ECE Planning
64 – 68 Brighton Road, Worthing
West Sussex, BN11 2EN

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5 February 2026

Planning Department,
Gravesham Borough Council
Civic Centre
Gravesend
DA12 1AU

JC/Let/P2317

Dear Sir / Madam,

Application for Certificate of Lawful Development under Section 191 to confirm lawful use as C3 (dwellinghouse) at 30 Overcliffe, Gravesend, DA11 0EH.

We are writing to you on behalf of the applicant, **The Hyde Group**, seeking a Lawful Development Certificate to confirm the existing lawful use of the property at 30 Overcliffe as C3 use (dwellinghouse). This application has been submitted on the planning portal under reference **PP-14646577**.

The following documents are to be considered as part of this application:

- Application Form
- This Covering Letter
- Letter from the care operator the National Autistic Society (see Appendix A)
- Care Quality Commission Reports (see Appendix B)
- Redacted Tenancy Agreements (see Appendix C)
- Existing Floor Plans

This Lawful Development Certificate (LDC) Application seeks confirmation and acknowledgment from the council that the property has been in continuous use as a dwellinghouse with an element of care for no more than 6no. residents for a period of at least 10 years, and that the lawful use classification can consequently be considered to fall within the C3 use class.

We also seek affirmation from the Council that there is an unfettered right to use the property as any of the sub-categories within the wider C3 use class.

The property, as evidenced below, has been in continuous and uninterrupted use as a dwellinghouse in which care is offered since at least 2008. It was operated as a residential care facility for adults with autism by the care provider, the National Autistic Society (NAS).

Planning History

A review of the Gravesham Online Planning Register has been carried out and revealed the following planning history, demonstrating the most recently approved use class of 30 Overcliffe:

19830187 - Change of use from day school for autistic children to group home for young autistic adults (Approved 23 May 1983).

19760276 - Change of use of dwelling house to autistic childrens day school (Approved 26 May 1976).

19740208 - Conversion of premises to a private residential hotel. (Approved 14 October 1974).

The following application, detailing the adjacent property at 31 Overcliffe's conversion to care use, is also relevant to this application. It should be noted that applications for each dwelling were made separately.

19790187 - Change of use of dwelling house to a group home for young autistic adults together with alterations to provide a self contained housekeepers flat. (Approved 5 April 1979).

Discussion of Use Classification

The Town and Country Planning (Use Classes) Order 1987 defines C3 use as follows:

> *"Use as a dwellinghouse (whether or not as a sole or main residence) by—*
>
> *(a)a single person or by people to be regarded as forming a single household;*
>
> *(b)not more than six residents living together as a single household where care is provided for residents; or*
>
> *(c)not more than six residents living together as a single household where no care is provided to residents (other than a use within Class C4)."*

Pertaining specifically to C3(b) use, this has been further elaborated in case law. In an appeal decision (APP/B5480/X/24/3339187) dated 2 December 2025, the inspector confirmed that:

> *"For the use of the property to fall within Class C3(b), it must be a dwellinghouse; there must be no more than six residents; those residents must live there as their sole or main residence; they must live together as a single household; and care is provided for the residents. Class C3(b) envisages an element of care that can be provided by staff."*

It is therefore by these criteria that the lawful use must be established.

Evidence of Lawful Development

It is asserted that the property, as a residential care facility for up to 6 adults with autism, falls within the C3 use class.

In support of this, reports from the Care Quality Commission (CQC) have been included in Appendix B of this letter. These confirm the continuous use as a care facility, with regular reporting from January 2012 to November 2022. Reporting is provided for the property together with the adjacent 31 Overcliffe, collectively referred to as 'Overcliffe House'. The 2012 report clearly describes the facility as follows:

> *'Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism. The home is run by the National Autistic Society, which provides information, support and a range of services for people with autism.'*

And that:

> *'Overcliffe House consists of two separate houses, each accommodating six people, over two floors.'*

The 2022 report demonstrates that this manner of operation continued up until the latest reporting, describing the property as:

> *'Overcliffe House is registered with the Care Quality Commission as a residential care home providing the regulated activity of personal care and accommodation for up to twelve adults with a learning disability and/or autistic people. At the time of the inspection there were 7 people using the service. The service consisted of two houses next door to one another with 2 people living in one house and 5 people in the other house. Each house had a communal kitchen and lounge and a shared garden to the rear.'*

Throughout this period of reporting, the total capacity has always been stated as "up to twelve adults" between the two properties.

This operation aligns with the narrative presented in the letter from NAS (Appendix A), which confirms operation of the facility *"since at least 2008"*, and still ongoing at the time of writing. NAS also confirms in their letter that the two properties operated entirely independently, with independent facilities, housing up to six residents *each* for the full duration of this period.

The existing floor plans provided also demonstrate that the two properties each have full facilities commensurate with their use independent of one another. This includes communal toilet, bathing, kitchen, lounge, and laundry facilities, consistent with their operation as two independent dwellings each housing a single household. Separate tenancy agreements for the two properties are also provided (Appendix C) in support of this application, demonstrating that distinct addresses were used for the two properties in their respective letting agreements.

It should also be noted that the two properties are of a comparable and very similar scale and layout, with the same number of rooms and facilities. The residential capacity at any given time should therefore be considered to have been equal between the two. The capacity of the two properties taken together as 12 should therefore be reasonably concluded to mean 6 residents *each*, even when not explicitly stated as such.

This evidence paints a picture that, for a period of at least 10 years, 30 Overcliffe has been used as a residential facility, that the number of residents did not exceed 6, that the property was operated as a small-scale domestic setting in which residents would form a single household, and that a level of care was provided.

It should also be noted that within the 2017 CQC Report, one resident was reported as saying "I have lived here a long time, I feel safe and really like being here, I know the staff and the staff know me". It may therefore be concluded that the facility provided a level of long-term permanence to residents, acting as their primary residence.

As asserted in the letter from NAS, the property was specifically operated as a care facility for *adults*. This is further reinforced by the CQC reporting specifically and consistently describing the service as being for *adults* with autism. It should therefore be concluded that no children resided on site. For the purposes of the criteria for C3(b) use established in appeal decision APP/B5480/X/24/3339187, it can therefore be reasonably concluded that the residents were capable of forming a single household unit.

The CQC Reports from 2012, 2014, 2015 and 2022 also make clear that the service provided residential care *without nursing*. This demonstrates the level and intensity of care provided being less intensive. This is consistent with the assertion of use as C3(b) as opposed to more intensive and *institutionalised* care under C2 use.

The style of facilities is also demonstrated by the floor plans to be of a small domestic scale, commensurate with the asserted C3(b) use.

All evidence therefore suggests use under C3(b), with no more than six residents living at the property as their main residence together as a single household receiving care.

Conclusion

In summary, this application seeks a Certificate of Lawful Development under section 191 to confirm that the established and ongoing lawful use of 30 Overcliffe is use within Use Class C3 (dwellinghouse). The evidence submitted demonstrates a long-standing residential use for no more than 6 residents living together as a single household with an element of care, which falls within the C3 classification.

We therefore ask the council to confirm that the lawful use is C3 without restriction, including the normal flexibility to operate within any of the C3 sub-categories.

If you have any further queries or require further information, please contact me on 01903 248777.

Yours sincerely
ECE Planning

[redacted]

Sam Sykes MRTPI
Director

Appendix A – Letter from National Autistic Society

National Autistic Society
Weston House,
42 Curtain Rd,
London
EC2A 3NH
Tel: 020 7833 2299
Email: nas@nas.org.uk

To Whom It May Concern,

I am writing to confirm the operational details regarding 30 and 31 Overcliffe, which were both managed by the National Autistic Society.

The two properties operated independently as registered care homes for adults with autism, each with its own separate facilities. They had been operating in this manner since at least 2008, and did so on a continuous and uninterrupted basis during this entire period until the closure of 31 Overcliffe. 30 Overcliffe continues to operate in this manner at the time of writing. Residents at 30 Overcliffe and 31 Overcliffe did not share any facilities between the two properties.

Both properties operated as registered care homes for adults with autism under the management of the National Autistic Society. The decision to discontinue the use of both properties as care homes was driven by a shift in demand towards supported living models, which offer self-contained or en-suite accommodation. These models better meet the needs of the residents, making the shared facilities of 30 and 31 Overcliffe unsuitable for continued use.

At the time of handover, 31 Overcliffe housed six residents. The National Autistic Society handed back 31 Overcliffe to Hyde on 30th September 2025. 30 Overcliffe is still in operation, itself with 6 residents. At no time during operation did the number of residents exceed 6 each in either property. No permanent staff resided on-site, although staff were present 24/7 to provide support.

Within each property, shared facilities were provided for residents, including kitchen and bathing facilities and lounge space.

The tenants of 31 Overcliffe were relocated to alternative supported living arrangements, in line with the preferred model of care. The relocation process involved the relevant local authorities to ensure that the new accommodation met the needs of the residents.

We trust that this information provides all the necessary details you require.

[redacted]

Area Facilities Manager
National Autistic Society

National Autistic Society is a charity registered in England and Wales (296425) and Scotland (SC039427) and a company limited by guarantee registered in England (no.1205298), registered office Weston House, 42 Curtain Rd, London EC2A 3NH

Appendix B – Care Quality Commission Reports

Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Overcliffe House

30-31 Overcliffe, Gravesend, DA11 0EH

Tel: 01179748400

Date of Inspection: 12 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	National Autistic Society
Registered Manager	Ms Claire Meredith
Overview of the service	Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

One inspector conducted this inspection. We used a number of different methods to help us understand the experiences of people using the service, because some of the people who lived there had complex needs which meant they were not always able to tell us about their experiences. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found

Is the service caring?

Our observations showed that people had a positive experience of their care and appeared happy, settled and relaxed. They were provided with the support they needed from staff. The person we spoke with at the service told us that if they had any problems they could talk to the staff and they would help. They added, the staff were "Nice", and they looked after them well.

Is the service responsive?

We saw that people's needs were assessed before they moved into the service. The accommodation was used flexibly to meet people's needs. For example, one person's mobility had become restricted following an accident. Therefore, they had moved to a bedroom on the ground floor to ensure their safety while moving about the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

Is the service safe?

There were systems in place to ensure staff were competent in being able to meet people's needs safely and effectively. We saw that new staff received an induction to the service.

There were systems in place to monitor health and safety within the service. These checks included water temperature checks and tests of portable electrical appliances. We also saw that audits were undertaken of medication.

We saw that the service was well maintained. There was a system in place to report and monitor repairs needed at the service.

There were arrangements in place to deal with foreseeable emergencies.

Is the service effective?

Staff ensured people's privacy and dignity was upheld. For example, we saw that staff knocked on people's doors to their bedrooms and bathrooms before entering.

People were supported in promoting their independence and community involvement. We saw that the service used a system of support that focussed on promoting people's independence.

People were given opportunities to participate in activities they enjoyed. For example, the day of inspection people were visiting a beach to enjoy the warmer weather.

People's health needs were met and staff recorded health information on people's health records. We saw that people's appointments with health professionals were recorded.

There were enough staff on duty to meet people's needs effectively.

However, not all decisions in relation to promoting people's independence had been recorded to show that any risks had been assessed. There wasn't always a written plan in place to manage the risks to ensure the safety and welfare of the individual.

Is the service well led?

There were systems in place to monitor the quality of service delivery. These included meetings with people living at the service and surveys provided to people, their relatives and visiting professionals. There were opportunities provided to staff for them to feedback about the service. We saw that there was a complaints process in place and there were systems in place to monitor staff training and competency.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 July 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement. We saw that the service used a system of support that focussed on promoting people's independence. We saw how this had been used, for example, we saw a certificate one person had achieved for making pictures. During the inspection we saw that people undertook day to day tasks themselves that promoted their independence. For example, we saw a person hanging out the washing and another person travelled to a local day centre unsupported by staff. We spoke with one person who told us about the favourite meals they liked to cook. We saw there was a rota for people to cook meals at the service.

People who used the service were given appropriate information and support regarding their care. For example, we saw that information about how to make a complaint was available to people in a format that was accessible to them. We saw that information about people's activities was displayed in picture form in a communal area and pictures were seen on cupboard doors that showed people what these cupboards contained. One person we spoke with told us that they knew they had a plan of their care and they knew who the staff member responsible for overseeing their care was.

We observed that staff were polite and respectful towards people. We heard staff talk to people using respectful language. Staff ensured people's privacy and dignity was upheld. For example, we saw that staff knocked on people's doors to their bedrooms and bathrooms before entering. One staff member asked a person whether they wished for them to stay in the room while we spoke with them. The person did not indicate that they wished for the staff member to leave and therefore they remained present. We saw examples where people had their own keys to their bedrooms promoting their privacy and independence. One staff member told us that they ensured the bathroom door was locked when supporting a person with personal care to prevent other people from entering this area. They also ensured the person was fully clothed before walking between rooms to promote their dignity.

People expressed their views and were involved in making decisions about their care and

treatment. We spoke with one person living at the service and they told us that they had been involved in choosing the colours their bedroom was painted. One staff member we spoke with told us how they supported one person to choose their clothing each day. We were told that people were involved in planning their weekly menu and we saw this on display. However, the provider might like to note that there was no written information to show that people or their relatives had been involved in the planning of their care. There was no information to show that people or their relatives had been invited to sign their care records, to demonstrate their involvement, or whether they had declined to do so.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not always experience care and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed and their care was planned based on this assessment. For example, we saw an assessment that was recently completed for one person that showed what skills they had and areas in which they required support. There was information about the person's visual impairment and we saw that the service had installed handrails up the stair case to support them to use the stairs safely. We saw that people's needs were regularly reviewed to ensure their care plans were up to date.

Our observations showed that people had a positive experience of their care and appeared happy, settled and relaxed. They were provided with the support they needed from staff who were caring. For example, one staff member reminded a person of the items they needed to take with them that day and we heard a staff member remind a person to be careful in relation to moving past a door. Staff created a relaxed and pleasant atmosphere, for example by talking with people about the activity they were going on that day. One staff member told us that "The people are happy here". We spoke with one person who told us that they liked living at the service. They told us "I like the residents", and the staff were "Nice", they looked after them well.

