

# Autism Care Homes Limited

## Cricklade House

### Inspection report

Cricklade House  
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Bristol  
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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

We undertook an unannounced inspection of Cricklade House on 3 May 2016. When the home was last inspected in January 2014 no breaches of the legal requirements were identified.

Cricklade House provides personal care and accommodation for up to four people. At the time of our inspection there were four people living at the home.

A registered manager was in post at the time of our inspection. 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 home ensured people were safe by having positive risk assessments in place which promoted independence but identified and minimised risk. Staffing levels were safe and enabled people to be supported in a range of activities. Medicines were managed and administered safely.

New staff completed a full induction programme aligned with the Care Certificate. This process focused on knowledge and learning specific to the needs of the people living at the home. On going training was in place for staff, together with a supervision and appraisal process.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager kept clear records of the steps taken in the DoLS process. Staff were aware how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement.

The home was responsive to people's needs as staff worked in a person centred way. Care records were detailed and gave clear guidance on how to effectively support people. Staff were knowledgeable about how people preferred to be supported. We observed positive relationships between people and staff.

Systems were in place to monitor the quality of the home. People, staff and relatives were asked to give feedback about the home. Comments received from relatives about the home were positive and consistently good. Staff felt valued in their roles and received support through regular supervision.

## 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 home was safe.

Staff knew how to recognise potential signs of abuse and how to report safeguarding concerns.

Staffing levels were safe to meet people's needs. Safe recruitment procedures were followed.

Risk assessments were in place to help keep people safe whilst promoting independence.

The administration of medicines was safe.

### Is the service effective?

Good ●

The home was effective.

People's care and support needs were met.

Staff were supported through effective induction and supervision.

The home was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported in their access to healthcare.

### Is the service caring?

Good ●

The home was caring.

We observed positive relationships with people living at the home. Staff spoke to people with kindness and respect.

Staff were aware of people's personal preferences. People's privacy was maintained.

People's visitors were welcomed at the home.

### Is the service responsive?

Good ●

People received responsive care and support.

People's care records were person centred; this helped to ensure people's individual needs were met.

Activities were provided for people in accordance with their wishes within the home and in the community.

Feedback was sought from people and their relatives.

**Is the service well-led?**

**Good** ●

The home was well-led and managed.

The home and staff reflected the values of the provider.

Staff felt support and valued by the managers.

There were systems in place to monitor the quality of the home.

# Cricklade 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.

The inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had autism and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with three people living at the home, the registered manager, one senior and three staff members. After the inspection we spoke with three relatives. We looked at two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People were not always able to tell us if they felt safe at the home. One person when asked if they felt safe at Cricklade House said, "Yes." We observed people move safely round the home. People were happy and comfortable in their home environment. One relative said, "Yes, I certainly think he is safe and well looked after." Another relative said, "He is always very happy to go back after a visit home. That is an indication to me that he is safe, well and happy at the home."

The provider had policies in place for safeguarding vulnerable adults and whistle blowing. This contained guidance on the action that should be taken in response to any concerns. Staff could explain different types of abuse that may occur, how to recognise signs of abuse and the actions they would take. One staff member said, "I would report to my manager or to an outside organisation if needed." However, we did note that not all staff we spoke with were confident in their understanding and knowledge of whistle blowing. Staff received training in these subjects within their induction programme, which we viewed a copy of. A senior staff member showed they knew the procedures the home would take should a concern needed to be shared with the local authority safeguarding team.

The home recorded accidents and incidents. We reviewed a record of an accident at the home. The record included a detailed description of what had happened leading up to and after the accident. The report included when significant people were notified, such as family members and how the accident was managed. We highlighted to a senior staff member that it would be beneficial to include any changes made following the accident to minimise future risks.

Medicines were ordered, stored and administered safely. Medicines arrived at the home every four weeks and were checked as they were signed onto the Medication Administration Records (MAR). Medicines were stored in a secure cupboard. The temperature of the cupboard was taken three times a day to ensure medicines were stored as directed. There was clear guidance for when 'as needed' medicines may be required. These medicines needed authorisation to be administered from a senior staff member. This was to ensure all other techniques, as detailed in people's care plans, had been tried and recorded before as needed medication was used. Weekly stock checks of medicines took place.

The home had safe recruitment processes in place before new staff commenced employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain vulnerable groups of people. A checklist detailed steps taken in the recruitment process and when important information had been received. A letter confirming the start date of the new employee was sent after all the pre-employment checks had been completed.

There were sufficient numbers of staff on duty to meet people's needs safely. We reviewed the staff rotas for the previous eight weeks and saw the number of staff was consistent with the planned staffing levels. One relative said, "There are enough staff, plenty." An on-call management system was in place for when staff

were lone working or if an emergency arose.

