

ASD Unique Services LLP

76 Canute Road

Inspection report

76 Canute Road
Hastings
East Sussex
TN35 5HT

Tel: 01424457761

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11 December 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

76 Canute Road is a care home providing social and residential care for up to six people with learning disabilities. On the day of our inspection there were six people living in the home. People had varied needs related to their learning disabilities. Some had more specialist needs associated with Autism and epilepsy. People who lived at the service were adults below the age of sixty five years old. People had different communication needs. Some people had limited verbal communication, and other people used gestures and body language to make their needs known. The provider runs four other care homes locally.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This comprehensive inspection took place on 11 December 2018 and was announced. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the manager of four other homes locally.

People's needs were effectively met because staff had the specialist training and skills they needed to meet people's complex needs. Staff attended regular supervision meetings and received an annual appraisal of their performance. Staff supported people in the least restrictive way possible. People were encouraged to make decisions and choices. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had a very good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist and where appropriate professionals visited them at Canute Road. People had enough to eat and drink and menus were varied and well balanced.

People were observed to be relaxed and content in their surroundings and there was warm and friendly atmosphere in the home. People were supported to take part in a variety of activities to meet their individual needs and wishes. This included trampolining, aromatherapy, art sessions, walks, gym, bowling, computer time, visits to local restaurants, cinema, theatres and shops.

There were enough staff who had been appropriately recruited, to meet people's individual needs. Staff knew people well and had a good understanding of the actions to take to mitigate risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed and lessons were learned to pre-empt and avoid similar occurrences. People's medicines were managed safely.

The provider visited Canute Road regularly and had effective systems to monitor the management and quality of the home. The registered manager ensured a range of audits were carried out to monitor the care and support provided. The registered manager had very strong links with local organisations to gain advice and support that would benefit the organisation and to provide support for other services for people with learning disabilities.

Further information is in the detailed findings below.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

76 Canute Road

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 comprehensive inspection took place on 12 December 2018 and was announced. The registered manager was called the day before our inspection to let them know we were coming. We did this as the location was a small care home and people are often out during the day; we needed to be sure someone would be in. The inspection was carried out by two inspectors.

Before the inspection we reviewed information, we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

On the day of inspection, we observed staff interacting with people to help us understand the experience of people living at 76 Canute Road. We spoke with the registered manager, assistant manager and two staff members. We spent time reviewing records, which included three care plans. We looked at two staff files and staff rotas. In addition, we viewed documentation related to the management of the service such as accidents and incidents, quality assurance and meeting records. We also 'pathway tracked' the care for two people living at the service. This is where we check the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, the registered manager sent us a copy of their training matrix, provider service visits, assistant manager audit, supervision programme, infection control audit, meeting minutes, staff rotas and the maintenance tracker. We also received feedback from three health and social care professionals and from one relative.

Is the service safe?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

Risks to individuals were well managed. Where risks were identified there were appropriate risk assessments and risk management plans. This helped people to stay safe while their independence was promoted as much as possible. A staff member told us before every new activity an assessment was carried out to determine risks to people or staff and measures were taken to minimise the risk of accidents and incidents. A health professional told us, "I have always felt safe within the environment, even though there have been times when residents have been exhibiting behaviours, staff are well trained to deal with this." A relative told us, "I couldn't ask for better care for my son. I feel quite relaxed leaving him in safe hands."

Incidents and accidents were reported and investigated. An antecedent, behaviour and consequence (ABC) chart was completed following every incident to assess and understand what led to the incident and to ensure lessons were learned to minimise the risk of incidents reoccurring. This demonstrated the home took action and learned from incidents to minimise the risk of a reoccurrence. There had been three minor accidents this year and all had been managed well.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had received training in safeguarding and were able to tell us if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority.