People were given opportunities to participate in activities they enjoyed. For example, the day of inspection people were visiting a beach to enjoy the warmer weather. We were told about the garden project being run at the service which included people visiting from the day centre. One person was excited to tell us about the trip overseas they were going on this summer. We were told that people participated in activities at a day centre that included swimming and arts and craft.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, we saw a risk assessment had been completed in respect of one person travelling to a local day centre and shop unsupported by staff. We saw that this included a road crossing assessment that needed to be completed twice a year. We saw records of two of these assessments completed this year that identified how often the person should be reassessed and when. We saw that this risk assessment had

been reviewed. We saw that the service had a written policy in place that showed staff what action to take should a person living at the service go missing.

However, not all decisions in relation to promoting people's independence had been recorded to show that any risks had been assessed. There wasn't always a written plan in place to manage the risks to ensure the safety and welfare of the individual. We were told about the risks to one person when they were cooking in a kitchen which included risk of the person accidentally burning themselves on a cooker. A staff member we spoke with told us that staff must stay with the person when they were cooking in the kitchen. However, there was no written information documenting this risk. There was no written guidance for staff to be able to reference and follow consistently to ensure the person's safety and to show the risks to this person had been reviewed.

Two people had been assessed as being safe to access a locked kitchen cupboard, without staff support, that contained some cleaning materials. However, there was no written information to show that both people had been assessed as safe to access this cupboard without staff support. During the inspection we saw that the cupboard was unlocked. A staff member told us that a person had forgotten to lock it after they had opened it that morning. This meant that other people living at the service could access these potentially harmful items. The cupboard was locked during the inspection. There was no written information to show how this risk was being monitored to ensure people's safety at the service and whether this arrangement had been reviewed.

A kitchen cupboard that contained snacks, and treats was locked for health reasons, so people could only access these items with staff support. However, this restriction on people's freedom was not documented in order to demonstrate that the locking of the cupboard was the most appropriate action or that this decision was regularly reviewed. We were told that the practice was something staff had done for several months.

People's health needs were met and staff recorded health information on people's health records. We saw that people's appointments with health professionals were recorded. For example, one person needed their blood pressure checked and records showed that this had been done. Records showed that where people needed specific aspects of their health monitored this had been done. For example, regular monitoring of one person's weight.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that people were free to leave the building when they chose to. We saw that one person left the service, without support from staff, to visit a day centre. We were told that people were able to leave the building when they wanted to, with staff support, to maintain their safety.

There were arrangements in place to deal with foreseeable emergencies. We saw that the service had a "grab box" by the front door that contained a plan of action for staff to follow in the event of an emergency that left the service uninhabitable. This included using another service nearby under the same provider.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We looked round the shared areas of the service and saw some people's bedrooms. We saw that the service was clean and tidy, well-furnished and decorated. Accommodation was made up of two buildings over three two floors including cellars that housed the laundry facilities. Each bedroom was single. Some people showed us their bedrooms and we saw that they had been personalised to reflect their tastes. Shared spaces were the lounges, kitchens and dining areas and bathrooms. We saw that there were large enclosed gardens to the rear of the service.

The service was suitable in layout for the people living there. There were pictures on the doors to rooms that showed what room was behind the door to help people navigate around the service. The accommodation was used flexibly to meet people's needs. For example, one person's mobility had become restricted following an accident. Therefore, they had moved to a bedroom on the ground floor to ensure their safety while moving about the service.

We saw that the service was well maintained. There was a system in place to report and monitor repairs needed at the service. For example, a record showed that a cupboard door had needed repairing earlier this year and it had been marked as completed. During the inspection the staff member responsible for these repairs repaired a toilet seat. We saw that contractors visited the service to review other repairs required.

We saw that people accessed all areas of the service freely. During the inspection people spent time in their rooms, the lounge and garden.

Regular checks were completed to the service to promote people's health and safety. We saw that these included electrical inspections and fire safety risk assessments.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The service had assessed the needs of the people using the service and provided staff accordingly. We saw the tool used to assess people's level of dependency and inform staffing levels. All four staff we spoke with told us that there were enough staff on duty to meet people's needs. The person we spoke with told us that there were enough staff on duty to meet their needs. One staff member we spoke with told us how many staff should be on duty to be able to meet people's needs effectively and we saw that this amount of staff were on duty to meet people's needs. We saw that this was also reflected in a recent staffing rota.

We saw that the staff team included care staff, a staff member responsible for domestic duties such as cleaning and a staff member responsible for the maintenance of the service. Staff told us that they usually covered staff absences between themselves. They occasionally used agency workers but tried to ensure it was the same agency staff to promote consistency for people living at the service. This meant that people had a consistent staff team providing care to them and staff were familiar with people's needs.

Staff were competent in their role because they knew people's needs and how to meet them. For example, two staff members told us about one person's reaction to behaviour other people or staff may show. Both staff knew how to respond to this behaviour to reassure the person. We saw that this was in line with the person's care plan. Staff who worked at the service were skilled in meeting people's needs.

There were systems in place to ensure staff were competent in being able to meet people's needs safely and effectively. We saw that new staff received an induction to the service. This included attending training and observing more experienced staff supporting people. A new member of staff told us their induction had prepared them for the role and they felt supported.

We saw there was a system in place to monitor people's training needs. Staff training needs were recorded on a matrix that identified when staff training had been completed and when it was due. We were told that the current matrix was unavailable due to the system being upgraded. Records available showed that most staff had completed training relevant to their role. For example, safeguarding vulnerable adults and the Mental

Capacity Act 2005. Most staff had updated their safeguarding vulnerable adults training in line with the service's own timescale to ensure their knowledge was up to date.

One staff member told us they were "Always training"; another staff member told us they did lots of training. The deputy manager told us about checks they completed to ensure staff were competent in their roles. These included checking staff knowledge and competence in relation to adult protection and medication. We saw an example of a medication competency test that was underway.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were given the opportunity to shares their views about their care with the service. People met with staff member responsible for overseeing their care on a regular basis. Recent records of these meetings showed that matters including contact with the person's family and future appointments were discussed.

People, their relatives and professionals were provided with a survey to feedback about the service. The most recent survey findings were positive and showed that people were listened to and supported to do as much as they could for themselves. Staff were happy overall and relatives were happy that their relative was encouraged to live independently and be part of the community.

There was a system in place to provide staff with the opportunity to feedback about the service. Records showed that staff received supervision to discuss issues they wished. Regular staff meetings were also held for staff to meet as a group and discuss matters relating to the service. A recent record showed a discussion took place about locking a kitchen at night to prevent a person from eating other people's food.

The provider had a system for managing complaints. We saw that information about how to make a complaint was available in a format accessible to people living at the service. We saw an example of a response to a recent complaint made by a person who lived at the service that summarised a discussion with the person about the issues raised. The person we spoke with at the service told us that if they had any problems they could talk to the staff and they would help. We saw that the provider's internal monitoring system reviewed whether any complaints had been made.

There were systems in place to monitor the health and safety of the service. These checks included water temperature checks and tests of portable electrical appliances. We also saw that audits were undertaken of medication. The provider might like to note that records did not always show when matters related to health and safety had been addressed. For example, a faulty fire door had been repaired but it had not been recorded.

There was a system in place to monitor incidents at the service. The deputy manager told us about an electronic system in use that collated such matters for the provider across the region. We saw a record that confirmed this. We saw a record documenting a medication error that showed improvement to the procedures to prevent it recurring. We were told about a recent accident at the service that had led to improvements to the building. This included new signage and lighting to an outside stair well. We saw this signage in place.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of, the carrying out of an assessment of the needs of the service user and the planning and delivery of care and, where appropriate, treatment in such a way as to meeting the service users individual needs and ensure the welfare and safety of the service user. Regulation 9(1)(a)(b)(i)(ii).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 July 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

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✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
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Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Overcliffe House

30-31 Overcliffe, Gravesend, DA11 0EH

Tel: 01179748400

Date of Inspection: 06 March 2015

Date of Publication: May 2015

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard

Details about this location

Registered Provider	National Autistic Society(The)
Registered Manager	Ms Claire Meredith
Overview of the service	Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Overcliffe House had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 March 2015, observed how people were being cared for and talked with staff.

What people told us and what we found

One inspector conducted this inspection. This was a follow up to our inspection of 12 June 2014 where we identified that people did not always experience care and support that met their needs and protected their rights because assessments and documentation of needs were not always recorded. The provider wrote to us and told us they would be compliant by 8 July 2014. At the time of our visit all people living in the home were attending a day centre and the majority of staff were with them.

We spoke with the registered manager and deputy manager to follow up on the actions they had told us they had taken following our previous inspection. We considered all the evidence we had gathered under the outcome we inspected. We used the information to answer the five questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found.

Is the service safe?

There were systems in place to ensure people's needs were assessed and risks were identified. Personal and environmental risk assessments were carried out, reviewed and control measures were put in place to help manage risk. Care was planned in a way that ensured people's safety was a priority and care was reviewed regularly to support this.

Is the service effective?

People were supported in promoting their independence and community involvement. People's health needs were met and there were records kept where health information was recorded. Decisions in relation to promoting people's independence had been recorded to show that the risks had been assessed and written plans were in place to manage the identified risks and ensure the safety and welfare of people who lived at the service.

Is the service caring?

Records showed that people and their families were involved in their care and were encouraged to do so. Records relating to behaviour support demonstrated that people's likes and dislikes were taken into account when planning their care and that staff adopted strategies to support people's choice in their care.

Is the service responsive?

People's needs were assessed before they moved into the service and care was planned in response to these assessed needs. Individual objectives and goals were established and staff responded to the needs of individuals in a way that promoted choice and independence.

Is the service well led?

We saw evidence of learning and monitoring of the quality of service delivery. The management of the service focused on meeting the needs of individuals and we viewed records that demonstrated a focus on the individuals in the service and meeting their needs. The manager and deputy manager told us that staff, people who use the service and their families were involved in shaping those services.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection of 12 June 2014 we identified that people did not always experience care and support that met their needs and protected their rights. The provider sent us an action plan setting out how they would address this matter and they told us they would be compliant by 8 July 2014. We visited Overcliffe House and reviewed the care records of two people who lived at the home. We also viewed risk assessments resulting from a review of activities within the home.

People's needs were assessed and their care was planned based on this assessment. We saw that care profiles included information on what was important to the individual and details of how best to support them.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare and we saw that individual and environmental risk assessments had been carried out and reviewed regularly. The home had undertaken a risk assessment for a person who required supervision and prompting in the kitchen when cooking a meal. The manager of the home told us they believed the risk to be small and that sometimes staff needed to remind the person to slow down and take their time, particularly when other people were using the kitchen at the same time. We saw that this was reflected in the risk assessment.

We also saw a risk assessment relating to an unlocked cleaning cupboard containing two specific cleaning products that people who lived in the home had been assessed as safe to use, either independently or with staff support. Other cleaning products were locked in a cupboard in the laundry room and we reviewed a folder with recorded information relating to items kept in line with control of substances hazardous to health (COSHH). The manager told us that the risk assessment relating to people having access to specific cleaning products was reviewed regularly and would be reviewed along with other risk assessments if new people moved into the home.

Nutrition and hydration plans were in place for people who use the service and included

guidance in relation to access to snack foods. A risk assessment was in place relating to a snack cupboard that was kept locked because of the nutritional needs of a person living at the home. We saw documentation relating to different ways of supporting the individual and their nutrition and health needs. The manager and deputy manager told us that although the cupboard was locked people would have access to it when they wanted to and there were times during the day when it was open when staff were around. We saw that nutrition assessments included support for people to make healthy choices and we saw an example of records where people had attained an Award Scheme Development and Accreditation Network (ASDAN) certificate in healthy eating.

People who use the service attended regular support plan and outcome focused reviews. We saw that visual reviews had been developed and were presented on a PowerPoint slide show during the review. People's families attended the reviews and we saw that the reviews were signed by family members to say they had been involved and were supportive of decisions made relating to care and support. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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.

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Care Quality Commission

National Autistic Society (The)

Overcliffe House

Inspection report

30-31 Overcliffe
Gravesend
Kent
DA11 0EH

Tel: 01179748400
Website: www.autism.org.uk

Date of inspection visit:
30 September 2016

Date of publication:
15 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of Overcliffe House on the 30 September 2016. Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism.

At our last inspection on 6 March 2015 the service met the regulations inspected.

There was a registered manager in post. 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.

Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's needs. Care plans were reviewed monthly and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

People needed support with their finances as they did not have the capacity to do so. Records showed checks were being carried out by staff and the registered manager.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

The premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home. However, the water temperatures in the home were not controlled and had reached temperatures above the recommended safe water temperatures. Although, the registered manager told us the issue had been reported and were waiting for this to be fixed by the housing association. we identified that there were inadequately controlled risks being presented to people using the service in the meantime.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity

to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

A satisfaction survey had been carried out in July 2016 and the results from the survey were positive. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

There was a management structure in place with a team of support workers, registered manager and the provider. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Although some checks had been completed by the registered manager, there were areas which had not been promptly followed up or identified.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen.

We made one recommendation concerning finances. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We are currently considering what further action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe. Records showed water temperatures in the home were above the recommended safe temperatures. The registered manager told us this had been reported to be fixed however records showed the issue was on going.

People needed support with their finances as they did not have the capacity to do so. Records showed checks were being carried out by staff and the registered manager.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

Is the service effective?

Good

The service was effective. There were some arrangements in place to obtain, and act in accordance with the consent of people using the service.

Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Yearly reviews of people's care had been conducted with

relatives in which aspects of their care were discussed.

Is the service responsive?

Good

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

Aspects of the service were not safe. The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Checks had been completed by the registered manager, however there were areas which had not been promptly followed up or identified.

Relatives told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of support workers, the registered manager and the provider. Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

Care Quality Commission

Overcliffe 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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were twelve people using the service. All the people had autism and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and at meal times.

We spoke with four relatives. We also spoke with the registered manager and two support workers. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home. They told us "[Person] is very safe there" and "They [person] are getting good care and attention from the service. I have no problem with the home at all."

We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Tests had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Testing of the fire alarm was done weekly, fire drills were conducted twice a month and fire equipment was checked on a monthly basis. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire.

