

The Kent Autistic Trust

The Kent Autistic Trust - 11a Curlew Crescent

Inspection report

11a Curlew Crescent, Strood
Rochester, Kent
ME2 2RF
Tel: 01634 296674
Website: www.kentautistic.com

Date of inspection visit: 20 April 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service

Good



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?

Good



Overall summary

The inspection took place on 20 April 2015 and it was unannounced.

Kent Autistic Trust – 11a Curlew Crescent is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The home is set out over two floors. There were six people living in the home.

Management of the home was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the home regularly.

The home 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

Summary of findings

and associated Regulations about how the service is run. The registered manager had been off work for longer than 28 days; the provider had put acting managers in place to oversee the running of the home.

People were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. Relatives told us that their family members were safe.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours. The laundry room contained a small chest freezer which contained food. Laundry baskets had been sited on top of the freezer which could cause cross infection from soiled laundry to food. We have made a recommendation about this.

Staff and people received additional support and guidance from the behaviour support manager when there had been incidents of heightened anxiety.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

Staff received regular support and supervision from the management team; they received training and guidance relevant to their roles.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty

Safeguards (DoLS) which applies to care homes. Best interests meetings had taken place with relevant people. Where people were subject to a DoLS, the registered manager had made appropriate applications.

Relatives told us that they had been involved in meetings to discuss best interests. They told us that the registered manager had kept them informed about Deprivation of Liberty Safeguards (DoLS) applications.

People had access to drinks and nutritious food that met their needs, they were given choice and special diets were catered for.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. The staff ensured people received effective, timely and responsive medical treatment when their health needs changed.

Relatives told us that staff were kind, caring and communicated well with them. People were supported by staff who understood their needs and adapted their communication styles to meet people's needs.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People's information was treated confidentially and personal records were stored securely.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during review meetings and by completing questionnaires. Relatives were also encouraged to feedback.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community. People were supported to be as independent as possible.

Summary of findings

The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support people's communication needs.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The registered manager had notified CQC about important events such as injuries and Deprivation of Liberty Safeguards (DoLS) these had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe.

Food had been inappropriately stored in the laundry room which posed a risk to people.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training and supervision relevant to their roles. Staff felt they received good support from the management team.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially.

Good



Is the service responsive?

The service was responsive.

People's care plans had been reviewed and updated regularly to reflect changes in people's needs.

Good



Summary of findings

People and their relatives had been asked for their views. Relatives told us that they were kept well informed by the home.

The complaints policy was prominently displayed in the home.

People were encouraged to participate in meaningful activities, which were person centred and included community trips.

Is the service well-led?

The service was well led.

Records were well maintained.

The registered manager and provider carried out regular checks on the quality of the service.

The leadership within the home enabled staff to learn and develop within the organisation.

The service had a clear set of values and these were being put into practice by the staff and management team.

Good



The Kent Autistic Trust - 11a Curlew Crescent

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 20 April 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the visit we reviewed notifications we had received. A notification is information about important events which the home is required to send us by law.

We reviewed information in the Provider Information Return (PIR) before this inspection. A PIR 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 four people, three relatives, seven staff including the acting manager. We also spoke with the service quality compliance manager of the home. We received feedback from health and social care professionals during the inspection.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We looked at four people's care records and pathway tracked people's care, including medicine records. We looked through management records including five staff files.

We asked the acting manager to send us information after the inspection. We asked for the staff training plan, staff supervision schedule and details of complaints. These were received within the agreed timescale.

We last inspected the home on the 18 October 2013 and there were no concerns.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home.

Relatives told us that their family members were safe. One relative told us their family member was safe because the front door had a key coded lock. Another relative told us, "There's enough staff".

Staff had completed safeguarding adults training. The staff training records showed that all except one member of staff had completed training. One staff member was new and their training had been planned. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The acting manager knew how to report any safeguarding concerns. People were protected from abuse and mistreatment.

Clear procedures were in place to protect people in case of an emergency. This included risk assessments that documented how people should be supported to evacuate from the building. The assessments outlined relevant information such as how people would respond to the fire alarm and what support they needed in order to stay safe in case of a fire.