Appropriate checks for the recruitment of staff were carried out and ensured as far as possible, only suitable people were employed. There were enough staff to keep people safe and meet their needs. Some people received two to one staff support activities outside of the home and rotas confirmed this was provided in line with assessed needs.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff had received training in the management of medicines and had been assessed as competent to give them. Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief, and there was appropriate guidance to ensure these were given when needed and the reason recorded to the rear of the MAR. Only two people were prescribed PRN medicine for agitation and records demonstrated these were rarely given. Some people received some of their medicines covertly or in liquid form. People's GPs had given their approval for the person centred approaches used. There were body charts to demonstrate where creams should be applied.

People were protected from the risk of infection. All areas of the house seen were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed either on a daily, weekly or monthly basis. Audits were then carried out to ensure tasks had been completed. Gloves and aprons were available for staff use.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. These included, servicing of gas safety, electrical appliance safety and monitoring of water temperatures. There were robust procedures to make sure fire safety checks were carried out and to carry out regular fire drills to ensure people and staff knew how to respond in the event of a fire.

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People had enough to eat and drink. Menus were pictorial to inform people what was on the menu each day and to support them to make choices about food they would like to eat. Each person chose a meal one day a week that they helped to prepare. Staff said if someone wanted something not on the menu this could be catered for on a daily basis. Menus were varied, nutritious and well balanced. People were offered a choice of drinks throughout the day. Some people made their own drinks, others indicated when they wanted a drink. Kitchen cupboards were locked but the fridge was accessible and there were soft drinks available in the kitchen so people could help themselves to these.

There were very good arrangements to ensure people's health needs were met. People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at Canute Road. Each person had a hospital passport that would be used if they needed to go into hospital. This included, important information about the person hospital staff would need to be aware of to provide care in a person-centred way that suited the individual. A health professional told us, "The staff have always been keen to put the residents' best interests first and have always been co-operative with us and together we have managed to get a great outcome. If any of the clients have had pain, we have been contacted and I have attended many times to provide check-ups in their home."

People had the equipment needed to meet their individual needs. One person had epilepsy so staff carried a sound monitor when the person was in their bedroom, to make sure if the person experienced a seizure they would be able to provide support immediately. Some people had 'tough furniture' (heavy duty furniture) secured to the wall to prevent them causing damage to themselves or others if they were in a heightened state of anxiety. The television in the communal lounge was positioned behind Perspex and the cabinet was secured. Three people had Motability cars (funded cars for people with learning disabilities).

Staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was seen during interactions between staff and people and was also documented within care plans. Staff knew people very well and recognised they were able to give consent for day to day living decisions such as choosing what to wear and eat, but may need additional support with understanding more complex decisions, such as issues to do with their health. 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 found best interests meetings had been held when needed. One person who did not have family involvement had an independent mental capacity advocate (IMCA) to represent their views when complex decisions regarding their health were needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications had been submitted for standard authorisations and any conditions made were met.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. Specialist training had also been provided in relation to autism, dealing with behaviours that challenged, positive behavioural support and epilepsy. There were systems to ensure when training was due, arrangements were made for this to happen. Staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff attended supervision meetings regularly. We asked a staff member if they felt supported and they said, "Massively supported. I had a supervision two weeks ago and it was really positive. I got loads of feedback."

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

The organisation had held a Christmas party the week before our inspection and people, relatives and staff from all the homes were invited. Staff told us this had been very successful and everyone had a lovely time. A staff member told us one person recently had a birthday and they baked a cake in the shape of a keyboard for the occasion.

People were cared for by staff who were caring and supportive. It was evident that people enjoyed spending time with staff. The kitchen was very much the heart of the house and people enjoyed spending time there supported by staff with daily living tasks or observing them being carried out. Staff knew people well as individuals were able to tell us about people's needs, choices and interests. We observed staff talked and communicated with people in a way they could understand. A staff member told us when they started working in the home they had initially started working with one person and had opportunities to read their care plan. Once they felt confident with this person they then got to know another person. They told us they did not have to work alone with anyone until they felt confident and competent to do so.