However records showed water temperatures in the home would at times reach above the recommended safe water temperatures and were not consistent. Water temperatures should not be above 44°c as this places people at risk of scalding. For example, for the upstairs bathroom, the water temperatures were recorded as the following: 21/5/16 – 55.6°c, 10/7/16 – 57.2°c, 23/7/16 – 53.2°c, 31/7/16 – 54.1°c, 7/8/16 – 50.5°c, 11/8/16 – 52.7°c, 13/8/16 – 50.4°c, and on the 24/9/16 – 50.9°c. Records also showed for the downstairs bathroom water temperatures were 3/9/16 – 43.9°c and 27/8/16 – 45°c. During this inspection we checked the water temperatures for the upstairs bathroom and the temperature for the bath was 39.1°c and the sink was 41°c.

We discussed this with the registered manager who told us the home was managed by the local housing association and they were waiting for them to replace the valves to ensure the water temperatures were controlled. However there was limited measures in place to reduce the risk of scalding to people using the service. Some people were independent and were able to use the bathrooms themselves which means they could be at risk of being scalded as they would have no staff support to check the water temperatures first to ensure it was safe.

For people who required support with their bathing the registered manager told us staff would check the water before they supported people with their personal care. However this was not being checked using a thermometer and there was no records to show that these checks were being done. The thermometer was only being used to test the water temperatures on a weekly basis. There was also no risk assessments in place in relation to the high water temperatures to assess the risk to people using the service and implement appropriate measures to minimise the risk of people being scalded.

Shortly after the inspection, the service had an inspection by an external water treatment company on the 5 October 2016. The report shows the water temperatures inspected were under 44°c. However the measures recommended for temperature control was assessed as 'Action required to gain temperature control' and the 'Classification Of Priority' for this area was rated as 'High Priority' which meant immediate action was required

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and whistleblowing policies in place and records showed support workers had received training on how to safeguard adults and were aware of actions to take in response to suspected abuse. When speaking to support workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse.

Records showed that people using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Records showed that the National Autistic Society (NAS) acted as corporate appointees for ten people using the service and local authorities were appointees for two people using their service. Mental capacity assessments were in place which showed the decision about NAS managing people's finances was made in people's best interest and discussed with family relatives.

There were some arrangements in place to manage the finances of people using the service. Records showed transactions were recorded and checked by staff on a daily basis during staff handover. The registered manager told us that checks were completed by staff and balances were signed off by two members of staff to ensure they were accurate. If money was needed which was over a specific amount, this would then need to be authorised by the registered manager. Records showed that provider audits were also completed to check people's finances were managed appropriately and a financial risk assessment was in place.

Each person had an individual financial plan which detailed how people's finances were going to be managed. The registered manager told us people were supported by a staff member at the building society, transactions were recorded in the building society book which would be recorded and checked in the home records.

However there was a lack of external auditing to ensure people's finances were being managed safely and appropriately. The last external financial audit of people's finances was conducted in 2014 and there was no records to show another financial audit had taken place since.

When speaking to relatives of people using the service we found there was a lack of communication with them about people's expenditure. Relatives told us they generally had no concerns about the way people's finances were being managed but finances were only discussed annually during care reviews. Relatives told us they were not aware of people's expenditure and what money was being spent on. They told us they felt they would like to be more informed about people's expenditure on a more frequent basis.

We recommend the service review external auditing arrangements to ensure effective management of people's finances.

Records demonstrated the service had identified some individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as personal care, risks of choking, anxiety and behaviours that may potentially challenge the service. These included control measures to help minimise the risks to people using the service. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. We found support workers had worked at

the home for a number of years which ensured a level of consistency in the care being provided and familiarity with people using the service. The service did not use agency staff and if cover was needed, then bank staff who had been at the home previously and knew people and their needs well were used. When speaking to staff, they confirmed this. They told us "We have regular bank staff who are familiar to the service and the people here."

There was a monthly rota in place and care workers told us they knew their shifts in advance. Support workers told us "There is a rota in place so you always know what you are doing", "Staffing is good. There is enough staff to support people safely" and "We have a good core team here. That's why the home works really well. We all know the people well."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five support workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. Care plans of people using the service listed which medicines they were prescribed, why the medicine was being taken and the potential side effects. There was also information for staff on what to do if a person refused to take their medicines. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which indicated people had received their medicines at the prescribed time.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. Records showed a visit from the dispensing pharmacist had been undertaken in April 2016 and no major concerns had been identified.

The registered manager told us that two members of staff would administer medicines to ensure this was done accurately. We observed this during the inspection. Records showed daily checks were being completed to ensure staff had checked the blister packs, that the MAR sheets were completed and a medicines count had been conducted.

However, the provider's medicines daily audit records showed there were gaps on the 10/9/2016, 14/9/2016, 17/9/2016, and 18/9/2016. Checks had been completed on the 19 and 20 September 2016 but there was nothing recorded after this date. This indicated that checks were not being conducted daily and could potentially risk unsafe medicines management in the home. The registered manager told us medicines were always checked by two members of staff but would ensure records were completed appropriately to reflect this.

Support workers had received regular medicines training and policies and procedures were in place. Records showed medicines competency assessments for staff were completed to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff. Relatives told us "They have employed good staff. They are respectful and not patronising. I have always been happy with them", "Staff are very pleasant", "The staff are lovely" and "They do the best they can."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Support workers told us "I do enjoy my job I love it. Every day is different you are always learning something new", "There is good teamwork and everyone is supportive", "We have got the right people doing the right job" and "We have got a good team and a solid team. Its flows very well."

Records showed staff were supported to gain and develop the knowledge and skills to enable them to support people effectively. We saw from records that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. One support worker told us, "They [management] supported me with my NVQ3." Staff also told us they were supported with their professional development and earned continuous professional development (CPD) points through their training and working experience. This ensured the skills and knowledge of staff was current and staff had the opportunity to enhance their skills to enable them to carry out their roles more effectively.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, health and safety, safeguarding and equality and diversity. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Staff told us "We get lots of training. They are totally relevant to our jobs" and "Lots and lots of training. Anything you can think of we get it but it is all very beneficial to us." Records also showed that staff had received specialised training to enable them to support people with their particular needs and conditions. Some people using the service had complex needs such as autism and epilepsy. Records showed that staff had completed autism specific and epilepsy training.

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. Support workers told us "We always have supervision and annual appraisals" and "Yes we have supervision. If there is something, you can speak to your line manager about it." The registered manager told us they had started to conduct 'reflective' appraisals. This was an appraisal conducted on one specific area where staff would want to enhance their knowledge and understanding such as policies and procedures or specific areas such as safeguarding. Staff spoke positively about this and told us "I have had two reflective appraisals. We concentrate on a particular area. If feels good. It's like you are learning something new and you are developing your understanding on that particular area."

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 checked whether the service was working within the principles of the MCA. We noted that care plans contained some information about people's mental state and cognition. There was a decision record sheet which listed areas where people were able or not able to make decisions and any support they needed. Records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interest. For example one person using the service required specific medical treatment and records showed relatives and healthcare professionals were involved to ensure this was done in the person's best interest to receive the appropriate treatment.

Staff had knowledge of the MCA and training records confirmed that staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

However care plans were not signed by people using the service or where appropriate, signed by their relatives. In some people's care plans, there was a consent form signed by relatives to say that they consented to the care and support provided to their relative but it was unclear as to what care and support this was specifically referring to. The registered manger told us people's care was discussed and agreed during yearly reviews with relatives and healthcare professionals. Records confirmed this. The registered manager told us she would ensure the care plans were signed by relatives which would clearly show the areas of support agreed for people using the service.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

We observed and records showed evidence that people went out and enjoyed various activities and community outings. We found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and these were in place.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals. People also had individualised hospital passports in place. These included information healthcare professionals would need to be aware of such as allergies, health and medicines currently being taken by the person. The document also contained information on what was important to them and their likes and dislikes. This would ensure people received the appropriate support and treatment in accordance to their specific needs in the event of people needing hospital admission. One relative provided us with positive feedback about the way their family member was supported when they were recently not well. They told us "[Person] had to go to hospital. They took [person] there, stayed with them. I was kept informed. It was excellent. They went beyond the call of duty."

People were supported to get involved in decisions about their nutrition and hydration needs. The

registered manager told us there was a menu in place as people were able to communicate their wishes and this was accommodated for them. The menu was displayed in the kitchen using a pictorial format to help people understand what they were going to have at meal times. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly responded to. The kitchen and dining areas were fully accessible to people using the service throughout the day. During meal times, the atmosphere was relaxed and people sat with other people using the service. People ate independently and were given the time to eat at their own pace and were not hurried by staff.

There were some arrangements in place to ensure the home was maintained. The registered manager told us they had access to a maintenance person if things needed to be fixed. Overall the home was tired looking with old furnishings, the interior was not bright, some walls were painted with a dull greenish colour and some bathrooms were in need of refurbishment. The home has medium sized gardens and were supplied with a range of garden furniture so people could sit in the garden. We discussed this with the registered manager and she acknowledged the overall decor of the home could be improved. She told us the housing association was responsible for carrying out any refurbishment in the home and some refurbishment had been requested to be done.

Good

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "[Person] is well cared for". "The care is brilliant", "Brilliant, friendly, warm and helpful. I wouldn't change a thing", "I am delighted with the care", "[Person] is well looked after" and "I am lucky to have [person] there. It is very good."

We observed that support workers showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Support workers approached people and interacted well with them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. A support worker told us "We reassure them and talk to them. We try to make them feel comfortable. This is their home at the end of the day."

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were at the day centre.

All bedrooms were for single occupancy and people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

In people's care plans, there was information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. For example, the care plans contained a communication profile which detailed how staff should communicate with people in different scenarios which may affect people such as if there was a change in the person's daily routine, when it was time to get up and when people needed to attend appointments.

There were some arrangements to support people to express their views and be involved in making decisions about their care where it was possible. Resident meetings were held in which people were supported and encouraged to communicate their wishes. Actions such as noting particular foods people indicated they wanted were added to the home's menu.

Annual reviews of people's care were being conducted with the involvement of people's relatives and healthcare professionals. Records showed that people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us "Yes we have review meetings usually yearly. Generally no issues" and "We look at the care plans during the review. It is well organised and I have the opportunity to say what I want."

However, some relatives told us that communication from the home could be better and more on a frequent basis. They told us "We get feedback on appointments but if there is anything else we have to ask.

Communication could be better and more frequent. Like the day to day stuff. It would be nice to be informed on a more regular basis" We discussed with the registered manager that more frequent reviews with family members should be considered so relatives are informed of not just feedback from appointments but of people's general well being and daily living requirements. The registered manager told us she would consider putting this in place.

Good

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "I'm very pleased with the home", "I am satisfied with the care and have no concerns", "They do understand [persons] needs", "[Person is very well looked after" and "[Person] is happy and content there. When [person] comes home, they are always happy to go back."

Care plans were individualised and person- centred and included information about a range of each person's needs including; health, social skills, community living, finances and communication. Care plans clearly detailed information about people's personal backgrounds, preferences, daily routines, what is important to them and their likes and dislikes. Care plans were reviewed monthly and updated when people's needs changed.

Although the information in people's care plans was person centred and detailed, we found the format lengthy and on occasions the information had been duplicated. There was guidance in relation to autism in people's care plans and how autism affected them individually. However when reviewing the care plans, we found some of the characteristics detailed were generic and not specific to people's individual needs. We discussed this with the registered manager about stream lining the format to make it more concise and easier to follow. The registered manager told us she was reviewing the care plans and would ensure the format was clear and guidance was relevant to people's specific characteristics.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed support workers provided prompt assistance but also encouraged and prompted people to develop and retain their independence. Support workers told us when people were at home during the day they would encourage people to develop their daily living skills. We observed this during the inspection. Support workers encouraged people to do their own laundry and clean their room.

Support workers told us and records showed there was a handover after each of their shifts and residential daily records of people's progress were completed each day so staff were kept informed about people's needs.

People's care plans reflected people's individual interests, religious and cultural needs. People were supported to visit family and friends and supported with maintaining relationships with family members and maintain links with the wider community. During the inspection some people were at the day centre, some people were at home, one person was assisted in their choice to go out for a walk and they had tea and cake whilst they were out and one person had gone to stay with their family. Care plans also contained pictures of people involved with activities and community outings. A support worker told us "We can get people out easily. We have two mini vans we can use." Relatives also told us "[Person] goes to the day centre. They do try and stimulate [person] and accompany them on outings. They have lovely food, [person] is taken out" and "[Person] takes part in cooking and they take them out for trips."

There were procedures for receiving, handling and responding to comments and complaints. We saw the

policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke positively about the management of the home. They told us "Very professional", "Management are very good, whenever I have had to speak with them it's never been a problem", "I can't fault them. I am very happy with the way it is run", "If I need them, they are only too pleased to help me. We can get hold of them easily" and "Someone is always available to speak with me. If I have had to request they call me back, they have always done so."

There was a management structure in place with a team of support workers, registered manager and the provider. The people using the service had lived at the home for most of their lives which ensured consistency in the care they received.

There were some systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback from relatives via questionnaires in July 2016. We noted the feedback was generally positive. Comments included 'We cannot praise the staff highly enough for the work the work they do…', and '[Person] feels secure.' When asked what was the best thing about the support your family member gets, comments included 'Communication skills', '[Person] is able to experience the world around them by being taken out to activities and on holidays. [Person] is supported to achieve new skills with kindness and patience' and 'Staff going the extra mile.'

The service undertook some checks of the quality of the service. We saw evidence that checks had been carried out by the registered manager in various areas such as medicines, health and safety, maintenance and people's finances. The registered manager showed us an audit that had recently been conducted by the provider in July 2016 which covered aspects of the service including medicines, health and safety, care plans and staffing. Areas of improvement and actions to be taken were noted and actioned.

However, during this inspection, we identified other areas which needed improvement. These included the appropriate management of people's finances, the lack of measures in place and follow up action to ensure the issue of high water temperatures had been resolved, the gaps in the checks conducted in relation to medicines management, care plans had not been signed and did not always relate to people's specific needs. Relatives also told us that communication from the home could be better and more frequent and limited detail was shared with relatives about people's expenditure as people did not have the capacity to do so themselves.

