and friends.

People were getting support with healthcare needs and they had ongoing attention from health care professionals. They were being supported sensitively with personal care needs.

People using the service were supported by well trained, capable staff.

Although we had no concerns about peoples' care and support; we found some improvements were needed to make sure guidelines were better worded to protect people using the service.

People were being consulted about their experience of service. We found that checks on practices and systems were being carried out and action was being taken to improve and develop the service.

What we found about the standards we reviewed and how well Merlewood House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People had opportunities to be involved with decisions about matters affecting them and their independence was promoted.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using the service experienced appropriate support with health and personal care.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People using the service were safeguarded from abuse and the risk of abuse. Making sure the services' policies and procedure include more appropriate information should provide further safeguards.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People using the service were supported by a competent and supervised team of staff; arrangements were in place for learning and development.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People using the service benefited from effective quality monitoring processes, to help ensure they experience safe, appropriate support and care.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People living at Merlewood were involved as far as possible in making decisions about their individual support needs, including lifestyle choices and community involvement. The approach to care planning and support was person centred. This meant people were involved as much as possible with processes for planning and responding to their individual needs, abilities and preferences.

It was apparent from discussion and observation, that people using the service were being supported and encouraged to develop skills and try new experiences. They were being supported to access meaningful activities within the local area and further afield. The quality assurance systems provided people using the service and their relatives, with an opportunity to complete satisfaction surveys about the services provided at Merlewood.

Relatives of people using the service told us, "They encourage him to do things for himself, he can make a cup of tea with support", "They take him out a lot", "Oh yes they definitely treat him with respect", "I think they do respect his privacy", "With choices some are made for him, but they try to let him work it out for himself", "Staff interact brilliantly with him", "They support him to spend time in the privacy of his own room", "They respond to the way he reacts, they are lovely with him" and "We are

always involved, they regularly keep in touch and we get invited to review meetings".

Support workers were seen to be attentive and respectful in their approaches when supporting people. They told us, "It's their home we aim to keep it that way; we knock on doors and wait for them to grant access to enter if they can".

Other evidence

Staff spoken with explained how they promote independence within daily living activities, by sensitively supporting people to be involved in doing things for themselves. They said they offered people the opportunity to make choices and decisions. They told us, "We don't make decisions without involving them in some shape or form", "We value people and respect their choices, we support meaningful outcomes", "It's all about promoting independence", "We try to get to know what people will respond to best" and "We are not here to do things for people, we promote a skill base for use in their home".

The manager explained the processes in place for involving people using the service in decision making. The person centred approach helped ensure people were consulted with individually. This meant they could influence decisions made in their best interests. Systems were in place to ensure relatives of people using the service were involved with support plans and reviews.

Records showed attention had been given to finding out about people; they had individual 'about me' profiles. Their specific likes and dislikes had been identified, along with communication needs and descriptions of behaviours they may present, for example when anxious or angry.

Our judgement

People had opportunities to be involved with decisions about matters affecting them and their independence was promoted.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Arrangements were in place to respond to peoples' health care needs. We were told of ongoing involvement of health professionals, including the Learning Disability Nurse team, along with the support provided for GP and hospital appointments.

Positive relationships were encouraged and it was apparent people were actively supported to keep in touch with families and friends.

Relatives of people using the service told us, "Health care is taken care of, they take him to the doctors if needed and dentist", "With health care nothing is left out, any concerns are dealt with", "All his needs are met, his quality of life is the best it has ever been", "He is involved with plenty of activities" and "He has certainly developed since moving to Merlewood, he's a different person".

Other evidence

Support plans seen were written in a person centred way; they included information on how peoples' individual needs and preference were to be met. We found the support plans included detailed and in-depth information. Some pictures had been included to help people using the service to understand the content.

Risks to peoples' wellbeing and safety were being identified and managed, taking account of any agreed limitations, enabling their choices and their right to take risks. We found there were specific support plans and strategies in place to manage and positively respond to peoples' behaviours.

Records showed peoples' health and general wellbeing was being monitored and responded to. The service had introduced a 'traffic light' health care monitoring system. Staff spoken with were aware of peoples' individual needs and gave examples of how they delivered support. They told us people using the service had regular health checks and attention from health care professionals.

Peoples' weight was being monitored and individual nutritional needs were being routinely screened. Dietary needs, including individual food preferences were known and catered for; consideration was being given to healthy eating.

There were activity programmes in place for people using the service, they included individual learning and development plans. Consideration was being given to intended outcomes and achievements.

Staff spoken with told us, "We provide support with healthcare, hospital visits, accessing Doctors and dental appointments", "We get people into the community as much as possible for them to experience life; they have the exact same rights as us", "Care plans are progressive, they are not set in stone, a record would be kept of a new activity, we make managers aware of any changes" and "Activities are arranged but alternatives are available to respond to changes in peoples' needs and preferences"

Our judgement

People using the service experienced appropriate support with health and personal care.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During the inspection visit, the people we came into contact with did not present us with any concerns about the support and care they were receiving.