We reviewed records of the servicing of gas, water and fire safety appliances to ensure they were safe for the intended use. We highlighted that a clear record of when electrical equipment had been tested would be beneficial. The registered manager said this would be actioned.

Systems were in place to regularly test fire safety equipment such as alarms and extinguishers. Assessments were in place to minimise the risk of a fire, for example ensuring bins were emptied regularly and safety precautions to be taken within the kitchen. We saw staff had performed practice fire drills in November 2015 and April 2016 and recorded how people responded. This ensured people and staff knew what to do in the event of a fire. People had a Personal Emergency Evacuation Plan in their care records. This detailed how people were likely to react on hearing the fire alarm and the support people would require to stay safe. The home had an emergency file in place which documented the procedures and arrangements should a situation arise. For example, if there was a gas leak or a power failure.

Individual risk assessments were in place for people. These assessments included people's risk associated with their personal items, being out in the community and using particular equipment such as a hair dryer or clothes iron. Behaviour that may be viewed as challenging was identified and positive behaviour support plans were in place to show staff how to respond. For example, one plan stated, 'to minimise anxiety keep busy and engaged with task.' Another plan explained when a person displayed particular behaviours, if staff gave them time alone for five minutes and then returned this helped. Risk assessments enabled people to retain their independence whilst reducing risk and remaining safe. For example, for one person it described how they may leave staff whilst out in the community. Guidance showed staff how to safely support this person when out in the community in order to minimise this risk.

# Is the service effective?

## Our findings

Care and support was effective and met people's needs. One person when asked if they liked it at Cricklade House replied, "Yes." Relatives told us they were happy with the care provided and felt it suited their relative's needs. One relative said, "[person's name] is very settled there. I am very satisfied with the care." Another relative said, "[person's name] is well looked after. We are 100% happy. We are very lucky to have found the place."

New staff completed an in depth induction programme when they joined the organisation that was aligned with the Care Certificate. The induction consisted of three stages, which focused on the different skills and knowledge new staff needed to gain. The provider took time with new staff to ensure they were trained to the standard they expected. The induction also went into fine detail of how people living at the home liked things to be done. For example how hot drinks were made, personal care and domestic tasks. This was important for people living at the home, as small tasks not done in accordance with people's daily routines could be unsettling due to their autism. The latter stages of the induction focused on specific knowledge and practice around working with people with autism. We reviewed how people applied what they learnt to those they supported. Staff spoke positively about this, explaining that it ensured the support they gave was well thought out. People were supported throughout the induction period by regular meetings with a senior staff member.

We reviewed staff training records. Staff received training in areas such as infection control, first aid and administration of medicines. The registered manager was aware that some training was overdue to be refreshed such as safeguarding and the Mental Capacity Act 2005. The registered manager assured us this would be addressed. The provider facilitated staff to pursue further nationally recognised qualifications in health and social care.

Staff said they received regular supervision and an annual appraisal. Staff said they felt well supported and that supervision was positive. One member of staff said, "Supervision is useful. It is good to receive feedback about how you are doing." We saw records of supervision that showed feedback was given to staff on their role and any further training needs identified.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. 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 Mental Capacity Act 2005 (MCA). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made appropriate applications for all the people living at the home. One person had an authorised DoLS in place and notification of this had been sent to the Commission. A further three applications were awaiting completion by the local authority. The registered manager had a clear



system in place to record the dates and actions taken in respect of people's DoLS applications and authorisations.

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 reviewed documentation that demonstrated a process to establish if people had the mental capacity to make a certain decision. For example, we saw that an assessment had been made in relation to a meeting for a person with a health team. It recorded the different ways the home had presented the information to try and enable the person to be able to make their own decision. As the process established the person did not have the capacity to make that decision, a best interest meeting was held. Records clearly showed who was involved in the meeting and why the outcome was in the best interest of the person involved.

Staff showed they understood the principles of the Mental Capacity Act 2005 (MCA) and how they applied these in their role. One member of staff said, "It is respecting people's choices and knowing how people make their choices." The member of staff described a person who would lead staff to visually show them things they would like to do or what their choice was. Another staff member told us how they supported a person to make their own choices on a recent shopping trip.

Staff told us people contributed to suggestions for the menus at the home. Staff said that mealtimes were very flexible. Alternatives would be prepared if people decided they did not wish to have what was on the menu. Staff told us people were encouraged to be involved with meal preparation and we saw pictures showing people cooking. In one person's care plan it described the goal of gaining skills and confidence in preparing meals. We reviewed records of the steps taken towards this outcome.

