Autism London

Salisbury Road

Inspection report

22-23 Salisbury Road
Leyton
London
E10 5RG

Tel: 02085568147
Website: www.mcch.co.uk

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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

The inspection took place on the 30 August and the 1 September 2016 and was unannounced.
At the last inspection the service was meeting the legal requirements.

Salisbury Road provides support with daily living, personal care, medicines and 24 hour accommodation for up to seven adults with a learning disability or an autism spectrum disorder.

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 service was not monitoring the expiry date of medicines as we found two expired medicines in the medicine cupboard. There was no system to check that out of date medicine was removed so that people were not at risk of being given out of date medication. Staff also did not record when medicines were taken out of the service by people who went on leave this meant the balance of medicines could not be maintained accurately.

Medicines were administered safely, staff checked people's prescriptions and their medicines before administering. Records showed that two staff had to sign the medication administration record after the medicine had been taken.

People had appropriate risk assessments to protect them in the community and when at home. Staff knew people well and could explain people's individual risks and what should be done to safeguard them.

Staff had received safeguarding training and were able to explain the process of escalating concerns. Staff advised they would always report any concerns to their manager or to the police, local authority and the Care Quality Commission (CQC).

Staff were recruited safely and the service ensured new staff had completed pre- employment checks before they were able to start work.

Staff also performed daily health and safety checks to keep people safe at the service, which included checking food temperature, fridge and freezer temperatures.

Staff received regular training which was eLearning based and in external classrooms. Staff were due to attend intervention training to keep the skills up to date.

Staff were well supported and received regular supervision with the registered manager. Records also confirmed that staff had their performance appraised annually. People's relatives we spoke to told us that

staff were good and had a lot of experience.

Deprivation of Liberty (DoLs) authorisations were lawful and the staff at the service knew who had them and what their conditions were. Records showed the registered manager was prompt in applying for extensions for people's DoLS.

Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA 2005) and records showed that people had mental capacity assessments for different decisions they were unable to make. Staff we spoke to told us they supported people to make decisions by showing them pictures at mealtimes.

Staff were caring and treated people with dignity and respect. The service was proactive in helping people achieve their goals and the service recently supported someone to go on a holiday abroad to spend time with their family.

People had personalised care plans which detailed information about the person, their life history, skills and goals they wanted to achieve. To ensure they were being met people had a keyworker who they met with monthly to discuss progress towards their goals.

Staff were supported by the registered manager they thought was very good and took the time to listen to them and give advice.

Relatives at the service thought the registered manager was good and they told us they could approach them at any time if they had concerns. Relatives told us they would like more face to face meetings with other relatives and to have information sharing from the service's head office.

Audits were carried out regularly every quarter to check the quality of the service.

A safeguarding notification had not been sent to the CQC as required and the registered manager was not aware this should be sent to us.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

The service was not always safe.

The expiry dates of medicines were not monitored effectively. Medicines that left the property when people went on leave was not recorded

Medicines were administered safely and two staff had to sign that medicines had been given to people.

Safe recruitment was carried out and pre- employment checks and a previous work history were provided before staff started work.

Staff followed safeguarding procedures and knew how to escalate concerns.

Risk assessments detailed how to keep people safe in their home and in the community.

Is the service effective?

Good

The service was effective.

Staff were supported in their role and received regular training and supervisions.

Deprivation of Liberty safeguards were applied for lawfully and extensions requested before expiry. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make decisions for themselves.

People were supported to eat healthily and meals of their choosing. Health professionals were regular contact with people at the service

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Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and patient.

People were able to experience trips abroad to spend time with their family with staff support.

People's privacy and dignity was respected and people's end of life wishes were discussed with sensitivity and with the involvement of people's family where needed.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and set out clearly people's life history what they wanted to achieve and their likes and dislikes.

People had communication passports that provided information on how to communicate with people so that they were always able to express their needs and wishes.

People and relatives were supported to make complaints about the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Notifications relating to safeguarding were not sent to the CQC as required.

People were observed approaching the manager for support frequently. Staff thought the management of the service was good as did relatives. The registered manager had an open door policy and had time to speak to everyone at the service.

The quality of the service was regularly monitored by the registered manager and by senior managers at the service

Salisbury 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 inspection took place on 30 August and 1 September 2016 and was unannounced.