Although some checks had been completed by the registered manager, the checks failed to identify the issues and concerns as raised during this inspection. The registered manager told us she had not completed any audit to review the service which meant the service was reliant on the provider checks to ensure quality. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people which could risk people receiving care and support which was not appropriate to their needs and unsafe.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staff had a positive attitude and were of the opinion that the service was well managed and had an open and transparent culture. Staff told us "As a company they look after people well", "100% they [management] will act on things. I have a lot of faith in them", "Very forthcoming and caring"," They have a good approach here, if you have any problem it is dealt with", It's like a family here, you talk to anyone about anything" and "They are doing a great job."

Staff also felt the registered manager and provider were supportive and approachable. They told us "They are very approachable, you can confide in them", " Very open to ideas and suggestions", "They listen to your suggestions and give you the opportunity to run with it and see how It goes" and "100% they listen to any concerns, complaints, queries and questions."

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us "Yes we have staff meetings. We discuss the residents and their needs. If there are any changes we need to know about or new policies. They are helpful"; "Team meetings are good. You talk about the residents and get updates. Communication is really good here" and "We are all on email so we get updates that way as well."

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1) (2) (a) (e)

Care Quality Commission

National Autistic Society (The)

Overcliffe House

Inspection report

30-31 Overcliffe
Gravesend
Kent
DA11 0EH

Tel: 01179748400
Website: www.autism.org.uk

Date of inspection visit:
17 November 2017

Date of publication:
09 January 2018

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 was carried out on 17 November 2017 and was unannounced.

The home provides care and support for up to twelve people with learning disabilities and/or autism. People who used the home had moderate to low care needs, with some now needing consideration as elderly people having lived at the home for over thirty years. At the time of our inspection there were twelve people living at the home. The home consisted of two houses next door to each other with accommodation split over two floors. There was one bedroom on the ground along with communal living space and the rest of the bedrooms were on the first floor.

A registered manager was employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the previous inspection on 30 September 2016, we made one recommendation concerning finances and found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found people were at risk of scalding as the water temperature had been too hot. Records showed that the temperature had been taken regularly, however when they had gone above what is considered safe for people who are vulnerable, no action had been taken to protect people.

At this inspection, we found the registered manager had robust audits of water temperatures around the home and immediate action had been taken when necessary to keep people safe.

At the last inspection we found that there were not robust quality control measures in place. The manager had not reviewed audits being undertaken by staff and therefore opportunities had been missed to improve the service provided to people and keep them safe.
At this inspection we saw that the manager was monitoring monthly checks being completed by staff. That the quality of records such as daily records and medication records were reviewed and action taken when appropriate.

At the last inspection, it was recommended that people's finances be audited by an external auditor, the manager confirmed this had been arranged on a yearly basis.

People were assessed as individuals so that staff understood how people's care was planned to maintain their safety, health and wellbeing. Risks were assessed within the home, both to individual people and for the wider risk from the environment. Staff understood the steps to be taken to minimise risk when they were identified.

The registered manager had plans in place for emergency evacuation should this become necessary. These were individual plans for each person and were kept in people's care files and in a grab bag should the need arise. It ensured that all staff in the home would understand how to continue people's care, should the home be evacuated in an emergency.

Incidents and accidents were recorded and checked by the registered manager to prevent these happening again.

People were kept safe by staff who understood their responsibilities to protect people living with learning disabilities and autism. Each person had a key worker who assisted them to learn about safety in and outside of the home. Staff had received training about protecting people from abuse. The staff and management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. Records were kept to assist people to monitor and maintain their health. Staff had been trained to assist people to manage daily health challenges they faced from conditions such as epilepsy. Staff were also mindful of those people who were now aging and the conditions they may now face.

The home was welcoming and friendly, with some people coming forward to find out who was at the door and introduced themselves. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. Staff were deployed to enable people to participate in community life, both within the home and in the wider community.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. People were consulted about their care and staff were flexible to requests made by people to change routines and activities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made.

Many people had been at the home over thirty years, others having lived in other homes within the organisation before coming here. Staff knew people extremely well and people were very involved in their own routine and activities.

Recruitment was robust. The registered manager recruited staff with relevant experience and the right attitude to work well with people who had learning disabilities and autism. New staff were given extensive induction and on-going training which included information specific to learning disability and autism services.

Staff received supervisions and training to assist them to deliver a good quality service and to further develop their skills.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink and had access to health care professionals when required.

The registered manager produced information about how to complain in formats to help those with poor sight or communication skills to understand how to complain. This included people being asked frequently if they were unhappy about anything in the home.

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

There was robust auditing of possible risks within the environment keeping people safe.

People's finances are appropriately audited.

People's risks assessments were relevant to their individual needs, and included risks involved with emergency evacuation of the home.

Safeguarding concerns and incidents were reported appropriately.

With the registered manager and staff were committed to preventing abuse.

Medicines were administered by competent staff.

Recruitment processes for new staff were robust.

Is the service effective?

Good

The service was effective and remained good.

Is the service caring?

Good

The service was caring and remained good

Is the service responsive?

Good

The service was responsive and remained good .

Is the service well-led?

Good

The service was well led.

There were robust audits monitoring risks within the building, with immediate action to minimise any risks identified.

There were systems to measure the quality of the service being

provided and how that has impacted on peoples' lives.

The home had benefited from consistent and stable care and management staff bringing continuity to the care and support provided.

Care Quality Commission

Overcliffe 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.

This inspection took place on 17 November 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we looked at notifications about important events that had taken place at the home, which the provider is required to tell us by law.

We spoke with four people about their experience of the home. We spoke with five staff including the registered manager, team leader and three care staff. We observed the care and support provided.

We asked the local authority contracts and other health professionals involved in people's care for their views about the home.

We spent time looking at general records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training matrix, the staff rota and medicine records.

Good

Is the service safe?

Our findings

At the last inspection we found that records showed hot water temperatures in the home would at times reach above the recommended safe water temperature. Water temperatures should not be above 44°c as this places people at risk of scalding. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that hot water temperatures in peoples' rooms and bathrooms had been recorded regularly and were with in normal parameters with the exception of one. The registered manager and staff had learned from the previous issue so when the temperature was over 44°c this had been reported immediately. The staff made sure that people understood that this tap should not be used and put up a sign that indicated it was out of order. This was removed and people were informed once value was replaced, the next day.

At the last inspection we made a recommendation about how people's finances were monitored. At this inspection we found people who needed assistance to manage their finances are supported by staff. All transactions are fully documented and checked by two staff. The records are checked by the registered manager monthly and once a year they are being independently audited.

Some people were able to speak to us other people were less able or had less confidence to express their views directly to us. We listened when people spoke to us about their experiences and observed how other people responded to staff when care and support was delivered. People told us they felt safe. One person said 'I have lived here a long time, I feel safe and really like being here, I know the staff and the staff know me'. People went to staff who listened to them when they were concerned or they just wanted to share news about something they experienced that day.

We asked a relative whether they were confident that the staff kept their family member safe, they said, "I am certain they keep my daughter safe, staff know her well, they take time to explain things to her, she couldn't be in a better place".

Staff were aware of the identified risks for each person and how these should be managed. These included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviours at shift handovers. Records detailed the information shared between staff about risks within the service.

Behavioural support care plans detailed early interventions based on people's individual needs. This enabled staff to intervene early if they saw people becoming upset or agitated. Staff understood the recorded behavioural triggers for each person. If people's needs could no longer be met at the service, the registered manager worked with the local care management team to enable people to move to more appropriate services. This was only considered when people's behaviours had become distressing to others living in the home.

Although there were very few incidents and accidents occurring they were recorded and checked by the registered manager for any learning. The registered manager told us these are closely monitored and steps would be taken to reduce incidents and accidents from happening again. The registered manager was clear about reporting incidents that affected the health, safety and welfare of people being notified to regulatory bodies such as The Care Quality Commission and the local authority safeguarding team.

There were personalised risk assessments and behaviour intervention plans if appropriate for each individual living at the home. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. The behaviour care plans were in place for people and used to identify triggers for behaviours that had a negative impact on themselves or others or put others at risk. The steps and early interventions staff should take to defuse these situations and keep people safe was fully recorded. Staff understood their roles in assisting people to understand and manage their behaviours. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications if relevant. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. A new member of staff we spoke with confirmed they had been through a vigorous application and selection process. Which included being asked to explain gaps in their employment during the interview process.

There was enough skilled and experienced staff to meet people's needs. The registered manager had ensured that the staff both permanent and their own bank staff had the correct skills, training and experience. We looked at the rotas and saw that staff were deployed in line with people's choices around activities and in extra one to one time some people had for assessing the community in the evening. Staffing levels were increased when people needed additional staff assistance for example one person is receiving end of life care and they have a member of staff available to meet their needs at all times.

People had practiced evacuating the service, for example when the fire alarm sounded. Emergency drills and tests were recorded. People had personal emergency evacuation plan (PEEP) written to meet their needs. Staff and people living in the home received training in how to respond to emergencies. The registered manager was part of an out of hours on call system, which enabled serious incidents affecting peoples' safety or care to be dealt with at any time. Staff understood people's individual communication styles, like body language or behavioural changes which may indicate people were unhappy or distressed.

There was a current safeguarding policy and the up to date safeguarding protocol issued by the local authority. Staff told us that they had received training on safeguarding procedures and were able to explain these to us. Staff described the types of concerns they would report as safeguarding and understood what whistle blowing was. Staff were aware of reporting to social services safeguarding teams if they believed their concerns were not taken seriously.

There were safe processes in place for the management and administration of people's medicines. We

observed medicines being given and the staff administered the medicines appropriately. Once they were confident that the person had taken the medicines they signed that it had been administered. During our observation one person was asked by staff asked the person if they had pain and at what level it was at. Staff did this to see if paracetamol would be enough or whether they needed a stronger PRN medicine The current medicines policy was available for staff to refer to should the need arise.

Access to medicines was restricted to those staff that had completed training and were competent. People had been given information about what medicines were for and when they should be taken. People had been assessed individually about their abilities to understand information about medicines. We reviewed the records relating to how people's medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure medicines were in date and stored according to the manufacturers guidelines. The registered manager ensured that regular audits of medicines happened and that all medicines were accounted for daily. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely as prescribed and at the right time.

The registered manager explained that they do not own the building people live in and therefore some of the maintenance is not their responsibility. They work closely together to ensure that the building is fully maintained to keep people safe. For example there were copies of the required gas and electric safety certificates, the water had been checked for legionella and small electrical appliances had been checked yearly. The outcome of this was that maintenance repairs were carried out quickly and safely and these were signed off as soon as they were completed. People were also protected from environmental risks and faulty equipment.

The building was kept clean and there were no unpleasant odours. The people living in the home were responsible for cleaning their bedrooms and some communal areas such as the kitchen with staff support. There was a member of staff who was responsible for cleaning both houses on a daily basis. They cleaned for example bathrooms, toilets and emptied bins. They completed a cleaning schedule, showing what areas they had completed each day. There was a COSSH file which contained a safety sheet for all the cleaning products used with in the home. This gave the staff emergency information on what to do if for example the cleaning liquid or powder got into people's eyes or it was swallowed. All staff spoken with knew where this file was located and how to use it.

There were policies and procedures available for staff to refer to if they were unclear what they should do in different circumstances. These included topics such as if a person went missing, an unexpected death and reporting accidents and incidents.

Good

Is the service effective?

Our findings

Staff had the skills required to care and support the people who lived in the home. Staff learning was provided in a number of ways, including by e-learning, distance learning courses and face to face training and this was supported by records we checked. Additional training was provided in relation to person centred care planning and its delivery for people with autism and epilepsy.

Staff also told us that they received supervision and felt supported in their roles. As soon as new staff started working at the home they began training and induction. Supervision meetings with staff were held with senior members of staff and took place about four times per year more often if it was felt necessary. Supervision and appraisal assisted staff to maintain, improve and develop their work practice and skills to benefit people in the home. A newer member of staff said, "I have done my induction and the training I needed to help me to become a good carer. I have done the basic training and I know I have more to do. I have found the whole staff team very supportive". This meant that staff were supported to enable them to provide care and support to a good standard.

People's needs had been fully assessed and care plans had been developed on an individual basis. The plan detailed the professional people who they had access to if the need they needed that specialist support. This meant people and staff could access this professional support, review and care planning advice easily and quickly. Assessments were completed and reviewed with people, their care manager from the learning disability team or their relatives whenever possible. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they, their families where appropriate and keyworker, were involved in discussing and planning the care and support they received. A review of the plan was undertaken monthly by the keyworker with the person to keep it current and document any changes.

Assessments and care plans viewed reflected people's needs and were well written. People's plans had some good examples of personalised care planning. With people's involvement in their care planning being recorded. The registered manager of the home continued to monitor the personalisation of care plans, however this meant these plans had become very long and it was not always easy to find specific information quickly. The registered manager had recognised this and was putting together a mini plan for each person that recorded the main agreements to care and support. This meant new and bank staff could access the information they needed straight away.

People were supported with their agreed and recorded daily routines by staff if that's what they wanted to do that day. Staff were conscious that the older people living at the home may not always want to go out every day to do activities, and staff respected their choices. People's health needs were monitored by staff and comprehensive information was provided about people's conditions. For example, a person who was receiving end of life care had treatment guidelines in place which were detailed and staff knew how to follow.

People were assisted to access other healthcare services to maintain their health and well-being, if needed.

The registered manager and staff had been reassured by the support they were receiving from other health professionals in the care of a person near the end of their life. Staff told us about the support they give to people to go and see their GP or getting help from other health and social care professionals like the Eleanor Nurses. Records confirmed that people had been seen by a variety of health professionals, including a GP, nurse and dentist. Referrals had also been made to other healthcare professionals, such as psychiatrists.

There was lots of flexibility for people around eating, drinking and meals. People had access to their kitchen and could make drinks and chosen meals and snacks independently or with support. This helped people maintain their independence and created a person centred culture around meals. People's likes and dislikes in respect of food and drink was seen in the care plan file. Staff supported people to eat healthily but it was their choice and staff respected that. Food preparation areas were well presented and clean. They were accessible to people at any time. There was plenty of food available for people to choose from. 'Use by dates' were checked and people helped formulate the menu and do the shopping.