A record of health appointments was kept. This showed the outcome of the appointment any further action needed and the next visit date. For example, we saw a record of a person who had recently had an x-ray at the dentist. One relative said, "[person's name] receives good healthcare. They have their own GP." People had a 'hospital passport'. This was a document containing vital information about a person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as their current medication or known allergies. The document described different behaviours and communications and how these may be presented, for example if a person was experiencing pain. Staff worked closely with other healthcare professionals. For example, the home was working with the speech and language team to support a person more effectively with their communication.

## Is the service caring?

### Our findings

People received good care and support from staff. Relatives told us that staff were kind, caring and developed good relationships with people. One relative said, "The staff are pleasant and polite." Another relative commented, "Staff are welcoming. They are kind and caring. They provide excellent care."

People could not tell us about their care and support. During our observations we saw positive interactions with people. People were relaxed and happy. People smiled at staff and were comfortable in their company. We observed staff speak with people with interest and clarity. We saw staff communicated in different ways with people, depending on their preferred method of communication.

People attended a day centre in the local area. Staff from the home went with people to provide care and support during the day. Staff spoke with us about how the continued staff support from home to the day centre ensured people felt safe and supported. We observed people getting ready and waiting for their transport to arrive. Staff kept people informed about what was happening and how long it would be. Staff spoke with people calmly and in a reassuring way. Staff gave prompts to people to enable them to be ready.

The home had received several cards complimenting the staff and home. Examples included compliments in Christmas cards. One person had written, "Thank-you once again for all you have done for [person's name] through another year." Another comment said, "Thank-you for looking after [person's name]." However, we were unable to tell how recent this information was as the date had not been recorded. A senior staff member told us they would review how this information was kept.

Staff told us that family and friends could visit the home at any time. One relative told us, "Yes, we can visit when we wish, staff are very welcoming." A senior staff member and relatives told us how people could become unsettled by unexpected visits so they were usually prearranged. Relatives said that whilst they knew they could visit the home when they wished, they tended to take relatives out or on overnight stays. One relative said, "We can go in if we wish to."

People had a communication record which described people's preferences. For example, for one person it described how they liked a calm atmosphere and did not like dogs. However, people's preferred method of communication was not always included. A record of people's preferred method of communication would assist staff in ensuring they understood people's sounds, gestures and signs. From speaking with staff it was evident that staff knew people well. Staff could describe people's like and dislikes and support preferences.

Staff treated people with dignity and respect. We reviewed documentation in people's care records that documented how people's dignity would be maintained during personal care. It showed what the person could do for themselves, how they wished for personal care to be carried out and the relevant risk assessments. Staff respected people's privacy. We observed staff always knocking on a person's door and waiting to be invited in. Staff said they respected when people chose to have time to themselves in their rooms or in communal areas.

## Is the service responsive?

### Our findings

People received care and support that was person centred. We observed people had different support needs and saw how these were being met in an individual way. Relatives spoke positively about the opportunities people had in terms of activities and support to develop and maintain their life skills. One relative said, "The day centre keeps [person's name] busy. It is lovely." Another relative said, "They are very responsive at Cricklade House. They know how [person's name] communicates." One staff member said, "People are very happy."

Care records contained important information about people's history and life story. For example, information about family relationships, education and interests. Care records were in an 'easy read' and picture format making them more accessible for people. Care plans promoted people to be independent, detailing what people could do themselves and guidance for staff about how people required support. One care plan said, 'Can dress independently but needs to be reminded to wear weather appropriate clothing.'

Care plans described people's personal preferences and how people enjoyed spending their time. For example, one care plan said, 'Likes to load the dishwasher and to vacuum.' Another care record said, 'Likes soaps and to wear perfume every day.' Reviews of people's care were held. A senior staff member said these were conducted in an individual way. For example, some people felt anxious with a formal meeting, so the length, location and format of the review were tailored to the person. Relatives said they were invited and attended reviews of care. One relative said, "We attend each review."

People had an allocated keyworker. The keyworker oversaw care and support and ensured outcomes identified in the care plan were being facilitated. One keyworker said, "I check to make sure [person's name] has everything he needs like clothes and toiletries." The keyworker monitored and recorded things such as the person's weight, and ensured their personal care equipment was in good working order. If people required appointments such as to have a haircut or see a chiropodist, these were arranged. A senior staff member showed us people's individual goals they were working towards. For example, learning to cook, making a bed or using a computer. A member of staff explained how an overall goal was broken down into small manageable parts. Each part was practiced and the level of support people needed was recorded, with the aim being that staff support reduced over time. The keyworker oversaw how this process was working and reviewed it with the person. Staff said it was important that people did not feel overloaded. Therefore, people worked on their goals at their own pace.