All staff received training on equality and diversity and we asked them how this was put into practice. A staff member said, "We are naturally caring and we don't judge people's sexuality, colour or different views. Some people go to different churches and we support them. We respect people's individuality."

Staff told us they spoke regularly with people's families to keep them up to date. People were also supported to keep in touch with their families whether this was through visits to their family home or family visiting them. We were told the service regularly invited people from the organisation's sister homes to parties and barbeques in the summer.

Daily records demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. People were encouraged to develop skills such as making lunch and making drinks and doing their laundry. We observed one person making a drink during our inspection and asking a staff member for a sweetener. Within support plans there was a personalised step by step approach to support people with developing skills such as cleaning and tidying or doing laundry. Progress was then reviewed and if necessary further advice given to ensure people could be supported appropriately. We asked a staff member what was the best thing about working at the home. They said, "I like to think I am giving something back to people, giving them the best independent life they could possibly have. I encourage people to do as much as possible for themselves."

Bedrooms were regarded as people's 'safe space' and were designed to ensure they had furniture and fittings that met each person's individual needs. For example, one person had a bed that was low to the ground. People's privacy was respected and we saw staff knocked on people's doors and only entered when permission had been given. A staff member told us, "We make sure bathroom doors are shut for privacy and to protect people's dignity."

Is the service responsive?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People's care was designed in such a way that ensured their individual needs were holistically met. One person had been diagnosed with a serious health condition that required extensive treatment. As the person was unable to give consent a best interests meeting was held to decide the best course of action. A number of professionals met with the person's relative and staff from the home to discuss and agree on the best approach. The result was an innovative and person centred approach that ensured the person received the treatment and ongoing follow up support they needed. Very basic social stories were used to explain each step of the treatment plan and consistent staff were provided to ensure the person knew what to expect on each hospital visit. The person knew that following each visit there would be a positive experience which meant they would have a drink and cake and this helped them to accept each treatment to aid their recovery.

People were encouraged and enabled to make choices. People's communication needs had been thoroughly assessed. Most used non-verbal communication and were supported to communicate using social stories, visual cues and Makaton (a form of sign language using symbols) to communicate. Some had a good understanding of widgeits (simply-drawn, colourful symbols to illustrate a single concept in a clear and concise way). The registered manager and the assistant manager had completed training on the use of talking mats to support communication. Whilst we were told these had not been found to be beneficial for people, the assistant manager told us the training had taught them about offering choices appropriately and the importance of not using leading questions to help people make more informed decisions and choices.

There were a variety of support systems to assist staff to manage people's anxieties and to reduce incidents occurring. Changes to routine were explained to people in a way they could understand. For example, some people were told the day before a change, others could only process this information an hour before a change. Changes were explained through the use of social stories. Meal times were staggered and people ate in either the kitchen, dining room or lounge. When one staff member was out with a person they rang the service as they were approaching the home. This gave staff time to delay another person leaving the service so the hallway would not be too busy and increase people's anxieties.

People did not attend any formal day care but activities were planned in a person-centred way to meet their individual needs and wishes. Activities included trampolining, aromatherapy, art sessions, walks, gym, bowling, computer time, visits to local restaurants, cinema, theatres and shops. There was a sensory room which some people found very relaxing and enjoyed spending time there. We were told birthdays, Halloween and Christmas were celebrated with parties and barbeques were held throughout the summer months.

Each person's needs had been assessed and from this information, detailed care plans had been drawn up. Care plans contained information about people's needs in relation to personal care, nutrition, health and

personal preferences. There was information within care plans that was personal and specific to each individual. Care plans were reviewed and updated as and when changes occurred.

There was a monthly booklet kept in relation to each person that detailed on a daily basis the support that had been given to people. This included details of personal care provided, daily activities and work carried out to support people to be more independent around the house. Goals had been broken down into individual steps to make each step more easily achieved by the person independently and had been reviewed regularly. This support had been used to help people with activities like cleaning their bedrooms and doing laundry.