People we spoke to about the food were happy with the choices they got. People said, "I like most meals and I get involved in cooking." And, "I get support from staff to cook and make my own meals." People had choices about the menus and could change their minds about what they ate and drank. The way eating and drinking was managed enabled independence and worked well for people.

People were encouraged not only to make day to day choices about things like meals and activities they were encouraged to be part of the decisions made about their home. People were encouraged and enabled to personalise their bedrooms and also chose paint colours for other parts if the home. Staff supported people to choose, for example one person had their bedroom decorated recently and staff supported them to go out to buy new curtains. The person enjoyed showing off their room to staff.

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.

There was good communication between staff and people living at the home, staff were friendly and caring. Best interest meetings about important decisions were recorded. All people were encouraged and enabled to make day-to-day decisions about their care and were offered choices. They were provided with information if necessary to help them decide what they wanted to do.

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).

The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This is to ensure that people were not unlawfully restricted, however there was a back log of applications being confirmed and therefore staff were mindful not to restrict peoples liberty and offered choices whenever possible.

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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. For example, some people may need

to be supported in making best interest decisions about DoLS by an independent mental capacity advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. These decisions could include the use of physical interventions, and show how other relevant people, such as GP's, Community Mental Health Nurses and people's relatives had been involved.

Good

Is the service caring?

Our findings

During the inspection visit we saw people interacting well with staff. The staff took time to listen to people and responded in a friendly and patient way. People knew all the staff names and called out to them to check out things like 'how long is it before we go', 'will I need a coat today' and 'are you coming with us today'. The staff were polite, and there was still good natured banter between people and the staff and with each other. This showed that people were at ease with each other and the staff.

People were positive about staff and living at Overcliffe House. Four people spoke to us about their experiences living in the home. They talked about the relationships they had with staff and one person described their keyworker as being a kind person, they said,' [name keyworker] takes me out, up the town if that's what I want to do. They make me laugh, they are my friend, and they know what I like'. Another person said 'The staff look after me, I can ask them anything, they don't mind, they always listen and they are nice and kind'.

The staff we spoke with had a good understanding of what was important to people and were knowledgeable about their medical histories, their preferences, hobbies and interests. This information we saw in the 'Person centred care plans', which had been developed through time with peoples' agreement. This information enabled staff to provide care and support in a way that was appropriate and met peoples wishes and preferences.

A relative told us, "She is well cared for here, she is asked what she wants all the time', and, 'all the staff are smashing, she is comfortable here with the staff that understand her.". "Her communication is not easy to understand but they have learnt to communicate with her. Her body language lets them know if she is not happy".
One person at the home did not have family or friends available to offer impartial advice and support. An advocate was arranged for this person and they were currently seeing them once a month. The advocate was able to liaise with the staff on the person's behalf if that is what they wanted them to do.
Staff were able to describe ways in which people's dignity and privacy was preserved, such as making sure staff knocked on people's doors and waited until people were happy for them to come in. Staff made sure doors were closed when they provided personal care. Staff explained that all information held about the people who lived at the service was confidential and would not be discussed to protect people's privacy. Staff were heard reassuring a person that was using the bathroom that although the door would not lock they would make sure no one would come in while they had a bath. Staff explained that all information held about the people who lived at the service was kept confidential and would not be discussed openly in the communal areas of the home to protect people's privacy.

People's rooms within the service were personalised by them and reflected their choice and taste. We heard one member of staff had been invited to see a person's room and they commented about the curtains being really nice and how they fitted well in the room.

Decisions about household routines were taken collectively by the people during house meetings or

individually with their keyworker. There were a number of information leaflets on the notice boards around the home which included information about the service, safeguarding, a complaints policy, what to do if the fire alarm goes off and activities. These had been provided in accessible formats.

Staff were aware of peoples' human rights, for example the right to be the person they wanted to be. Staff had received training in human rights and equality and diversity and understood that the people they supported for example may need to be supported to access specialist health professionals; to explore their sexuality or maintain relationships which were important to them. The registered manager said that personal relationships would be encouraged and supported. Staff spoken with understood that part of their role was to enable people to lead their lives in the way they want.

Good

Is the service responsive?

Our findings

The people at Overcliffe House received personalised care that was responsive to their needs. People had been encouraged to determine their own preferences and wishes regarding the support and care staff provided. When people needed assistance to communicate this, relatives were often involved in the formation of a care and support plan. Taking into account people's interests, along with the care and support the person may need. Each person had a named key worker or they had access to an external mentor. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place. Keyworkers also liaised with family and enable the person to do the things important to them.

Often we saw that continued relationships with their family member were very important to individuals. As people had got older so had their parents, consideration was now given to how the visits could be facilitated given the changes in age. Some people were still able to go home to family on a regular basis and at weekends.

We observed people getting ready to go out and participate in their chosen activities or packing a bag to visit family for the weekend. One mum came to collect their relative and we had the opportunity to speak with them. They told us that they recognised that they were getting older and therefore they realised there would be a time when they would not be able to do this anymore. They were confident that staff at the home would make sure that contact continues even if they brought the person to them.

Activities varied day to day and some included learning, such as developing social skills and involvement in household tasks to maintain their independent living skills. People were encouraged to assist staff with cooking if they could not cook by themselves. Staff help people write a shopping list and supported people to do the shopping for the chosen meals.

Other activities were chosen to meet people know interests and to access the local community. For example one person was preparing to go clothes shopping and then have a meal out be for returning later that evening. We heard the person discussing the outing with the staff member, they also thought about how they were going to get where they were going which on this occasion was to be on the bus. Other people told how they enjoyed going to the club and meeting up with other friends they had made in other homes. We were given a long list of things they liked to do, they included horse riding, swimming, bowling, watching football and going to the pub.

We also saw that people also went on holiday normally once a year, some went with family others went we there keyworker or another member of staff if they were unable to do this.

People could change their minds and told us they did not have to do their chosen activity for any particular day. Most went to the day centre run by the provider for the four similar care homes in that area. They provided all sorts of activities to match people's interests and advancing years. Other people had one to one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. Staff had been allocated to people's activities based on their skills and experience.

The registered manager had sought advice from health and social care professionals when people's needs changed. With people getting older they now needed to explore end of life care. We saw that staff had been receiving training in how to care for people with life limiting illnesses. The staff were also being supported emotionally to ensure they were confident in providing end of life care for a person they have known for many years. Records of multi-disciplinary team input had been documented in care plans. For example Eleanor Nurses had given guidance on making sure people experience a pain free death. Health professionals gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's or other specialised practitioners when people were unwell. People had a patient passport which holds information about the person and their needs when going to hospital. The information had been down loaded on a USB fob that goes with them if they go into hospital, so hospital staff have immediate access to important information about that individual.

Where people were going to have treatment in hospital the staff endeavoured to take people to the place where the procedure would take place and give them time to ask questions and understand what would be happening. By familiarising the person it was hoped it would be less stressful for them and they would have a good outcome.

There was a policy and procedure about dealing with complaints that the staff and manager followed. The complaints procedure was displayed within the home in a way that met people communication needs. Staff explained that if someone wished to make a complaint that their keyworker would support them in doing this. Staff understood that people with learning disabilities, autism may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health. Staff told us that all complaints are taken seriously; the registered manager explained that they saw complaints as a way of improving the service for not only the individual but also as learning tool for staff.

Good

Is the service well-led?

Our findings

At the last inspection we found that systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the registered manager recorded the quality monitoring she undertakes monthly and this sent to senior managers at head office. The registered manager also keeps them informed of issues that related to people's health and welfare and they in turn would make sure that these issues were being addressed. There were systems in place to escalate serious complaints or incidents to the highest levels with the organisation so that they were dealt with to people's satisfaction.

Over time there had been continuous improvement in the quality of the service which included the development of person centred care plans. These developments supported people to make individualised life choices and participate in the life of their community. People and their relatives had been asked about their views and experiences of using the home. We found that the registered manager used a range of methods to collect feedback from people. There were regular individual or group meetings for people were they are encouraged to contribute. Where communication was a barrier the keyworker would put their views forward.

The registered manager had experience of working in different positions in services for people living with learning disabilities and autism. The registered manager had carried out quality audits of the service on a monthly basis. Audits enabled them to identify areas of the service that needed improvement, and the action which needed to be taken and when to keep people safe.

Although the staff were not familiar with the providers actual vision and values as documented they did describe the similar good outcomes for the people living in the home that they strived for. For example, to provide the best individualised support for people. So people enjoyed their lives, enabled them to continue their interests. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care as they become elderly. This was an important consideration and demonstrated the people were respected by the registered manager and staff.

Staff told us they enjoyed their jobs. The provider asked staff their views about the service. Staff felt they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they got from the registered manager and team leader, especially when they needed to respond to incidents in the service. They told us that the manager was approachable. One member of staff said, 'I have been supported to develop with in my role. I have further training to develop my management skills and I am being mentored by the manager.' "Another member of staff said, "We have regular supervision and training is arranged so our knowledge and understanding is up to date. We work together as a team and we support each other, but we put the people first and remember this is their home".

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date and reviewed at least yearly. Staff told us that they were able to view these when they needed to.

The registered manager reviewed the quality of the records staff had completed. They checked that risk assessments, care plans and other systems in the service were up to date. All of the areas of risk in the service were covered; staff told us they practiced evacuations and these were recorded.

Care Quality Commission

National Autistic Society (The)

Overcliffe House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Overcliffe House is registered with the Care Quality Commission as a residential care home providing the regulated activity of personal care and accommodation for up to twelve adults with a learning disability and/or autistic people. At the time of the inspection there were 7 people using the service. The service consisted of two houses next door to one another with 2 people living in one house and 5 people in the other house. Each house had a communal kitchen and lounge and a shared garden to the rear. People had varying degrees of independence and some people had lived at the service for over thirty years. Most people had limited verbal communication so were unable to provide feedback by speaking to us directly.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: People were not always supported to have maximum choice and control of their lives and it could not be assured staff supported them in the least restrictive way possible and in their best interests; staff did not always follow the policies and systems in the service to support best practice. Mental capacity assessments had not always been undertaken to assess if people had the capacity to make specific decisions. It could not be assured the conditions in people's DoLS were met as the service did not monitor them for compliance.

The service gave people care and support in a clean environment, but the décor did not always meet people's expectations. The provider was working with the landlord to make improvements.

Staff enabled people to access specialist health and social care support in the community. However, only half the staff team had received updated training or competency checks in how to administer medicines safely. Staff prepared food and drink to meet people's dietary needs and requirements. Staff supported people to take part in activities and pursue their interests in their local area. They had access to day services provided specifically for autistic people. Staff communicated with people in ways that met their needs and planed for when they may experience periods of distress and anxiety.

Right Care: Information about people's care, treatment and support was easy to access to ensure people's wellbeing was promoted. People received kind and compassionate care from staff who understood and responded to people's individual needs.

People and relatives were positive about the quality of the service. People indicated by the 'thumbs up' sign

that staff gave the support they needed. Relatives said staff were caring and helped ensure people followed a routine that made them feel safe.

People were supported by staff who understood the wide range of strengths, impairments or sensitivities autistic people may have. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

There were enough staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse.

Right Culture: Quality assurance and monitoring systems were not always effective in identify shortfalls and improving the service for the people who used it. People's family members were not always fully involved in providing feedback about the service so their views could be acted upon.

People benefitted from the open and positive culture of the service where the management team was approachable and listened and responded to people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 9 January 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service and in part due to concerns received about care planning, risk assessments and oversight of the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified breaches in relation to monitoring the quality of the service, staff training in medicines, recruitment of agency staff and assessing people's capacity to make at this inspection.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Overcliffe House on our website at www.cqc.org.uk.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our safe findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our safe findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our safe findings below.	**Requires Improvement**

Care Quality Commission

Overcliffe House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Overcliffe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Overcliffe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We joined 2 people for breakfast and were introduced to 3 other people who used the service. We spoke with 3 relatives to gain their views about the quality of the service. We talked with 5 members of staff including the manager, deputy manager, senior carer, a carer and deputy area manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment. We also looked at staff training and meetings. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
● The service had enough staff to meet people's needs but recruitment practices did not promote safety as checks on new staff were not always comprehensive.
● There were incomplete checks on agency staff to ensure they were suitable for their role. The staff rota contained the names of five agency staff. However, there was only a record that one out of these five agency staff had had a Disclosure and Barring Service (DBS) check. There was no record of any of their training, skills or experience necessary for their role in supporting people safely. The provider told us this information was obtained after the inspection. There was also no record that any of the agency staff had had an induction for their role.
● The provider's staff recruitment procedure for permanent staff included obtaining a person's work references, identity, Disclosure and Barring Service (DBS) checks and employment history before they started employment. However, an audit of staff recruitment files had identified that one staff employed in November 2022 did not have a work history or photograph; and another staff member employed in March 2022 had gaps in their employment history. These had not been addressed at the time of the inspection.

The provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives said a number of staff at the service had been employed for a long time. This helped to ensure consistency of care. One staff member told us, "I have grown up alongside the people here." A relative commented about their family member, "They are very familiar with the staff. They are settled, very settled."
● Every person's care record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely
● People's medicines were stored safely but it could not be assured that they were administered and recorded safety.
● Not all staff had received training or had their competency for administering medicines checked in line with the provider's policy. This had also been identified at an internal audit in October 2022. Only half of the staff team had completed their two-yearly medication refresher training. Only two staff had had their competency in administering and recording medicines checked. The provider told us an additional staff member had completed their medicines training after the inspection. This meant two staff who administered medicines , had had no medicines training or competency check for over two years.
● Although medicines were regularly audited by staff to check they were administered safely, the provider's

comprehensive yearly medicines audit had not been completed. The management team did not know when this needed to be undertaken in line with the provider's policy

The provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives told us staff clearly recorded people's medicines when they visited them. One relative said, "All their medicines come home with them and I sign them in, and then out again when they leave." This meant there was a clear audit trail of medicines leaving and coming into the service.
● People could take their medicines in private when appropriate and safe to do so. People's medicines were stored securely in their bedrooms if it had been assessed as safe to do so. The temperature medicines were stored at was monitored, as some medicines react to excessive heat.
● We observed staff giving people their medicines, checking they had taken them and then making a record on the medication administration chart. Staff had appropriately reported medicines errors and actions had been taken to minimise risks such as seeking medical advice and monitoring the person's health.