Risk assessments were clear and included specific actions that staff should take to ensure that people could carry out certain activities safely. For example, a risk assessment had been carried out to support a person to make a cup of tea safely. This included steps that should be taken to protect the person, such as only filling the kettle with as much water as was required and always having staff support in place. People were positively supported to take risks.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required

were completed quickly fire extinguishers were maintained regularly. Fire alarm tests had been carried out regularly and any repairs required were completed quickly. Staff confirmed that these were done weekly.

Reports were completed to document events if a person was involved in an accident or involved in an incident related to challenging behaviour. We reviewed some reports and saw that they were clear and detailed. The behaviour support manager told us that meetings were held to debrief staff as and when required following an incident. They were working to develop a form to document the debrief to ensure that all relevant questions were asked and staff were supported appropriately when they had been involved in an incident.

There were suitable numbers of staff on shift to meet people's needs. Relatives told us that there was always enough staff working in the home. The staffing rota evidenced that there was less staff working each morning at weekends. The acting manager told us that when people spent time away from the home to visit their families the staffing numbers were reviewed to meet people's needs. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented. Staff with responsibility for administering medicines were clear about their responsibilities and understood the home's medicines policy. For example, they were able to describe the steps they would take if an error occurred in relation to medicines. Only staff who were trained to administer medicines carried out this task. Their competence to administer medicines had been assessed and this was

Is the service safe?

documented. Records showing the signatures of staff who were trained to administer medicines were maintained. This meant that if there were any issues in relation to the administration of medicines it was possible to ascertain which staff members had been involved.

The home's policy was clear and referenced current guidance. We looked at the storage of medicines and saw that the cabinet was clean, organised and contained a suitable level of stock. All of the medicines were within date and the date when liquid medicines were opened was recorded to ensure that they were not used beyond the appropriate period of time.

The home was clean, tidy and free from offensive odours. The laundry room was clean and well ordered. Hand washing guidance was available in every bathroom and toilet. Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection. The laundry room contained a small chest freezer which contained food. Laundry baskets had been sited on top of the freezer which could cause cross infection from soiled laundry to food.

We recommend that the provider removes the chest freezer from the laundry room.

Is the service effective?

Our findings

Not everyone was able to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members talking with people about their health and offering encouragement and praise about self-care.

Relatives told us that they had been involved in meetings to discuss best interests. They told us that the registered manager had kept them informed about Deprivation of Liberty Safeguards (DoLS) applications. One relative said, “The staff are very good, they work as a team” and explained that staff knew how to communicate well with their family member. Another relative told us, “Staff involve the family with hospital appointments”.

Staff received regular supervision from their manager, during which they and their manager discussed their performance in the role, training completed and future development needs. Staff felt they received good support from the management team in order to carry out their roles.

Staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider’s mandatory training such as health and safety training, first aid and medicines training. The provider had also listed ‘required training’ that staff should attend which included Autism training and nutrition and diet. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff had a good understanding of managing behaviours that may challenge, staff had attended training to give them skills which enabled them to divert and distract people when they showed signs of becoming emotionally aroused this training and support enabled staff to do this without using restraint. The behaviour support manager was available if staff required assistance or training concerning the management of behaviour that could be challenging. Plans were in place for the behaviour support manager to attend the next team meeting at the home to provide advice that was specific to the needs of people.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively.

Regular team meetings were held to ensure that staff were kept up to date concerning any information they needed. This also provided opportunities for staff to raise concerns or share anything they felt that other staff members needed to know. The minutes of team meetings were circulated to other staff such as the manager of the day centre that people attended. This meant that relevant staff were aware of any information they needed to know.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member confirmed that they needed to “Always assume capacity” in accordance with the MCA. Another staff member stated they were encouraged to “Ask the right questions” concerning how and when it might be necessary to deprive a person of their liberty.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The acting manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and

Is the service effective?

staff were aware of good food hygiene practices. The home had been awarded five stars following an environmental health check in June 2014, which evidenced good standards of food hygiene.

