Autism Anglia

Lambert House

Inspection report

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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

The inspection took place on 25 and 26 July 2016 and was announced. The service provided accommodation for persons who require nursing or personal care. There were 10 people living in the home when we inspected, all living with learning difficulties.

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. There was not a registered manager in post as they are due to start in the home in September. The current manager overseeing Lambert House was the registered manager from one of the other homes within the organisation. The new manager was due to start in September 2016, and would apply for registration once they start.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur.

There were effective processes in place to minimise risk to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Staff were knowledgeable about how to protect people from harm and reporting concerns. People received support to take their medicines safely and risk assessments were in place to minimise avoidable harm. The environment in which people lived was safely maintained.

Staff were trained in supporting the people who lived at the home. Staff were supported with supervisions and obtaining further care qualifications. Staff had knowledge of gaining consent from people and sought this before providing care.

There was a limited choice of food in the evenings, however improvements were planned to increase this to two options. People were supported effectively to eat and drink appropriate and sufficient amounts. They had regular on-going access to healthcare.

People were supported by compassionate staff who were passionate about people's wellbeing. Staff had built strong relationships with people and always respected people's dignity and privacy. People were supported to maintain their relationships with their loved ones.

There were many opportunities available to people to go out to do activities and access the community. Their health needs were responded to in a timely manner and the records contained a great deal of detail about people's needs.

The manager was supportive to the staff in the home, who worked well together as a strong team. The

service had experienced recent difficulties with staffing, and this had improved. There were many systems in place to assure quality of care through the auditing and monitoring of specific areas.

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 service was safe.

People were safely supported to increase their independence whilst minimising risk. The environment was kept safe. Staff had knowledge of protecting people.

People were safely supported to take their medicines.

Is the service effective?

Good

The service was effective.

People were supported by trained staff. People were supported to eat and drink a sufficient amount.

Staff sought consent from people and supported them to access healthcare.

Is the service caring?

Good

The service was caring.

Staff had built effective relationships with people in the home, and they delivered kind, compassionate care. Support with communication made a positive impact on people's lives.

People's dignity and privacy was always respected.

Is the service responsive?

Good

The service was responsive.

People were supported to go out into the community and participate in a range of activities. The service involved people and their families in decisions about their care.

People's changing health needs were responded to promptly.

Is the service well-led?

Good

The service was well-led.

The manager was familiar with everyone living in the home, and supported staff well. Staff worked well as a team.

There were systems in place for monitoring and improving the service.

Lambert 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.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a 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. This was received from the provider. We reviewed this information when planning our visit. The inspection was carried out by one inspector.

During the inspection we looked at two care records and spoke with four support workers including a senior. In addition to this, we spoke with the speech and language therapist who worked for the provider, the present manager and a healthcare professional who had regular contact with the home. We also spoke with four relatives of people living at Lambert House and one person living at the home. We reviewed other quality assurance and safety records of the home, as well as all the medicines records.

Good

Is the service safe?

Our findings

All of the relatives we spoke with during the inspection said that they felt their relatives were safe. The staff we spoke with had good knowledge of how to keep people safe. Staff were encouraged by their seniors and management to raise any concerns, and they were able to tell us who they would report to if they had concerns. They had received safeguarding training and contact details were available on the wall in the office for staff.

Risks to people living in the home were assessed and recorded in detail within their care records. These included behavioural risk assessments, risks associated with going out into the community, travelling in a vehicle as well as manual handling where needed, and people's risks to health such as epilepsy, vision and hearing. Staff were able to explain risks to individuals and how they mitigated them. We saw that these were reviewed regularly or updated as needed. Staff reported accidents or incidents and these were investigated appropriately. We saw that action had been taken following accidents.

We saw that the home undertook regular fire alarm and smoke detector tests, and that fire extinguishers had been inspected. Other checks for the safety of the building that we looked at included water safety, gas safety and electrical testing. Each person had a personal evacuation plan to be implemented in the case of a fire and the home had carried out a recent fire drill. There was a contingency plan in place in the case of emergency. The organisation had a health and safety manager to monitor and review the health and safety of the environment.

There were sufficient numbers of staff to support people at the home. Most people who lived at the home required support of one or more staff individually throughout the day. The staff we spoke with had found it difficult at times working with agency staff due to the complexity of working with the people who lived in the home. However, they said that they had pulled together and managed it well by deploying staff effectively. For example, placing one agency staff member with one permanent staff member with a person who required constant supervision from two staff members. This helped care for the person safely as one person knew them well. The manager told us that they had always used consistent agency staff which helped them to provide safe care for people. All of the staff we spoke with said that there were enough staff, and that stability of the staff team was improving since the recent manager had been overseeing Lambert House.