Assessing risk, safety monitoring and management
● Staff had taken action to minimise potential risks to people, but this had not always been clearly documented to ensure people were supported consistently and safely. This is an area identified for further improvement.
● People's support plans contained basic information about how to minimise potential risks to people such as any health or mental health conditions. One person had had a fall and the landlord had been consulted to make changes to the environment to make it safer for them. However, these important actions to minimise the risk to this person had not been included in their risk assessment. The manager told us these risk assessments would be completed in line with the provider's procedure once they had undertaken risk assessment training.
● People's care records helped them get the support they needed because they were easy for staff to access. Staff kept accurate and up-to-date records and stored them securely.
● Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Assessment of risks in the environment had been undertaken and kept under review. Regular checks had been undertaken on gas, electrical and fire equipment to ensure it was in good working order. Staff took part in fire drills so they knew how to support people in the event of a fire.
● Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Some people had a positive behavioural support plan (PBS). These plans set out preventative and reactive strategies for staff to follow to help ensure people received an enhanced quality of life.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff explained how changes in people's body language would alert them that something was not right with them and to investigate further.
● Relatives told us that their family members were safe at Overcliffe House. Comments included, "I have no worries that my family member is going to be ill-treated"; and, "He cannot tell me if something was not right, but I would know. I can tell from his reactions and he is never reluctant to return to the service from my home."
● Staff had undertaken training on how to recognise and report abuse and knew how to put this training into practice. They felt confident if they raised concerns to the management team they would be acted on. They also knew how to whistle blow and report allegations of abuse to external agencies. Information about

how to report abuse was available to staff. Whistleblowing is when someone raises a concern about abuse within their organisation.

Preventing and controlling infection
● We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Relatives were able to visit the service in line with government guidance.

Learning lessons when things go wrong
● Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
● Staff recognised what constituted an accident or incident and reported them appropriately. The management team investigated incidents and shared them appropriately with the positive behavioural support team (PBS). The PBS team had oversight of all incidents relating to people's anxieties. These were analysed so any themes or triggers could be identified and shared with the staff team and the person's PBS plan updated accordingly.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.
● The principles of the MCA had not been applied consistently to ensure where people lacked capacity to make particular decisions, they were made in their best interests.
● There was inconsistent practice with regards to assessing people's mental capacity to make specific decisions. Staff told us that people did not always have the capacity to make specific decisions, but there was not always a record of any associated mental capacity assessments and best interests meetings. For example, one person's capacity had been assessed with regards to having a blood test, but not for having a flu or COVID-19 vaccination. No mental capacity assessments or best interests meetings had been undertaken for another person despite the manager telling us they did not have the capacity to make some specific decisions.
● DoLS had not been regularly monitored to ensure appropriate legal authorisation was in place to restrict people's freedom. The manager had made applications to extend people's DoLS as they had identified they had expired or were due for renewal. Some people had conditions with their DoLS that are binding on the service. Although these conditions were being met, the management team were not aware of them.

The provider had failed to consistently understand and follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff knew about people's capacity to make daily decisions through verbal or non-verbal means.

Staff support: induction, training, skills and experience
● People were supported by staff who had received relevant training which had been regularly refreshed, with the exception of medicines. This has been detailed in the Safe section of this report. Updated training and refresher courses help staff continuously apply best practice.
● New, permanent staff received a structured induction so staff understood their roles, the people they supported and learned the skills to perform them competently. As reported under the Safe section of this report, there was no evidence agency staff received an induction for their role.
● Staff were provided with training in the wide range of strengths and barriers people with a learning disability and or autistic people may have. This included supporting people with their anxieties, communication, sensory needs and how to work in a person-centred way.
● Staff received support in the form of continual supervision and team meetings. Staff felt well supported as they could contact a member of the management team informally. They said they also had access to external forms of support if needed.

Adapting service, design, decoration to meet people's needs
● People lived in a clean and safe home but the décor did not always meet people's expectations.
● People's home was an older building which had had problems with damp and water leaks, resulting in one person's room not being fit for purpose. Meetings with the landlord had taken place and these problems had been addressed. However, this work had resulted in a number of areas of the home including the dining room and kitchen requiring redecoration. We saw no evidence of a timescale for completion of these works.
● People were independently mobile and could move freely around their home. Signage was used to aid this. People personalised their bedrooms and were included in these decisions. Some people had chosen to have lots of personal items in their bedrooms and others had chosen a more minimalist design.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Staff completed a comprehensive assessment of each person's physical and mental health before admission.
● Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Each person had a sensory profile which set out how the person experienced the world through their senses. Autistic people's senses can be over or under sensitive to stimuli and these sensory differences can affect how people feel and act and therefore can have a profound effect on their life.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
● Multi- disciplinary team professionals were involved in people's support plans to improve people's care. This had included learning disability nurses, speech and language therapists and members of the providers positive behavioural support them. People had benefitted from this joined-up approach as it had led to a decrease in their anxieties and the impact on the other people with whom they lived.
● People's health information including their medical needs and associated health appointments was easy for staff to access. People had hospital passports. These passports could be used by health and social care professionals to help the understand people's health and communication needs and any reasonable adjustments needed.
● People's oral health needs had been assessed and care plans set out if people required assistance with their teeth and dental visits.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet.
● Assessments were made of people's needs with regards to nutrition and eating and drinking. People's food intake and weight were recorded to monitor any significant changes. Referrals were made to the dietician or speech and language therapist as appropriate.
● People were involved in choosing their food, shopping, and planning their meals. Staff used photographs of meals to help people choose what they wanted to eat. Most shopping was done online and people helped to unload and put it away on delivery.
● People could help themselves to a drink or snack at any time as they had access to their kitchen. This helped people maintain their independence and created a person-centred culture around meals. People's likes and dislikes in respect of food and drink were recorded in the care plan file.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Staff provided people with personalised and co-ordinated support in line with their communication plans, sensory assessment and support plans.
● Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Staff followed the SPELL structure which is the National Autistic Society's framework for understanding and responding to the needs of autistic people. It focuses on five principles that have been identified as vital elements of best practice when working with autistic people and emphasises ways to change the environment and our approaches to meet the specific needs of each person. SPELL stands for structure, positive approaches and expectations, empathy, low arousal, links.
● Care plans reflected a good understanding of people's needs. Each person had a one-page profile which set out what was important to the person, their strengths and how best to support them. Staff used person-centred planning tools to look at people's achievements, dreams and aspirations.
● People had developed positive relationships with permanent staff and these staff spoke knowledgably about people's individual's needs. Staff checked with people to see if they needed any help or support and gave minimal prompts so they could remain as independent as possible.
● Feedback from relatives was positive about how people's individual needs and choices were met. One relative said about their family member, "They have a routine which is very important to them. The staff always try to do what their best for them. They have a good quality of life." Another relative told us, "They are well cared for and staff are kind to them. Staff are genuinely fond of them."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People had individual communication plans that detailed effective and preferred methods of communication. Communication plans included how a person presented when they were content and when they were distressed. There was also a guide for staff which set out the in individual words, sounds or actions a person used to communicate their emotions. This guidance aided staff in communicating with people and responding appropriately.
● Methods of communication had been adjusted to each person's individual requirements. Communication methods included emotions cards, picture symbols, pen and paper and Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. Although staff had not had specific Makaton training, they were able to sign everyday words. A relative told us, "Staff

communicate very well with my family member by pictures and they also write in their book."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to participate in social and leisure interests and to stay in regular contact with family and friends.
● People were able to attend the provider's day services which offered activities such as dance and movement and arts and crafts. The centre contained a television room, computer suite and games room that people could access. A relative said, "My family member does things they enjoy such as going bowling, dance and drama and to the theatre. During lockdown staff kept everyone going so they were not bored. They were wonderful."
● Staff supported people to use their local community. A relative told us, "Where they live benefits everyone as it is near the town and public transport."
● People were encouraged to celebrate significant events. People had attended a party to celebrate Halloween. A relative told us family members were invited to celebrations and how much it meant to them. "The summer party was thoroughly enjoyable and also the Platinum jubilee celebration. I have known people as children and through school and some of them are still living together."

Improving care quality in response to complaints or concerns
● People, and those important to them, could raise concerns and complaints and staff supported them to do so. People were asked about any concerns at regular keyworker meetings.
● Staff understood the changes in people's body language and presentation, which may indicate that they were not happy with an aspect of their care. In these situations, staff investigated further to try to understand the reason for the person's reactions.
● Relatives said they approached specific staff if they had any concerns and these were dealt with to their satisfaction. They knew to contact the manager or provider if their concern was not addressed.
● The service's policy was to treat all concerns and complaints seriously, investigated them, learned lessons from the results and apologise to people when appropriate. The service had not received any complaints since the last inspection.

Supporting people at their end of life
● People's wishes and plans for the end of their lives had been sought and recorded.
● People's relatives had been contacted to discuss people's end of life care wishes. People had a document entitled, 'When I die' to record people's specific preferences such as where they wanted to live in their final

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The provider's quality assurance arrangements had not been consistently applied to identify improvements so they could be acted on in a timely manner.
● Quality assurances processes had not identified the shortfalls found at this inspection regarding the recording and checking of agency staff, staff training and competency in medicines, and the application of the MCA 2005. For example, an internal audit in October 2022 had found restrictions were included in people's DoLS and best interests meetings held when people did not have capacity to make specific decision. However, we found this was not the case as detailed in the Effective section of this report.
● Some of the provider's yearly quality assurance checks had not been completed. This included medication and infection control audit, which had last been carried out in January 2021.

The provider had failed to operate an effective quality assurance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had failed to register a manager at the service in line with their condition of registration. There had been a manager registered at the service until 18 September 2022. A new manager was in post but they had not registered with the Care Quality Commission. The manager told us they were in their probationary period and the provider was assessing their competence to carry out the role. We will deal with this outside the inspection process.
● A new management team had been appointed when the provider had identified the service needed to improve. The management team was working through shortfalls and understood the provider's vision and values to support autistic people to live the best lives possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback had been sought from people but not always from those important to them, to help develop and improve the service.
● Relatives said that although communication with the service was usually good they had not been asked for feedback about their relatives' care. They said this used to be achieved through an annual questionnaire and at annual review meetings with staff form the service and day services. Comments included, "I'm not sure they would score very highly on feedback. In the past I used to get questionnaire to complete, but not for a while"; "We used to have an annual review at the day centre which was really useful as I knew what my

family member was doing, but this seems to have been phased out." and, "Although I have not been asked for feedback I speak to staff. I've just had a review with staff, but no one from day services. They are always good." The management team said that questionnaires were being sent to family members in December. We will assess the impact of this at our next inspection.
● Keyworker meetings were regularly held with people to ask for their views about the service and review their care. This included asking people if they had any concerns about their care and reviewing their health and wellbeing. People were specifically being asked about their choices for activities going forward. An easy read questionnaire had been designed to gain people's choices and preferences.
● The management team had reintroduced staff meetings and ensured they took place regularly. This was so staff views could be heard and acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
● The manager and deputy manager had worked at the service for a number of years and knew people well. They had been promoted within the service and told us they were receiving support from the provider. The management team were visible, approachable and keen to learn and make improvements to the service. The manager based themselves at the service when many previous managers had worked from the provider's office.
● There were positive interactions between people and staff. Staff listened to people, reacted to their body language and gave them time to respond. When we asked people about the support they received from staff two people gave a 'thumbs up' sign.
● Feedback from relatives was positive about how the service was managed. Comments included, "I would definitely recommend it. It is well run"; "At the summer party one thing stood out. That was that everyone looked so well and happy and it did my heart good" and, "Overall very, very happy with the care".
● The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others
● The service worked in partnership with health and social care professionals and external agencies to help maintain people's care and support needs. There had been effective joint working in particular with one person who had complex mental health needs.
● Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team. This had resulted in improvement in people's quality of life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to consistently understand and follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Regulation 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines. Regulation 12 (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate an effective quality assurance system. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure the safe recruitment of staff.

Regulation 19 (1) (b) (3) (a)

Review of compliance

National Autistic Society Overcliffe House	
Region:	South East
Location address:	30-31 Overcliffe Gravesend Kent DA11 0EH
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism. The home is run by the National Autistic Society, which provides information, support and a range of services for people with autism. The home is within walking distance of Gravesend town centre.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Overcliffe 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 4 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Most of the people who used this service had limited verbal communication and therefore were not able to tell us directly about their experiences of the service.

People told us that they were involved in a wide range of activities and interests. One person showed us some intricate embroidery that they were doing. Another person said that they liked taking photographs. We looked at some of their photographs which showed the many local and far away places that they had been to.

One person said that they wanted to go to the pub that evening. A member of the care staff replied that they would take them and anybody else that wanted to go.

People told us that they had been on holiday last year and that they knew where they were going on holiday this year. They said that they were flying by plane to get there.

One person showed us the communal lounge. They said that it was comfortable.

Some people who lived in the home showed us their bedrooms. They said that they liked to spend time in their rooms and indicated that they had all the things that they needed. In the home's annual survey, one relative commented that care staff, "Went that extra mile".

What we found about the standards we reviewed and how well Overcliffe 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 were supported to make decisions and choices, and were consulted on all aspects of life in the home.
People's privacy and dignity was respected and their independence encouraged.
Overall, we found that Overcliffe House was meeting this essential standard.

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

People had a plan of care that clearly identified their individual needs and goals. This enabled people to live active lives and so ensure that their health and welfare needs were met.
Overall, we found that Overcliffe House was meeting this essential standard.

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

The home had taken steps, including providing training, to help make sure that people were protected from potential abuse; and that care staff were competent in working in challenging situations.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People who lived in the home received their medicines at the times that they needed them and in a safe way.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People lived in safe and comfortable home that promoted their well-being.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People who lived in the home were supported by staff, which had been checked to make sure that they were suitable to care for them.
Overall, we found that Overcliffe House was meeting this essential standard.

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

People who lived in the home were supported by care staff, which had the necessary skills and knowledge to meet their health and welfare needs.
Overall, we found that Overcliffe House was meeting this essential standard.