Relatives of people using the service told us, "I can tell if he is comfortable and I have not seen any anxiety displayed at Merlewood", "He would not be there if we weren't happy with things", "I feel he is safe there, no concerns", "I trust them dearly, no concerns whatsoever" and "We would bring any matters of concern to the attention of the manager, or higher if nothing was done, if needed would contact Social Services".

Other evidence

Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the homes' protection policies and procedures. They knew what to do if they had any concerns and indicated they would have no hesitation in contacting the relevant agencies if required. Staff had been provided with a handbook which summarised the services' key policies and procedures.

Staff had access to a 'whistle blowing' (reporting bad practice) procedure, they told us there were no bad practices at the service. Records and discussion showed arrangements had been made for staff to receive training in safeguarding, abuse and protection, further training had been arranged. Staff had also received training in dealing with 'challenging behaviour' and 'low arousal approaches'.

The local authorities safeguarding 'flowchart' procedure was available; this provided

details of the alert referral process and the designated telephone contact number. The manager told us this was the procedure all staff had been guided to follow. However we had sight of one organisational safeguarding policy which included slightly misleading information, the manager agreed to pursue this matter.

Our judgement

People using the service were safeguarded from abuse and the risk of abuse. Making sure the services' policies and procedure include more appropriate information should provide further safeguards.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We observed some positive and supportive interactions between people using the service and staff.

Relatives of people using the service told us, "Staff always seem very nice", "Staff are very responsive", "Staff are competent", "They work hard", "They are very careful to employ good staff", and "I can't fault any of the staff".

Other evidence

Processes were in place for new employees to receive initial induction training. This included the completion of a structured induction training programme and 'shadowing' more experienced support workers. The manager explained, that the first day of the induction process at Merlewood involved passing on relevant information about the individual people using the service. We found records of induction training were not readily available at the service. It would be good practice have this information available to show training had been given and to promote accountability, the manager agreed to take action in response to this matter. New staff were being supported to complete the CQF (Qualifications Credit Framework) Diploma level 3 in Health and Social Care.

Staff were being enabled to attain recognised qualifications in health and social care, those spoken with told us training was ongoing at Merlewood. Records showed training in various relevant topics had been provided. Systems were in place for staff to receive an annual appraisal and regular one to one supervisions. Staff meetings were being held on a regular basis.

Staff spoken with considered they received appropriate training and support, they said, "I love working here", "I had 2 ½ weeks induction training programme", "Training here is really good", "I am hoping for career path with the NAS" (National Autistic Association), "It's definitely a good organisation to work for", "I definitely feel supported, the management is good", "The managers are definitely approachable" and "It's very friendly and supportive".

Our judgement

People using the service were supported by a competent and supervised team of staff; arrangements were in place for learning and development.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We found people using the service were involved as far as possible with decisions which affected them personally, both on an informal daily basis and as part of the support review and planning processes.

People had been consulted on their experience of the service through satisfaction surveys.

Relatives of people using the service told us, "I have completed a survey recently, they asked appropriate questions", "We can make comments and I'm sure they would follow anything up", "If we had any concerns I would have a word with the manager, or further up" and "I think the manager would sort things out".

Other evidence

Information we hold about Merlewood, tells us they have for several years offered safe and effective support for the benefit of people using the service. The manager explained that people using the service were being supported by staff to complete satisfaction surveys on an annual basis. The manager said any issues raised would be dealt with individually as needed. We saw examples of the surveys in use; they included pictures and sensitively presented questions to gain an insight into peoples' experience and expectations of the services provided. The results of satisfaction surveys were incorporated within the quality monitoring systems.

There was an electronic based 'dashboard' computer programme, this included month

on month recording and monitoring of incidents, notifications to CQC (Care Quality Commission), CQC visits, sickness levels, training levels and complaints. The dashboard provided the manager with essential information for the monitoring of the quality of services.

The manager had completed an evaluation of all the essential standards of quality and safety. The information gathered was being used to identify and address any risks of non-compliance. Records and discussion showed comprehensive audits of the various processes and practices were being carried out on a regular basis. This included general maintenance, health and safety, care planning and staffing arrangements. We found some basic checks were being carried out on medication management processes, however, the manager showed us a more comprehensive auditing tool which was due to be introduced.

Quality audits and reports were also being completed by the area manager and managers from other services in the organisation. Reports included any recommendations and follows up on previous reports.

We were made aware of developments within the service provision which were not in scope with the current regulated activity. Action therefore needed to be taken to rectify this situation, we were confident the manager would address this matter.

Our judgement

People using the service benefited from effective quality monitoring processes, to help ensure they experience safe, appropriate support and care.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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