The inspection was carried out by one inspector.

We spoke with two care staff, two registered mangers as one registered manager from another service supported the first day of the inspection as the registered manager for the service was on leave and the deputy manager. We also spoke with two relatives and two people who used the service. We observed care in the service which included a financial handover.

We reviewed three staff files which included recruitment records, training, supervision and appraisal records. We reviewed three care plans.

Policies and procedures were also reviewed during the inspection which included safeguarding, whistleblowing, risk assessments, behavioural guidelines and medicine administration records.

We looked at other records which included quarterly audits, health and safety checks and incidents.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always handled safely. On the second day of our inspection we found two expired medicines. The service did not have a system to ensure medicines were in date. This put people at risk of being given medicines that were no longer safe.

Records showed that staff did not always record the date when people had taken medicine out of the service when they went on leave. Records showed four occasions when someone had gone on leave and the date had not been recorded. This meant that the balance of medicines could not be accurately maintained.

The above was a breach of Regulation 12 Health and Social Care Act 2008.

People who could communicate with us told us they felt safe. One person said, "Yes, safe." Relatives told us staff kept their family member safe. One relative said, "Yes she's safe, there are staff to watch her and the front door is locked." Another relative said, "Yes he's safe they put safety measures in place, two members of staff always go out with him."

Staff told us they kept people safe as they were with them all the time, providing 24 hour support. One member of staff said, "We don't leave them [people who used the service] unattended, we remove dangerous items and supervise them when in the kitchen." For example, we observed staff remove the kettle when it was not in use as people were at risk of injury. Where this was the case people had a risk assessment to explain this.

Staff had received medicines training and this was up to date. People had medication risk assessments which detailed the medicines taken and medication administration records (MAR) showed that people received their medicine on time. Staff told us they checked people's name against the medicines prescribed and the dose to be given. For further safety two staff checked the medicines and records showed that both staff had to sign the MAR chart once medicine had been given.

People's consent to take medicines was requested and staff told us they did not force people to take their medicine. People were encouraged to take their medicine and where there was continued refusal staff sought medical advice.

The service had guidelines on what to do when a person had been given the wrong dose or had a bad reaction to a medicine. This helped to keep people safe with their medicines.

Medicines were kept in a locked cupboard and one member of staff named as the designated responsible person held the keys.

Staff at the service understood their responsibilities to safeguard people from abuse at the service. Staff received regular safeguarding training to keep their knowledge up to date. The service kept their safeguarding and whistleblowing policy in the office and it was clearly on display. Staff told us they would

report any indication of abuse to their manager. One member of staff said, "We have a no secret policy and must report to our manager." Another member of staff told us they would approach the Care Quality Commission, police and social services if they needed to take their concerns higher.

Some people at the service were non-verbal and unable to say if they felt they had been subject to abuse, in this instance one member of staff said, "I would see if [person] was withdrawn or not themselves and report it."

The service had a bullying and harassment policy and staff told us they would report to their manager if they thought someone was being subjected to this at the service.

People had a number of different risk assessments to keep them safe in their home and when out in the community. Records showed that risk when out in the community had been fully and the service had involved behavioural specialists to help implement guidelines so that people and the public were kept safe. For example, staff were to keep people away from dogs as this could be a trigger for a person's behaviour. Staff knew these risks and told us that only experienced staff would support some people.

A registered manager from another service who supported the first day of the inspection said, "We assess the risk in whatever we do."

We observed the financial handover which ensured that people's money was correct and accounted for. There were no discrepancies found after completing this check.

Recruitment was carried out safely and the service had a recruitment policy. Staff had to complete an interview, detail previous employment history and explain gaps in their employment. Pre -employment checks before they could start work were also performed. Records confirmed this was done and included seeking staff references and criminal records checks, this ensured staff working with people were of good character and of no risk to people.

There were enough staff at the service and we observed that people did not have to wait long for support. We viewed staff rotas' and saw that shifts were covered when people were on holiday or absent and there was a board in the office and in people's lounge which showed pictures of who was on duty for each shift.

Good

Is the service effective?

Our findings

People said they thought staff at the service were good.

We observed people who could communicate call staff by their name when they needed support and people who were non-verbal were approaching staff for help.