Two of the people had special diets and meals were prepared using different ingredients but closely resembling the food that was served to other people. This meant their needs were catered for without making them feel different from other people. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with

people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. For example, one person had epilepsy. We saw that their plan had specific instructions concerning how to manage their condition and keep them safe. This included what staff should do if they had a seizure. Records evidenced that staff had contacted the GP, community learning disability nurses, social services, community psychiatric nurse and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences. However, we observed that people were relaxed and their facial expressions indicated that they were happy. People were welcomed home from their day services and staff asked people about their day, they listened to people's responses and showed interest in each person. There was a relaxed and calm atmosphere.

Relatives told us that staff were kind, caring and communicated well. One relative told us this was because there was not a big turnover of staff. Another relative told us that the service was a "Home from home".

A local authority care manager told us that staff worked "Extremely well" with their 'client' and that staff appeared "Very knowledgeable to his wants and needs and have demonstrated on a few occasions their ability to support him with difficult issues".

Many staff had worked at the home for a number of years and knew people well. People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past.

People were supported by staff who understood their needs and how they communicated. Information about likes dislikes and preferences were outlined in communication passports. We saw that when staff interacted with the people they asked them about things that they liked to do and this was consistent with what was in their communication passports. For example, a staff member asked about the outing one person had been on to a favourite destination. We saw that they used their body language to support what they were saying. Pictures and symbols were used in the home to help people communicate. Staff knew people well and were able to adapt their communication to meet their needs.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities such as playing basketball and having a conversation about what they had done that day.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through photographs and through video footage. Where people had made decisions about their lives these had been respected. For example, one person had chosen not to attend day services, this had been respected. A relative explained that during this time activities had been organised in the home until the person was ready to attend day service again.

Although none of the people had an advocate at the time of our inspection, a policy was in place to ensure that if it was identified that an advocate was needed, information was available to support staff to find a suitable advocate. This included details concerning local advocacy services and how to access support from an independent mental capacity assessor (IMCA) if this was required.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. Staff respected that one person did not like anyone going in to their bedroom, they explained that the person liked to keep their door locked and if staff were invited in they respected the person's wishes to remove their shoes.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from others and only people that needed to know were given information.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. Relatives explained that they had also been invited into the home for parties and events such as summer barbeques. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls.

Is the service responsive?

Our findings

Some people were unable to verbally describe their experiences. People appeared contented and the atmosphere was relaxed. People were supported to prepare for key events through the year. Art work and activities were produced by people and staff to prepare for changes in routines such as Easter holidays and other cultural events such as the Chinese new year.

Relatives told us that they had been involved with the assessment of their family member. Relatives said that there were a variety of activities on offer. One relative said their family member “Has a much wider activities schedule than we can give, especially in the summer”. They explained that people were supported to plant flowers and vegetables in the garden.

People did not wish to take part in group meetings so one to one meetings were used to get feedback from people and ask for ideas for activities. The home also used service user feedback forms to gather and document the views of people. One feedback form showed that the person had provided positive views about the home. They had said “I like going out on activities and doing new things”. They had fed back to staff they liked living at the home “Because it’s nice” and said that their keyworker was good to them and everybody else was too. People were given opportunities to express their views and wishes in a way that they found preferable to a group meeting.

Annual reviews were carried out to ensure that people’s needs were reviewed and care plans were updated as required. Detailed reports were compiled that documented progress and any issues that may be ongoing. Review meetings included family members, social worker and staff who knew the person well. Goals and actions from reviews had been documented and followed up. For example, one person’s review noted that the person wanted their bedroom decorated and a new carpet. This had been completed. Another person had recently had their room decorated. New furniture had been purchased with input from the person’s family. A local authority care manager

told us that they had “Always found the staff to be very caring and supportive during reviews”. People were fully involved in their reviews; they were supported by staff to put together a presentation of photos and videos to show their relatives and other relevant people.

People were encouraged to take part in activities that they enjoyed. We saw a number of photos of people enjoying outings within the local community and further afield. This included visits to the theatre and a fireworks display. We also saw photos of people enjoying celebrating special occasions like birthdays and Christmas. Relatives told us activities included bowling, golf, shows and theatre trips.