Along with a detailed complaint procedure there was also an easy read document using widgeit symbols. People were asked regularly if they had any concerns or worries. Staff knew what to do if a concern was raised with them. In order to improve the management of concerns and complaints further we discussed monitoring of incidents to determine if they could in any way be an expression of a person's unhappiness with a situation and if necessary take action to address these as concerns/complaints.

People living at 76 Canute Road were young and had limited understanding of dying and death. An assessment of needs had been started, families had been consulted for their views, and where they had been provided, these were documented. The registered manager said that if anyone needed end of life care in the future this would be fully assessed at the relevant time.

Is the service well-led?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

A relative told us their son's, "Needs are well catered for at Canute Road. Any concerns that have come to light have been tackled by the management at Canute. Another relative said, "We are very happy with the accommodation lovely and clean, staff's knowledge of Autism and each service user is really high even with the high change over of staffing throughout the year the new staff are trained and matched up with each service user really well throughout the day."

A health professional told us, "The care and focus on the residents' needs are of primary concern within the home and everything is done to facilitate this. Unfortunately, this can be hindered by staff changes or the use of agency staff, but it appears to be very stable at present, with regular staff and only the occasional agency staff being used, allowing the residents to feel secure and safe."

There was a registered manager in post who was also registered to manage four other homes locally. They were supported by an assistant manager who worked full time at the service. Both told us they worked well together and there were extremely good systems to ensure clear communication at all times.

The registered manager was determined care provided would be based on the most up to date professional guidance. The provider, registered manager, assistant manager and two senior staff attended a two-day advanced coaching training on positive behavioural support (PBS) with the British Institute of Learning Disabilities (BILD). This was done to ensure the service met the PBS academy standards in this area. An independent external professional then carried out an audit of the service in June 2018 to check compliance with external PBS academy standards. An action plan was drawn up to address any shortfalls and to improve existing practices. Steady progress was being made to address each of the matters raised.

The organisation had signed up to STOMP (Stopping the over medication of people with a learning disability, autism or both). We asked what benefit this had for people who used the service. The registered manager said it gave access to easy read literature related to medicines and advice about non-drug therapies and practical ways of supporting people so they were less likely to need as much medicine, if any. The registered manager told us that having had years of support from a local psychiatrist to ensure people were in receipt of medicines at an appropriate level, all people had now been discharged from this service and now just had annual reviews of medicines.

The registered manager continued to learn and share knowledge about autism locally to support other managers in the area. They were part of a behaviour support network across East Sussex and they had a co-chair role for this group. Through this group they had been able to access funding for managers' training. They were also involved in setting up another forum for leaders and managers of learning disability services. This forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff." Through this forum an evening had been planned for families of people with learning disabilities to see if this would be a useful support for them.

The providers were very involved in the service and had very good systems to ensure they kept up to date with the running of the service. They carried out service visits, supervised the registered manager, held meetings with assistant managers and attended all case reviews to provide support for the registered manager.

The assistant manager ensured monthly audits had been carried out in relation to infection control and monitoring of cleanliness. Medicine audits had also been carried out. A maintenance tracker was kept to log all work that had been highlighted that needed addressed and when this work was completed. The registered manager also carried out a monthly audit of the service. This was a detailed check on the running of the service and checklists were built into this to ensure all aspects of the service were examined and up to date.

Staff meetings were held regularly and there were detailed minutes kept. Minutes demonstrated an inclusive and supportive approach was used to ensure all staff were kept up to date with changes, and had opportunities to share their views about the service. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes.

The organisation had carried out an annual survey to seek the views of relatives and staff. People's views were sought as part of keyworker one to one time. Staff had responded positively but no comments were made. The registered manager said they would continue to encourage staff to share their views. Relatives responded very positively. One relative said, "Provides an outstanding service and always go the extra step that sometimes is just needed. Grateful to all the staff."