Autism Hampshire

Autism Hampshire - 102a Brockhurst Road

Inspection report

102a Brockhurst Road
Gosport
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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

This inspection took place on 5 June 2018 and was unannounced.

102a Brockhurst is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

102a Brockhurst accommodates four people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were safeguarded from avoidable harm. Staff adhered to safeguarding adults procedures and reported any concerns to their manager and the local authority.

Staff assessed, managed and reduced risks to people's safety at the service and in the community. There were sufficient staff on duty to meet people's needs.

Safe medicines management was followed and people received their medicines as prescribed. Staff protected people from the risk of infection and followed procedures to prevent and control the spread of infections.

Staff completed regular refresher training to ensure their knowledge and skills stayed in line with good practice guidance. Staff shared knowledge with their colleagues to ensure any learning was shared throughout the team.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff liaised with other health and social care professionals and ensured people received effective, coordinated care in regards to any health needs.

Staff applied the principles of the Mental Capacity Act 2005. People 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. An appropriate, well maintained environment was

provided that met people's needs.

Staff treated people with kindness, respect and compassion. They were aware of people's communication methods and how they expressed themselves. Staff empowered people to make choices about their care. Staff respected people's individual differences and supported them with any religious or cultural needs. Staff supported people to maintain relationships with families. People's privacy and dignity was respected and promoted.

People received personalised care that meet their needs. Assessments were undertaken to identify people's support needs and these were regularly reviewed. Detailed care records were developed informing staff of the level of support people required and how they wanted it to be delivered. People participated in a range of activities.

A complaints process ensured any concerns raised were listened to and investigated.

The registered manager adhered to the requirements of their Care Quality Commission registration, including submitting notifications about key events that occurred. An inclusive and open culture had been established and the provider welcomed feedback from staff, relatives and health and social care professionals in order to improve service delivery. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

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 Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 5 June 2018 and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three staff, including the registered manager. We received emails from staff after the inspection further sharing their thoughts about the service. People using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We reviewed one person's care records and sampled one other person's records, plus staff records such as supervisions. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

Good

Is the service safe?

Our findings

Whilst people could not tell us they felt safe, their interactions and relationships with staff were friendly and comfortable. People joked with staff and the atmosphere was relaxed.

Staff told us, "Safety on site is ensured by conducting regular checks and tests, everything is evidenced in respective documents." "The house is always clean and tidy which impacts directly not only wellbeing of residents but also morale and attitude of staff."

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and were able to describe signs and symptoms that a person may be being abused. Staff recorded and reported any concerns they had, including any bruising as well as changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. At the time of inspection there were no ongoing safeguarding investigations.

Detailed risk assessments had been completed for the people living at 102A Brockhurst. The assessments undertaken related to each person as an individual. Assessments contained guidance to mitigate the risks identified, to keep people and staff safe. For example, where a person had a particular health condition the risk assessment to manage that condition and the signs to look for to identify a risk, were available for all staff to follow when supporting that person.

If a person was identified as demonstrating behaviour that challenged, information was available which assisted staff to recognise signs which highlighted when a person may be becoming agitated, what to do to support a person during this time and how to assist them afterwards. The risk assessments were clear and comprehensive and staff demonstrated during inspection that they knew about the risks to people living at the service and how to safely manage those risks.

Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. There were risk assessments in place in regards to the environment, for example when staff were cooking and for when people accessed sharp knives.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager, and support was amended for example additional staff support provided. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There were sufficient staff to meet people's needs. There was a core number of staff during the day, this was supplemented during the week with a member of staff from day services, who assisted with daily activities. All of the people using the service needed support from staff in the community and most were funded for allocated one to one support, and this was scheduled in the rota. One member of staff was on duty at night to ensure support was provided 24 hours a day. Additional support was available from on call staff if advice

was needed or in the event of an emergency.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were stored, administered and disposed of appropriately within the home. They were kept locked away in people's individual cabinets in the registered manager's office. Where medicines required refrigeration, this was completed appropriately and the refrigerator temperatures were monitored daily in accordance with the manufacturer's guidelines. Medicines were mainly prompted or administered from blister packs, with some 'as required' (PRN) medicines given in accordance with the provider policy. A blister pack contains designated sealed compartments for medicines to be taken at particular times of the day. Medicine administration records (MARs) were all completed fully, with no gaps in signatures to confirm the right medicines had been given to people at the right time. Every day the number of tablets remaining were checked and counted with totals then entered onto the MARs chart. The MAR charts reflected that this had been completed daily. The MAR charts had been audited weekly to ensure no errors had been made and when an error had been identified, the registered manager had shared this with the staff responsible to ensure lessons were learned. When medicines were no longer required, the service returned the medication to a pharmacy.

Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control. They were aware of what equipment to use when cleaning different parts of the service and were aware of the importance of keeping different cleaning equipment separate. Staff ensured people had allocated items for personal care so there was no cross contamination. On our visit the service was clean and staff cleaned any spills promptly.

Good

Is the service effective?

Our findings

Staff and the manager knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. Throughout our visit we saw people's needs were met. Staff provided the care and support people required. People indicated to us they liked living at the home by the manner they moved around and interacted with staff.

One member of staff said, "I can see the difference we make in service users routines on a daily basis and we have a proven track of improving various aspects of their life; including access to community, communication or learning new skills". Another told us, "I have really been enjoying supporting our service users in all aspects of their lives including Dr and Dentist appointments, accessing the community and within the home, with for example cooking, cleaning, personal care."

Staff had the knowledge and skills to undertake their role and regularly refreshed this through completion of training courses. From training records we saw staff were up to date with the provider's mandatory training and had also completed additional courses in relation to people's specific needs. This included in regards to learning disabilities, autism, and supporting people who displayed challenging behaviour. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. However, this had not been required as newly employed staff had previous experience of working in a care setting and had National Vocational Qualifications in health and social care.