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

The views of people who lived in the home were regularly sought. There were robust systems in place to monitor the quality of the service that was provided.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People could be confident that their comments and complaints were listened to and acted upon.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Records were held confidentially, they were up to date and well organised. The majority of records were easily accessible for staff to refer to. However not all records were available in the home.
Overall, we found that Overcliffe House was meeting this essential standard.

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
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
We observed that staff communicated with people who lived in the home in an individual way. Although people had limited verbal communication, care staff involved people in conversations that were meaningful for them.

People were encouraged to be as independent as possible and involved in daily life. During our visit, one person went to do their laundry and at dinner, one person was responsible for clearing all the plates away. We were told that people were responsible for keeping their bedrooms clean and tidy.

People were able to make informed choices. When a member of care staff said to one person that it was time to do their washing, the person walked over to the TV to watch a film. The care staff asked this person if they wanted to watch the film or do their washing, to which they replied, 'washing'. They then went off together to complete this task.

Care staff respected people's privacy. When a person who lived in the home indicated that they did not want us to look in their bedroom, care staff made sure that their wishes were honoured. Everyone who lived in the home had a key to their own room, so that they could lock it when they were not at home. Care staff demonstrated through discussion that they were committed to maintaining people's dignity when at home and in the local community.

People who lived in the home had opportunities to make their needs known at weekly meetings. These meetings followed a set format so that people would know what to expect. The topics of conversation included if people had any concerns, what they would like to do, and what they would like to eat.

People who lived in the home were involved in appraising new care staff. They completed a pictorial questionnaire about whether care staff were suitable for their role. One comment by a person who lived in the home was, "I like X because they take me out".

Our judgement
People were supported to make decisions and choices, and were consulted on all aspects of life in the home.
People's privacy and dignity was respected and their independence encouraged.
Overall, we found that Overcliffe House was meeting this essential standard.

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
People told us that they were involved in a wide range of activities and interests. One person showed us some intricate embroidery that they were doing. Another person said that they liked taking photographs. We looked at some of their photographs which showed the many local and far away places that they had been to.
One person said that they wanted to go to the pub that evening. A member of the care staff replied that they would take them and anybody else that wanted to go.

People told us that they had been on holiday last year and that they knew where they were going on holiday this year. They said that they were flying by plane to get there.

Other evidence
We saw that care staff were able to interact with and understand people who had limited verbal communication. One member of the care staff team had a conversation with a person who lived in the home. This person indicated that they were going to have a shower and then left the room. The member of care staff soon called this person back because they believed that this person was anxious. The care staff member had a discussion with this person about whether they wanted to have a shower. After a long discussion the person was happy with their decision and left the room and went to have their shower.

When we spoke to care staff they were knowledgeable about people's personal, social and healthcare needs. They said that the plans of care that had been written about the people who lived in the home, were easy to understand and to follow. They

demonstrated that they knew how to follow these plans to meet people's needs and keep them safe.

We looked at some people's plans of care to see if people were receiving the care and support that they were assessed as needing. We saw that the front sheet of people's plans contained a 'pen picture' of the person. This gave a useful insight into the person's main characteristics, what was important to the person, what they like to do and the best way for people to communicate with and support them. These 'person centred plans' had been written form the point of view of the person receiving care. Plans of care contained information about people's likes and dislikes. They also contained a detailed sensory assessment. This is because it has been found that people with autism can be over or under sensitive to sounds, touch, tastes, smells, light or colours.
We saw that people had an annual healthcare check which covered all aspects of their physical well-being. Any visits by or to healthcare professionals were recorded to show how people's healthcare needs were being met. Records showed that the home had links with a variety of healthcare professionals.

Everyone's plan of care had been regularly reviewed to make sure that it was up to date.

Records showed that people had the opportunity to access the local community. Each person had a diary that recorded the things that they had done. On the day of our visit people had returned from their day activities. They were involved in household tasks, watching a film, colouring and needlework.

Everyone attended local day services provided by the National Autistic Society. The SAND centre offered activities at the centre and in the community. These included developing social skills, information technology, swimming, horse riding, trampolining and going to cafés. Some people attended Artrack, a small, specialist centre offering art and woodwork. People were working towards certificated courses in independence, such as meal preparation and skills such as art.

Our judgement
People had a plan of care that clearly identified their individual needs and goals. This enabled people to live active lives and so ensure that their health and welfare needs were met.
Overall, we found that Overcliffe House was meeting this essential standard.

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
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
We spoke to care staff about their understanding of safeguarding and protecting people who lived in the home. They said that they would report any concerns to the most senior person on duty. Care staff demonstrated that they were aware of the home's whistle blowing procedures.

Training records showed that there was a rolling programme of training to make sure that everyone received training and regular updates in the prevention of abuse for vulnerable adults.

The service also supported people who may present behaviours that could challenge. Clear guidance was in place for how to support people who presented behaviours that could harm them or other people. These plans contained information about what could trigger the behaviour; and the signs to look out for which may identify when person's behaviour was going to start to deteriorate. All staff had attended courses in how to manage challenging behaviour.

Our judgement
The home had taken steps, including providing training, to help make sure that people were protected from potential abuse; and that care staff were competent in working in

challenging situations.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
The home used a pre-dispensed system for administering medicines. This meant that most medicines had been measured out by the pharmacist. We looked at records of medicines and found that there were no gaps, showing that people had been given their medicine as it was intended by their GP.

There was a thorough system in place to make sure that medicines were given to the right person at the right time.

Evidence was seen that only people who had been formally trained in the safe administration of medication were responsible for giving out medicines in the home.

We were told that staff's competency in giving out medicines had recently been assessed to make sure that they continued to do so in a safe manner.

Our judgement
People who lived in the home received their medicines at the times that they needed them and in a safe way.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
One person showed us the communal lounge. They said that it was comfortable.

Some people who lived in the home showed us their bedrooms. They said that they liked to spend time in their rooms and indicated that they had all the things that they needed.

Other evidence
Overcliffe House consists of two separate houses, each accommodating six people, over two floors. Each house had its own lounge, dining room and kitchen and people were provided with their own bedroom. There was a bath or shower with toilet facilities on each floor for people to use.

We saw that people's bedrooms had been personalised as much as possible and contained personal items such as photographs, certificates, TV and music systems. All the bedrooms that we saw were clean and tidy, which showed that people who lived in the home had worked hard to achieve this.

There was a garden to the rear of each house. One garden had a vegetable plot laid so that people could grow their own vegetables. We were told that all items of equipment used in the home were regularly maintained. On the day of our visit we did not see anything that presented a hazard to people who lived in the home.

Our judgement
People lived in safe and comfortable home that promoted their well-being.

Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 12:
Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
Care staff told us that before they started work at the home they completed an application form and attended an interview. We looked at a sample of recruitment records for care staff. These records showed that care staff only started work at the home after three satisfactory written references had been obtained and a criminal record bureau check had been made. These checks helped to make sure that only people who were deemed as suitable were employed to support people who lived in the home.

People who lived in the home were involved in appraising new care staff. People gave their views about how well new care staff got on with them when they first started to work at the home. These views were recorded on a questionnaire and held in each care staff's individual file.

Our judgement
People who lived in the home were supported by staff, which had been checked to make sure that they were suitable to care for them.
Overall, we found that Overcliffe House was meeting this essential standard.

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 did not obtain any information from the people who lived in the home about this outcome.

Other evidence
Care staff told us that they completed a very thorough induction which set out all the first things that they needed to know, when providing support for people with autism.

Records showed that there was a rolling programme of training to make sure that care staff had undertaken training in key areas such as first aid, how to move and handle people safely, food hygiene, fire awareness, and how to safeguard vulnerable people. Each care staff's training was monitored to make sure that it was kept up to date.

Specialist training had been completed in epilepsy, autism, communication, support techniques for people with a challenging behaviour, and the Mental Capacity Act. This is a law about people's rights to make decisions and what to do when people cannot make some decisions for themselves. We were told that further courses were planned for care staff in nutrition and deaf awareness.

Care staff were encouraged to further their learning by completing a National Vocational Qualification/Diploma in Health and Social care. We were told that 60% of the care staff team had achieved level 2 of this qualification. This qualification is recognised as useful for staff to assess that they have the necessary skills and competence to carry out their roles.

To ensure the consistency of care provided to the people who lived in the home, there were formal opportunities to discuss people's care needs at daily handovers, supervisions and team meetings. Care staff said that there was good communication within in the home.

The registered manager was responsible for the provision of this home and another care home nearby. She was supported by a deputy manager. We were told by the care staff team that they were both regular visitors to the home. There was also a senior carer who worked as part of the care staff team at Overcliffe House. Care staff said that there was good support from the care staff team and management group. They said that the senior carer and registered manager were very approachable if they had a problem or concern.

Our judgement
People who lived in the home were supported by care staff, which had the necessary skills and knowledge to meet their health and welfare needs.
Overall, we found that Overcliffe House was meeting this essential standard.

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
In the home's annual survey, one relative commented that care staff, "Went that extra mile".

Other evidence
The home had a number of systems in place to make sure that the service assessed and monitored its delivery of care. The views of people who lived in the home were regularly sought at weekly meetings.

Each year survey questionnaires were sent to people who used the service, their relatives and care staff, asking them about their level of satisfaction with the service that was provided. This was done in March 2011 and the results were very positive. It showed that people were 'very happy' with the service that they received and that they felt that staff listened to them. Most care staff reported that they found their job challenging and rewarding and that their views were listened to. Relatives were also very positive.

Regular audits were undertaken of the health and safety of the environment and the health and well being of the people who lived in the home.

The National Autistic Society (NAS) had its own systems in place to assess whether each of its care homes meets the 'Essential standards of quality and safety'. Six times a year, a representative from the NAS visited the home to looks at one area of the service provision. This assessment was based on the outcomes of the 'essential

standards'.

The National Autistic Society are the UK's largest provider of specialist autism services for people with autism and their families. They provide information and support and campaign, "for a better world for people with autism". One of the things that it does to achieve this is to accredit other services that offer services for adults and children with autism.

Our judgement
The views of people who lived in the home were regularly sought. There were robust systems in place to monitor the quality of the service that was provided.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 17:
Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
* Are sure that their comments and complaints are listened to and acted on effectively.
* Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
Information about how a person may make a complaint about the service was written in an 'easy read' format and displayed on the wall in the home. To encourage people to make any concerns know, the people who lived in the home were asked if they had a concerns or complaints at the weekly house meetings. Care staff demonstrated that they knew what to do if anyone made a complaint about the service.

A record was made of any complaints made to the service, together with the action taken to address them.

Our judgement
People could be confident that their comments and complaints were listened to and acted upon.
Overall, we found that Overcliffe House was meeting this essential standard.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not obtain any information from the people who lived in the home about this outcome.

Other evidence
As detailed earlier in this report, records were up to date and accurate. They detailed the personalised care that people who used the service required.

We saw that records were held securely in the home. They were accessible in that they were accessed quickly by staff when they were asked for. However, some records such as care staff's competency checks in giving medication, care staff application forms and interview notes and up to date care staff training records, were not available as they were kept at the main office.

Our judgement
Records were held confidentially, they were up to date and well organised. The majority of records were easily accessible for staff to refer to. However not all records were available in the home.
Overall, we found that Overcliffe House was meeting this essential standard.

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

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Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Overcliffe House

30-31 Overcliffe, Gravesend, DA11 0EH

Tel: 01179748400

Date of Inspection: 17 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	National Autistic Society
Registered Manager	Ms. Claire Meredith
Overview of the service	Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism. The home is run by the National Autistic Society, which provides information, support and a range of services for people with autism. The home is within walking distance of Gravesend town centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Most of the people using this service had limited verbal communication and were not able to tell us directly about their experiences of the service. Two people spoke with us and we observed people interacting positively with staff in a range of activities. One person said they "were very happy at the home and liked the activities".

We spoke with relatives of three people. One person told us "the service was very good and they were very impressed with the very experienced staff and amount of activity".

We observed that staff demonstrated knowledge and understanding of the people they were supporting and that staff respected the rights of people to consent to day to day activities. We observed that where a person was not able to consent the provider made appropriate arrangements in line with legal requirements.

We looked at care records of four people using the service and saw that risk assessments and care plans were regularly reviewed and people were involved in the decisions about their care. We observed there were adequate numbers of skilled and experienced staff to deliver safe and appropriate care.

We observed that the provider had clear procedures in place to handle medicines prescribed for people using the service and there was clear guidance about adverse events related to the handling of medicines.

We found there were systems in place for people and their relatives to make a complaint about the service if required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We observed care staff asking people before they received any care for their consent and the staff acted in accordance with their wishes.

We saw care plans documented if a person had consented to an activity and care records showed that people were engaged in making choices after being given information in ways that enabled a person to make a decision. We observed staff interacting with people using methods with which the person was able to communicate such as use of pictures and non-verbal communication. We observed staff were familiar with different communications used by people using the service and they responded promptly to people.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw in the care records consideration of mental capacity and evidence the provider had considered all options in terms of the Mental Capacity Act 2005, and how the provider complied with the legal requirements in best interests decision making. Care records documented how the provider had assessed a person's ability to consent to a routine screening health examination and involved the person and their significant involved parties and health professional to make a best interests decision. We found in care records where the provider recorded the involvement of people making a best interests decision. The provider also told that they arranged for people to have independent advocacy should this be required.

We spoke with staff who told us they received training in person centred approach, Mental

Capacity Act 2005 and Deprivation of Liberty safeguards. This was also evidenced in the provider training records. The staff we spoke with said they promoted and respected a person's choices and preferences. A relative told us that "they were very happy with the placement and it gave them reassurance that their relative was enthusiastic and happy at the service".

We saw in people's care records that the provider enabled people to receive sufficient detail about their care, support and treatment and that the provider ensured the support given was person centred.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the risk assessments and care plans of four people using the service. We found that each person had a comprehensive risk assessment and that care plans were developed with the person. We found that the care plans focussed on people's individual needs and preferences and in developing their skills. Care plans were personalised and people had access to easy to read formats of their care plans with the provider also using photographs to assist with understanding.

We found that each person had a named member of staff as a key worker and that the key worker was involved in reviewing the risk assessments and care plans with people. We observed staff promoting a varied and person centred care plan.

During this visit we observed that people had access to many activities, some within the home and also that people were enabled to access activities in the local community with staff support. The provider told us that during the day from 930am to 3pm, people using the service and staff attended a provider led local activity centre known as SAND.