People were supported to be as independent as possible. For example, one person had step by step guidance on the wall in the kitchen to help them to make a cup of tea independently. People had individual activity programmes that were displayed on the kitchen wall in a visual format that was appropriate to people’s communication needs. This included the type of support they needed to complete each task. Individual programmes were used to develop skills for independence such as preparing meals and carrying out household tasks.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed three completed feedback questionnaires, all of which contained positive feedback about the service. Written comments included, ‘The staff clearly excel in knowledge and understanding of Autism’ and ‘We are pleased with (family members) care and we are fortunate that he is with you’.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

Is the service well-led?

Our findings

We observed that there was positive interaction between both people and staff. People were supported to be active members of their community and were supported to have a voice.

Relatives told us that the home was well run. One relative said the provider, “Always tried to employ people that understand”. Another relative told us, “If anything goes on, they let us know, including if the keyworker is off sick”.

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. We spoke with the behaviour support manager about their role in supporting staff to manage behaviour in a positive manner. They were clear about their own role and had plans to develop further support for staff. They were supervised by the chief executive officer and reported that they were given the resources they needed to develop in their role. Staff had been sent a staff survey from the provider before our inspection. The survey gave staff the opportunity to comment on all aspects of the service including their happiness, training, support, the organisation as well as general comments and feedback. The provider had not yet had any completed surveys returned. The provider explained that they wanted to retain staff and support them to develop within the organisation.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to Public Concern at Work, an organisation that supports staff who feel they need to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. A staff member told us they felt that the organisation “Respects their staff and service users”.

The home had a statement of purpose that set out clear values for the organisation. This included the objectives that people should be given respect, privacy, dignity, choice in activities offered, to be independent, achieve their dreams and aspirations. We observed that the staff had embedded these values in to their work.

Management of the home was overseen by a board of Trustees for The Kent Autistic Trust. We saw that information about how to contact the trustees was displayed for staff, visitors and people. Trustees and the chief executive officer for the trust visited the home regularly. They were able to engage with people and monitor the management and operation of the home. A trustee told us that they completed unannounced quality visits every six months, “To see if people are treated with dignity”. A report was produced of their findings. We viewed two completed reports and saw that the Trustees had observed positive interaction.

Staff told us that communication between staff within the home was good and they were made aware of significant events. We saw that handovers were documented and this included relevant information such as health conditions that needed to be monitored.

A staff member told us there was a lot of community participation and we saw evidence of this in the number of activities people took part in. They accessed clubs and activities for people with disabilities as well as taking part in local events such as the steam and transport festival.

The registered manager was not available during our inspection; however they had demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The provider had informed us that the registered manager had been absent from their role for longer than 28 days, and listed the management arrangements that had been put in place. The two acting managers we spoke with explained that they had good support from their manager and the provider. The registered manager had been supported to develop within the organisation.

A number of audits were carried out by the provider in order to identify any potential hazards and ensure the safety of the people. This included health and safety audits. We checked areas of the home that had been included in these audits and found that actions had been taken when it was identified that actions were required. For example, arrangements for managing cleaning products within the home had been checked and we saw that suitable data sheets were in place and storage of cleaning products was appropriate.

Is the service well-led?

An audit had been carried out by the pharmacy that supplied medicines to the home in October 2014. This had not identified any significant issues but it was recommended that the home should buy the most current British National Formulary. This is a guide to medicines. This action had been taken. The home also had their own audit systems in place to ensure that medicines were safely stored and administered.

The service quality compliance manager told us that they completed a quality audit on the service every three months. They explained that the audits were themed and

that the audit tool was being reviewed and amended in line with the fundamental standards of quality and safety. We viewed the audit that had been completed on the 24 October 2014 and saw that this checked meeting records, care records and personal allowances. The audit had identified a potential concern with one person who had been buying an over the counter supplement which may have caused them to receive too much vitamin D. The audit evidenced that once this had been highlighted, the GP had been contacted for advice.