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

People were supported to eat and drink and to maintain a healthy lifestyle. People were given options as to what foods they preferred to eat each day, with two choices available on the menu. A staff member said, "We get to know what people like and they can communicate what foods they prefer. If they don't want the suggested meals for the day we can prepare something else for them, it's no problem". People were encouraged, where possible, to participate in meal preparation. Menus and different types of foods were available in pictorial format for people to easily identify what foods they wanted to eat. Where a person had particular dietary requirements, staff were fully aware as to what foods were available for that person. For example; a member of staff showed us lists of foods that a person could eat to accommodate their individual dietary needs. People living at the service often went to restaurants for lunch accompanied by staff, one staff member told us how they had identified a restaurant that could cater for a person living at the service with particular dietary restrictions. This enabled the person to enjoy dining in a restaurant safely.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. People were supported to access external health and social care professionals as and when required. We

observed evidence of people having been referred to speech and language therapists and attending dentists, hospital outpatient appointments and their GP surgery when they were unwell. Staff followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Records showed that relatives were kept up to date with any changes in a person's health and the outcome of healthcare appointments. Staff confirmed this by telling us, "Our service users can easily and without delay access various professional help and we have also improved communication with family members and relatives."

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.

Staff adhered to the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held with the health and social care professionals involved in a person's care and their relatives where appropriate. We saw an example of this regarding dentistry one person needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisation for those they had assessed as requiring assistance in the community in order to maintain their safety. They were aware of when these authorisations lapsed and arranged for people to be reassessed.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Where possible people were asked to give their consent and this was recorded. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices. Staff had received training in the principles and operation of the Act and were able tell us about people's rights to take risks when they had capacity.

Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The manager and staff were aware of equality and diversity issues. We could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans where needed. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

102a Brockhurst is a large family style home. The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wish. We observed people navigating around the home independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised and provided ensuite bathroom facilities. There were resources and sensory stimulation for people to use at their leisure

Good

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. People at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were also aware of how people communicated if they were in pain and were aware of what it meant when people displayed behaviour that could challenge others.

We observed staff responding promptly to people's requests for assistance and regularly approaching people to check whether they were happy and comfortable and whether there was any assistance they required. Staff were aware of what made people happy and we observed people smiling when interacting with staff. Staff were aware of what may upset people and provided emotional support when required.

People were actively encouraged and supported to contribute towards decisions about their care. Within the individual support plans, was a pictorial easy read plan that we observed people having been involved in completing this with staff support.

Staff supported people to explore their preferences and supported their individual needs. This included in regards to their religion, culture and developing and maintaining relationships. We saw a record of communication with families and noted that families had thanked staff for regular monthly updates, photos of activities and for supporting people to keep in touch. This included supporting one person to attend a family wedding and spending time with their family. For another person staff supported them to fulfil a dream of going on a helicopter. The member of staff said "It was only a fifteen minute ride but [name] loved every second."

We observed people's privacy and dignity being respected within the home. Staff knocked on peoples doors, said who they were and asked if they were able to come in. For example, one person was being supported with personal care and we could hear a staff member speaking to the person and asking whether the person was happy to have help. During inspection we observed interactions between staff and people that were positive, kind and respectful.

The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff said "Each person has communication support to help them understand things for them."

Good

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose how they spent time during the day and the activities they engaged with. Staff explained that it was important for people to have choice and control over their lifestyle.

People received personalised care. Staff were well informed about people's needs. There was a new staff team, however from our observations and talking with staff we could see they understood people and how they liked to be supported.

Individual support plans were based on the pre-admission assessment undertaken by the registered manager. Support plans included detailed information required for staff to provide care and support according to people's needs and preferences. Support plans were personalised. For example; they contained information relating to people's food likes, emotional wellbeing and even people's phobias. They also included information about what made a person happy, what made them sad and how staff would recognise when a person was happy or sad. Support plans were goal orientated and contained information regarding people's 'dreams for the future'. Support plans included a 'communication passport' which gave detailed information to staff regarding how a person could communicate. For example, using Makaton and simple directive phrases and whether to look directly at a person when speaking to them or whether this made a person feel uncomfortable. For each person there was specific communication guidance including what words to use when speaking to the person. Staff gave us good examples of how they communicated with people. For example, showing us which Makaton signs each person used when they talked about activities they enjoyed.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as making drinks, as well as leisure activities and sessions to support their health such as swimming. We saw from care plans and staff confirmed the progress one person had made since moving to the home. For example they had never gone out and since being at the home they had gone swimming, been on a bus, a ferry and eaten out at restaurants. The staff explained the milestones this person had achieved since moving there and how their quality of life had improved.

A complaints process was in place. Staff were able to describe the behaviour people showed if they were upset or unhappy and told us they would support the person to explore what was upsetting them so it could be addressed. Staff said they felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint and were confident that any concerns raised would be taken seriously and appropriately dealt with. There had been one complaint since the last inspection and we could see that the complainant was happy with the response.

We discussed end of life care with the registered manager. One person had a plan in place which had been discussed with the family. The registered manager told us that their action plan included discussion with the

remaining three families.

Good

Is the service well-led?

Our findings

One staff member told us "Any concerns raised at the site are dealt with by the management in reasonable time and in the best interest of service users." "I generally think that our service users are happy and safe living at 102a Brockhurst Road and I feel supported myself in the role which I have." The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team." Staff told us, "Our team has individuals with various background and we try to work together to utilise our strengths."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. The results of the first survey since registration had not yet been analysed.

The provider had systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The manager shared a business improvement plan with us showing how they were going to develop the service, including moving the office and developing the garden to offer more activities.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.