Information was recorded daily by staff to monitor people's care and support. Staff noted what people had been doing and how they were feeling. For example, we saw a note recorded, "[person's name] lots of encouragement needed to come downstairs today." This meant staff were aware of how people were feeling and could respond appropriately. Monthly reports were compiled to give an overall summary of how people had been and what they had achieved. Care plans were then reviewed as needed and recorded.

People had an individual timetable of their chosen activities displayed in their room. This was in 'easy read' and picture format. People's timetable showed the activities people participated in at the day centre, in

house activities such as drawing and colouring and outings in the community. Staff told us that they could be flexible to what people wanted to do in the evenings and weekends as staffing levels supported this.

People showed us their rooms. We saw that people had decorated and arranged their room according to their individual choice. Rooms were personalised and contained personal belongings. One person showed us around their room. We saw their collection of toy cars and a new one they had been given for their birthday. Another person showed us their room and said they chose the pictures and the duvet cover. One relative said, "Its [person's name] personalised space, with photos and the music centre." Another relative said, "He has all his own things, pictures of us and his own TV and DVD player."

The home had not received any complaints in the last 12 months. Most of the relatives we spoke with told us they had been given a copy of the complaints procedure and were aware of how to make a complaint if necessary. One relative said, "Yes we have been given the complaints procedure in the past." Another person said, "We have made a complaint in the past." Another relative said, "I would raise an issue if needed." A senior staff member said they would ensure all relatives had a recent copy of the complaints procedure. As people had been living at the home for many years it may have been some time ago they were first issued.

People had a regular meeting with their keyworker and the notes recorded in their care file. This gave people an opportunity to raise any concerns or suggest things they wished to do. People were reminded about telling someone if they were unhappy about any aspect of their care and support. A senior staff member told us this type of meeting worked better as people could feel overwhelmed in a group meeting. We saw that one person had said they wanted to go to the cinema and also buy a new jumper. It was recorded on their meeting minutes when these activities took place.

Two of the three relatives we spoke with said they had completed a survey giving feedback to the home in 2015. One relative said, "I completed a survey last year." Another relative said, "I have completed a survey once." We reviewed the results of the survey conducted and saw that overall results were positive. Feedback included comments such as, 'The house is maintained to a very high standard' and 'Service users are always happy.' We highlighted to a senior staff member that it would be beneficial to share the findings of the survey with people and demonstrate any changes made as a result.

The home was clean and tidy and relatives confirmed it was always kept in this way. This was responsive to the people who lived there as they preferred a well organised environment. Guests and visitors were asked to remove outdoor shoes as people preferred this.

## Is the service well-led?

### Our findings

The registered manager was supported within the home by a senior staff member who undertook a lot of the day to day management tasks. People were not always able to tell us if they thought the home was well led. We observed people had good relationships with a senior staff member. Relatives said they felt confident in the management and staff of Cricklade House. One relative said, "The managers are very approachable and well organised." Another relative said, "The managers seem very professional."

Staff spoke positively about the senior staff member and said they were always available if needed. One staff member said, "The home is well managed." However, staff felt it would be valuable to sometimes have a formal meeting so ideas could be shared and suggestions made.

Information was communicated to staff. Messages were conveyed through a staff handover form. We saw information about medication and maintenance issues. Staff communicated messages to senior staff in a separate record. A senior staff member told us any significant information was verbally communicated to staff. Staff completed daily checks to ensure all tasks were completed such as cleaning, temperature checks and meal recording.

Relatives said a senior staff member communicated with them regularly through telephone calls. One relative said, "They keep in contact and I can always ring them if I have any concerns." Relatives did comment that it would be useful to have some written notification of any changes such as staffing and some events or times where they could meet other families. This would ensure that key information was communicated to people's relatives.

The provider had conducted a survey with people in June 2015. The survey focused on people's experience of their environment, meals and activities. The survey was presented in an accessible format which enabled people to complete it. A staff survey had also been completed. The survey asked for feedback on the management of the home, training provided for staff and the staff team's welfare. It was discussed with a senior staff member that in order to act on the information gained it would be useful to share the findings and record improvements made if needed.

Staff were knowledgeable about the values and aims of the home in line with provider's mission statement. Staff told us they aimed to provide a homely atmosphere and support people's needs effectively. One staff member said, "It is very homely, it is a nice atmosphere." Staff said they felt valued and supported in their roles.

The senior staff member had systems in place to monitor the quality of the service. An annual audit was completed to assess the effectiveness of procedures and systems relating to medicines, monies, care plans, meal arrangements and the environment. The senior staff member had achieved nationally recognised qualifications in care. The registered manager and senior staff member spoke of being well supported by the provider. They were in regular communication with the provider who was aware of any day to issues.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the PIR within the timeframe allocated and explained what the home was doing well and the areas it planned to improve upon.