The provider told us that people participated in activities at SAND or went on to other activities in the community, as previously planned with them and documented in their care plans. Where people did not want to attend the local activity centre or because of other reasons such as health reasons they were unable to attend, a member of staff remained at Overcliffe House to support the person using the service.

We observed that people were comfortable in approaching staff to initiate activities within the service and in previously negotiated activities for the evening. We observed a high level of interaction between the people using the service and staff.

We spoke with four staff who said they referred to each person's care plan regularly to ensure they were following that person's care plan and that if they were the key worker

they said they attended professional meetings with the person for who they were keyworker to assist and support. The staff also told us they assisted the person in the preparation of issues to be discussed at a care plan review.

We saw that staff signed a person's care plan to indicate they understood the guidance. We observed that all staff were provided with updated information about the support and care for people using the service at the start of their shifts. We saw that the key worker reviewed risk assessments and care plans monthly or sooner if there were any changes in a person's support needs. This demonstrated that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with a relative who said they were "were very happy with the level of activities and that they felt they could rely on the care staff". Another relative told us they "were impressed with the experienced staff and that the service was very good".

The records we saw showed there was evidence of involvement from others involved in people's support and care. We found evidence that the provider enabled people to participate in yearly reviews held by their local authority designated social care practitioners. We also observed documented annual reviews completed by the service provider for each person and that the provider facilitated accessible records of these meetings for the person both during the meeting and after. The keyworkers told us that they were involved in discussing what would be discussed at these meetings with the person. The provider told us that they were in contact with local authority social care practitioners to facilitate outstanding yearly reviews.

We found that there was evidence of involvement from a local specialist team for advice and guidance and other health care professionals as needed for people using the service.

We saw evidence in each person's care plans records of GP visits and other healthcare professionals who provided treatment and support.

We spoke with staff who said that they supported people using the service to make their own choices in day to day activities. One person told us that they "were very happy at the home and had enjoyed their holiday abroad earlier in the year and said they liked their room and had their own key".

We saw within people's care plans guidance for staff to follow when dealing with foreseeable emergencies. The staff we spoke with said they were familiar with each person's care plans and the guidance to follow. Staff also told us that they had received relevant training in aspects relevant to people's health care needs. We found evidence the provider responded promptly to a recent unforeseeable event affecting a person and had made appropriate provision within the service in liaison with other health and social care providers to enable the person's current needs to be met safely, protecting their welfare whilst maintaining their dignity and respect. One person told us "their relative was wonderfully looked after".

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines and the disposal of medicines. The provider told us that the medicine prescription order for people who use the service was sent by the GP to the pharmacy attached to the GP surgery. The provider told us the pharmacy contacted the provider to check the order and medicines were delivered to the provider service. We found the provider recorded that two members of staff, who have been assessed by the provider as competent to complete this task, counted all medicines in and logged this on the person's individual medicine administration record (MAR) before storing the medicines in the lockable medicine cabinets. The provider showed us on their records that two staff signed and dated when medicine was returned to the pharmacy. We observed from the records that the pharmacy also signed it had been returned.

We spoke with five staff who confirmed they had undertaken the provider's medicine administration training.

Medicines were prescribed and given to people appropriately and were safely administered. We observed staff administering medicines as per the provider policy. We found evidence that only staff who had been trained and whose competency had been assessed by the provider were involved in medicine administration. We found that the provider's policy was that two staff administered medicine and both staff signed the MAR. We observed staff involving people in recognising their own medicines and discussing with them the reason for its prescription at an administration time.

We found that the provider had implemented its policy and procedure in relation to a medicine misadministration error report dated 11 November 2013. We found that staff followed the provider procedure by contacting the NHS for advice and minimised risks and that the provider manager had reviewed training needs and competency of staff.

The provider also told us about medicine which the GP agreed could be given should it be required. The provider told us that this was for a single dose of paracetamol and that if a person required more medicine the staff contacted the GP to discuss further.

The provider also said that on occasions if a person who uses the service required a medicine their staff were not competent or authorised to give such as a prescription via injection, that the District Nurses visited and administered the medicine as prescribed.

The provider showed us people's MARs and we found that when a person went on leave for example to stay with relatives, that as per the provider's policy, whoever took over responsibility for the person's medicines signed alongside two staff signatures when the medicines were taken out and when the person returned, the medicines were signed back in.

We found that if a person went into hospital, their medicines went with them and this was signed on the person's MAR so that at all times, the service had a record of how much medicine there was in stock.

Medicines were kept safely. We observed that all medicines were kept locked securely in medicine specific cabinets, one in each house, to which only authorised staff had access. We observed that the medicine cabinets had a smaller lockable cabinet for storage of controlled drugs but we were informed that there were no people who use the service prescribed these medicines at present. We observed that staff checked the temperatures of the medicine cabinets and kept a record.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We saw from provider records that staff received appropriate professional development and staff were able, from time to time, to obtain further relevant qualifications supported by the provider. We found that staff had comprehensive training including person centred planning, principles of care, safeguarding adults, data protection, health and safety, epilepsy, first aid and medicine management.

The provider said they ensured the care staff had access to training both e-learning by making time and computer access available at the service and to internal service training and external training courses.

We spoke with four staff about their training and they all confirmed they had completed required training and also had opportunities for other training to enhance their professional development. Some of the staff we spoke with said they are able to access the e learning training from home and one person said they preferred to complete their e learning updates this way.

The provider's record of staff training showed us when staff were expected to undertake refresher training in core knowledge including health and safety, equality and diversity, first aid, fire training, safeguarding adults training and we found that most staff were up to date with their refresher training. The provider said that when someone needed to undertake refresher training this was discussed in regular supervisions by their supervisor.

The staff we spoke with confirmed they had supervision every four to six weeks and the provider records demonstrated this. One person told us that the provider was "very supportive and they could discuss in supervision any problems". The provider told us staff have yearly appraisals. Two staff we spoke with confirmed they had completed their yearly appraisal in the last two months. We sampled supervision records of two staff which included documented discussion of learning. The provider told us that they were extremely committed to their staff having continued learning and skills development to ensure staff provided a safe and well informed service and we saw that all the supervision records were signed by the individual staff, and their line manager. The provider said that there

were opportunities for staff, if they wished, to progress within the organisation and they supported some staff to undertake diploma level training and/or national vocational qualification training. One staff member said that they "felt they could freely discuss career options" in supervision and appraisal.

All staff said that they were up to date with the provider's policies and procedures and they told us about the team meetings which are held regularly and that these provided training opportunities to look at individual policies within team meetings.

The provider told us they ensured the service had at any time, sufficient staff who were competent to manage the needs of people to who it provided a service and that there were clear lines of responsibility and accountability.

We observed from the staff on shift that the provider ensured there were sufficient skilled and experienced staff to deliver care to service users safely and of an appropriate standard.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs either in written form to them or their relatives. The provider also showed us easy read information for people who use the service which they said was discussed with people using the service. This demonstrated that people were given support by the provider to make a comment or complaint where they needed assistance.

We examined the provider's complaints policy and procedures and found this included clear guidance on how staff managed complaints and guidance on timeframes for when issues should be resolved.

We observed the provider's record of complaints and found there was no evidence of the provider having received any complaints in the last twelve months. One relative we spoke with said "there was good communication with staff" and another that "staff always responded to their calls".

The staff we spoke with all said they were aware of the complaints policy and procedures and told us that they always passed any comments raised to their line manager.

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We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

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The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

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Regulated activity

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Overcliffe House

30-31 Overcliffe, Gravesend, DA11 0EH

Tel: 01179748400

Date of Inspection: 25 March 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	National Autistic Society
Registered Manager	Ms. Claire Meredith
Overview of the service	Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism. The home is run by the National Autistic Society, which provides information, support and a range of services for people with autism. The home is within walking distance of Gravesend town centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 March 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with staff, received feedback from people using comment cards and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

Most of the people who used this service had limited verbal communication and therefore were not able to tell us directly about their experiences of the service. However, some people were happy to talk with us and told us that they were involved in a wide range of activities and interests. One person told us that they were able to plan their activities on a monthly basis. We were told by one person that they "were very happy...the staff are really nice".

One person told us that they had recently been involved in a review of their care and felt that staff listened to and respected their opinions.

People told us that they had been on holiday last year and that they knew where they were going on holiday this year.

We found that there was a professional and personable relationship between service user's and staff. Staff understood the needs of people using the service and were able to meet the individual needs of people.

There were systems in place which enabled the provider to assess the quality of the service being provided, and where necessary, changes could be made to ensure that people benefited from receiving a quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services	✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

A comprehensive assessment process took account of guidance relating to the care and treatment of people before individuals moved into Overcliffe House. The care records we looked at had been developed with the person using the service. These records included accurate and up to date information about the person, identifying their strengths, needs, physical health, and medication. Each plan was personalised, centred on them as individuals and considered all aspects of their individual circumstances and their immediate and longer-term needs. Care plans were set out in an easy to read format which meant that people using the service could understand the content. Where people could not read or write we found that the service had used pictures and photographs.

We spoke to two people who used the service. One person told us that they were very happy with the service and that the staff were "really nice". We were told by one person that they had recently attended a care review meeting which was attended by a family member and the individual's care manager from the local social services team. We found that care plans were updated on an annual basis and were told that care plans would be reviewed more frequently if the needs of individuals changed.

We found evidence that the persons' associated plans identified risks and clearly stated how these would be managed and reviewed. The risk assessments balanced safety and effectiveness with the rights of the person to make choices.

We spoke with one senior support worker about their understanding of the care plan records in use at the home. They told us, "The care plans enable us to provide care and support to people on an individual basis. We are in the process of reviewing our care plans so that we have up-to-date information for each of our service users". Staff that we spoke with had a very good understanding of the needs of each of the service users. For example, one staff member was able to tell us how each of the 12 service users living at

Overcliffe House best communicated with people.

There were systems and protocols in place for the service to manage foreseeable emergencies. We saw that the service had access to disaster recovery plans which enabled the service to continue to provide support and care to people in the event of an emergency situation such as a power cut, flood or inclement weather.

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We initially visited Overcliffe house at approximately 8am in February where we discovered people using the service were busy preparing themselves to attend the local day activity centre. People were supported with preparing their own breakfasts and we found that staff were encouraging people to choose what they wanted to eat. For example, we saw that one service user wanted cereal whilst another asked for toast and orange juice. This indicated that people were provided with a choice of suitable and nutritious food and drink and people felt comfortable asking for food and drink which was not always on the menu.

The manager told us that three senior members of the team had also attended a nutrition and hydration course which meant that staff had the relevant skills to be able to carry out appropriate nutritional assessments for each service user. Each of the service users had a detailed nutritional assessment carried out and these were reviewed on an annual basis. For example, one nutritional assessment indicated that a service user would only drink when prompted by staff members. We spoke to three members of staff including the registered manager; each staff member knew that they had to prompt the service user to drink in order that the person remained hydrated. The assessment ensured that people were supported to be able to eat and drink sufficient amounts to meet their needs.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found there were effective and efficient systems to ensure good safeguarding of people using the service.

We discussed safeguarding procedures with one support worker who described what they would do in the event of identified risks occurring. These procedures were designed to protect vulnerable adults from the risk of abuse. The support workers confirmed they had completed training on these procedures and they knew who to contact if they witnessed or suspected any abuse. Staff also received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as part of their safeguarding training. This means that staff could take action to identify and prevent abuse from happening in the service.

There were detailed policies and procedures to minimise and prevent abuse occurring in the home including the local authority's multi agency safeguarding policy. Policies and procedures identified the types of and possible indicators of abuse, and how the manager and staff should respond in the event of any evidence or allegations of abuse or harm. Staff also had access to and knew how to use the 'whistle blowing' (reporting bad practice) procedure, which included relevant referral details. This ensured that concerns were investigated in line with local policies and procedures.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. People were supported to prepare themselves for their planned daily activities by four members of staff in the morning from 08:00 - 09:30. Service users and staff then attended the local SAND activity centre where people were encouraged to undertake planned activities which had been negotiated with the service user and were documented in each person's daily activity roster. We found that Overcliffe House was closed during the day as each of the service users were attending community based activities. Where people did not want to attend the local activity centre, a member of staff would remain at Overcliffe House to support the service user.

Staff were available to support service users from 3pm to 11pm. Two staff slept in at night and there were systems in place for people to reach a manager or senior carer in the event of an emergency.

Staff told us that they felt there were sufficient levels of staff available on each shift in order that they could carry out their roles and provide the appropriate level of support to people.

The manager told us that the service was able to "flex" the workforce in order that the needs of people could be met. We found one example where one service user received support on a one to one basis, four days per week. This enabled the service user to attend specific community activities such as attending the cinema.

We reviewed training records for the 17 people employed by the service. Ten people had attended and achieved a National Vocational Qualification (NVQ) in health and social care and a further two staff were registered to attend the NVQ course. Staff told us that they had regular training and felt that they had the appropriate skills to support people living at Overcliffe House.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw evidence in the form of service user questionnaires that confirmed that people using the service were involved in ongoing service monitoring and were always consulted as part of the care review process. This helped to ensure people using the service influenced the care and support they received as far as possible. In-house auditing and quality monitoring systems included reports and surveys completed by the registered manager. Information gathered from surveys was used to improve the service and to continue to run the service safely and effectively. For example, it had been identified that people using the service would like to be offered weekend trips away. The manager was able to organise weekend trips away and also introduced group meals out at local restaurants and themed evenings six times a year.

There were systems in place to review and analyse incidents. All incidents were logged onto a "CareSys" computer system which enabled the manager to review data and to take action where necessary.

Overcliffe House had been subject to a quality review in November 2012. The review was carried out by an independent professional on behalf of the National Autistic Society. The purpose of the review was to identify how well the service was performing against national standards in relation to providing care and support to people with autism. The review found that the service were meeting almost all of the standards that had been measured. Where the service had only partially met national standards, the manager had taken action to address those areas so that service provision could be improved. Furthermore, as part of the review, 22 questionnaires were sent to representatives of service users. 15 people responded to the survey and 12 people said they felt satisfied, happy or very happy with the service provided by Overcliffe House (3 people chose not to answer the question "how happy are you with the service).

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