Relatives told us they thought staff were competent at their jobs. One relative said, "They are doing their best." Another relative said, "Yes they [staff] have enough skills, long term staff are very experienced." The same relative said, "I ask them [staff] questions to see do they know about the person."

Staff received a three week induction to support them into the service and we reviewed the induction policy. The registered manager told us staff would come into the service and read people's support plans and get to know the service and the people there. Staff received an induction workbook to support their learning. Training was also given which was eLearning and classroom based. Staff received regular training and records confirmed staff had received training in safeguarding, medicines, health and safety, food hygiene, mental capacity act, infection control and epilepsy.

Staff we spoke to told us they were supported in their role. Records showed that staff had monthly one to one meetings and supervision with their manager and staff received an annual appraisal to review their yearly progress. One member of staff said, "It's good to catch up and we can talk to [manager] when we need to."

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.

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 application 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.

Records showed that the service where complying with the MCA and people's authorisations were in date. Where they were due to expire the service had contacted the supervisory body for an extension.

Staff we spoke to explained to us how they supported people to make decisions. For example, one member of staff told us they showed people pictures of food. Where people were unable to make decisions the service carried out mental capacity assessments and held best interest meetings with people and their

relatives.

People were also for their consent before they received care, one member of staff said "I ask [person] are you ready for a shower?"

People were able to decide what they wanted to eat during weekly meetings, people could change their mind on the day but staff told us they showed people pictures of food and a menu was prepared. One relative said, "Oh yes I think the food is good here, I came one day and [person who used the service] were eating a lovely meal."

We observed staff contact health professionals and on the first day of our inspection staff called the GP to attend to the service for someone who was unwell.
Relatives we spoke with told us staff kept them informed when their family member attended for check-ups with the dentist and GP and when they had other health appointments with the chiropodist, social worker, psychologist and psychiatrist.

Good

Is the service caring?

Our findings

People told us staff were caring.

One person said, "Staff, nice" and another person when asked if staff were caring smiled at us.

One relative said, "I ask staff questions to see whether they know about [relative]. Staff are caring here." Another relative said, "The staff are caring and supportive here."

We observed staff speak to people in a kind way and patient manner. Staff did not rush people to speak even where someone may ask a staff member the same question a number of times.

Staff told us they built relationships with people by spending time with them. Records showed that people using the service had their own key worker who was their direct person for support however we observed that all staff at the service were approached freely and without hesitation. One member of staff said, "I've bonded with [person] we now go out that's huge progress."

The service held house meetings where everyone to gather and say how they felt at the service. One member of staff said "We talk to everyone and use some Makaton gestures for those who can't speak". Makaton is a language programme using signs and symbols to help people to communicate. As staff used this it meant they were including people who could not speak in discussions.

People's privacy and dignity was respected at the service. We observed staff knock on people's doors and ask if they could come in before they entered. Staff we spoke to told us people had personal care in the bathroom and they helped to cover people up with a towel or a gown.
The service had two bathrooms one for male and the other for female. Staff also tried to meet people's preference for male or female carer to support them when giving personal care. To further protect people's dignity one member of staff said while they were giving personal care no maintenance staff were allowed on site until it had been completed.

People's information was kept confidential and staff told us they did not share information unless it was with other health professionals involved in people's care.

During the first day of our inspection the deputy manager was booking a holiday abroad for a person at the service. The destination was of importance as the person had relatives there and the family wanted the person to know their culture. The registered manager told us that two staff were going along to support the person and that risk assessments had been put in place for the person's safety.

After the inspection we spoke to the registered manager and the relative and they said the trip was a success and the person really enjoyed themselves.

People's cultural needs were respected and cultural food was cooked on the premises. Staff we spoke to

told us they cooked British food and Caribbean dishes.

People's care plans addressed their end of life wishes. Staff we spoke with told us it was very sensitive subject to discuss with people and the majority of the time people's relatives and documented people's wishes after best interest meetings. Records showed that this had taken place and one relative we spoke to said, "I'm [person's] advocate and discuss those matters".

Good

Is the service responsive?

Our findings

Records showed that people had personalised care plans that met their needs. Each person had a page profile section about their life which gave information about people's religion, where they were born, how they liked to spend their time, likes and dislikes, and important people they visited. For example one person liked aromatherapy sessions and going to see their relative. One person told us they liked to buy sweets and going to the high street and this information was seen in their care plan.

Details on how to communicate with people was detailed in their care plan and people had a communication passport. Some people were able to communicate verbally and others were non-verbal. The service used some Makaton signs to communicate with people, used gestures or showed them pictures. This ensured that people had their needs understood by staff at the service.

People also had support agreements which had pictures showing how staff would support people in the service.

People's skills and abilities were recorded in their care plan and how people should be supported was clearly documented. People were supported to do activities such s cooking. One person had their own booklet of recipes they had collected. We also observed staff were close to people when they made a cup of tea to offer them support but help people be independent where possible.

People's care plans were reviewed every six months unless there were identified changes and annual reviews of people's care package took place to see that care was meeting people's needs overall. Relatives told us that they were regularly invited to reviews of care for their family member.
One relative said, "If I can't attend the review they reschedule so I can be there."

People also had long term plans which stated what people wanted to maintain in their lives. For example, one person had said they wanted to maintain their privacy and dignity and this was supported by ensuring staff closed their door and wrapped them with a towel. Another example was around encouraging independence. Another person said, "Staff to open wardrobe and I'll pick personal care items to protect my dignity".

People had keyworkers who worked with them directly and records showed they had monthly evaluations to discuss progress towards their goals. This helped people have someone they could speak to directly about their needs within the service. One member of staff said, "[Person] never used to do the laundry but we practiced with them and now they do their own laundry."

People had a weekly timetable that detailed their choice of activities; these included attending college, sewing classes, drama, community centre, local farm, shopping, bowling and karaoke. The registered manager supporting us on the first day told us that people were not forced to do activities if they were observed not to like it. We were given an example of how staff identified someone did not enjoy a suggested activity as they had started to display an aggressive behaviour. Staff assessed the situation and the person

no longer attended that particular activity.

People also had health action passports which are personal plans that provide information to keep people healthy and may list help to give to people to keep them healthy.

The service had a complaints policy in the office and an easy read format was clearly displayed for people. Staff we spoke to said they would support people to make a complaint and would find out what had happened so it could be passed to the manager. We reviewed one complaint which had been responded to promptly and the local authority had been contacted. One relative said, "If I thought anything was wrong I'd be on to it straight away."

Requires Improvement

Is the service well-led?

Our findings

Notifications had not been correctly sent to us. One incident which was referred to the local authority as safeguarding had not been sent to us as safeguarding. We asked the registered manager of the service why the CQC had not been notified and they told us they did not know this should have been sent to us.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

People knew who the manager was and approached them frequently for support during the inspection. Relatives were happy with the management of the service. One relative said, "If I am not happy I go to [manager]." Another relative said, "[Manager] is always approachable."

The service had a registered manager who was there every day. The service was well supported by other managers if the registered manager was on leave. The registered manager was also well supported by senior managers and other managers within the organisation.

Staff told us management of the service was good and there was an open door policy if they needed to speak to him. One staff member said, "[Manager] is good, whenever I talk to him he helps me."

Audits were carried out to monitor the quality of the service. These included a property audit to check internal fixtures and the external condition of the property, financial audit and weekly checks for infection control which were carried out by staff at the service. The registered manager performed an internal audit of the service and the senior operating manager of the service performed an audit which was based around all aspects of care and the questions that are asked by the CQC.

The service was visited by the local authority contracting team on the 24 May 2016 and their report showed that the service was performing well.

Monthly staff meetings took place staff we spoke to told us they were helpful and they met to discuss the residents at the service and safeguarding matters.

Relatives told us they used to have regular parents meetings but these did not take place anymore. Two relatives we spoke with told us they missed getting together and discussing what was happening at the service. One relative said, "The [manager] does tell us what is happening but I would like head office to come and tell us what is happening from time to time."

The registered manager showed us records of communication they had with all relatives and friends when they called the service. This showed they were maintaining contact with them.

Staff told us they completed a yearly staff survey every year but we did not see the results of the previous year from 2015 and the current survey was due to be sent. People at the service were also able to complete a survey which was in easy read picture format. We were told the results were with head office so were unable

to see the outcome of those.

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 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents The registered person did not notify the Commission without delay any abuse or allegation of abuse to a service user. 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the proper and safe management of medicines People were not protected from receiving medicines that had expired as the service did not manage or monitor the dates of expiry. 12 (2) (g)