The manager explained to us that the home had recently gone through a difficult period regarding staff turnover. Many staff had left including members of the management team, and therefore they had a current recruitment drive and agency staff covering current vacancies. There were systems in place to ensure that only people deemed suitable to work with the people living in the home worked there. These included extensive past employment checks, requests for references, criminal record checks and identity checks. The manager said that they requested these checks from employment agencies and received a one page profile of workers before they came. The recruitment process included a second observational interview so that the manager could see how the candidate interacted with people. Staff were also subject to a three month probation period. These systems helped to ensure that people were supported safely, and that only people deemed suitable were able to work in the home.

People's medicines were managed and administered safely. They were stored in a locked cupboard, however this was small and cluttered, and just in front of a door where staff were coming through. This meant that there was a risk of staff not being able to locate things easily, and staff being interrupted whilst counting or administering medicines. The senior support worker on shift showed us the room they were converting to be the new medicines room which would be much improved. We looked at the medicines administration records (MARs) and saw that each person's front sheet had a photograph of the person. Each sheet showed that medicines were signed for. We saw that medicine stocks had been counted correctly. There was a comprehensive system in place for signing out medicines for when people went home or on holiday.

There were robust protocols in place for 'as required' medicines which the home considered to be of higher risk of misuse, due to their potential impact on subduing people's behaviour. This included consulting the on-call manager as well as calling 111 before administering. There was a large overstock of some 'as required' medicines because they were not being used regularly, which is not good practice. The manager and the senior told us that they would be consulting the GP surgery about altering repeat prescriptions to try and manage this. Medicines were returned and received monthly. The senior explained how they were planning to make further improvements to the management of creams, by ensuring the date of opening was consistently put on these as well as ensuring tighter stock control.

Good

Is the service effective?

Our findings

The relatives that we spoke with said that staff were competent in working with the people who lived in the home. The staff we spoke with were able to tell us in detail about some training they had received, and how it had impacted on their roles. They had received 'Team Teach' training which taught about de-escalating techniques regarding behaviour which some people would find challenging. The training included information about levels of arousal and 'positive handling strategies'. Staff told us that this had increased their confidence when working with people. Staff told us how they felt more confident when supporting someone who had epilepsy following specific training. One staff member said, "Now I would know how to make someone safe following a fit, I know how to help them."

Other training they had received included autism awareness training, which was deemed mandatory by the provider as well as food hygiene, first aid and manual handling. Some training was overdue according to the organisation, and the manager was planning to implement further training soon, as the provider had employed a Training Manager to improve this. Other areas where formal training was lacking were discussed in staff meetings and supervisions.

Staff had received support to undertake qualifications in health and social care. They had received recent supervisions which provided an opportunity to discuss further training needs and how they were getting on at work. Staff said they had felt well supported recently, following a period where they had not felt well supported due to having no manager in place. Staff confirmed that when they started in their roles they shadowed for many shifts, which meant they would work closely with a more experienced member of staff. They did this until they felt confident in their roles and knew the people well. One member of staff explained how the shadowing helped them know how to adapt their communication and approach specific people so they would respond.

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 interest and as least restrictive as possible. People can only be deprived of their liberty so they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). 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.

Although staff had not received recent formal training in the MCA, they were aware of the principles and working within them. One member of staff said, "You always involve them and try to give them choice." Other staff talked about how they obtained consent from people, and how it was important to understand people's body language when they could not verbally communicate. One member of staff explained to us how one person's capacity in choosing what they wanted for breakfast was variable, and how they gave them visual choices. The manager told us they had organised more formal training in MCA which all staff

would undergo during the year.

Staff explained how they used de-escalation techniques rather than restraint with people, and how these were effective. All staff had received training in holding techniques, how to safely restrain someone, for emergencies.

People's care records showed that mental capacity assessments had been carried out for decisions in different areas of their lives including dressing, eating and going out. Where appropriate, DoLS had been applied for in relation to specific aspects of people's liberty. Where the home was awaiting authorisation, least restrictive methods were used to deprive people of their liberty and best interests decisions had been held and reviewed. People living in the home had specified advocates when appropriate.

The relatives we spoke with of people who lived in the home confirmed that their relatives were supported to eat healthily. We saw that where people required special diets, there were systems in place to facilitate this. People were supported to eat and drink enough. Staff confirmed that they encouraged people if they needed it, to drink, or not to drink too much. People's weights were recorded and they were referred to a dietician when needed.

At the time of the inspection people could choose what they wanted for breakfast and would receive support from staff to make their packed lunches, however they only received an option of one thing for their evening meal. Whilst this adhered to people's likes and dislikes, as the menu for the daily evening meal was decided around these, the manager said they were planning to begin giving two options. This would give people an opportunity to decide.

Relatives we spoke with said that they felt people were supported to access health care. People were supported to maintain good health by accessing other health services. The speech and language therapist was involved with supporting people to understand what was going to happen at appointments or various settings. We saw that the learning disability team and psychiatrists had been involved with people's care when needed, and people had timely access to their doctors.

Good

Is the service caring?

Our findings

All of the relatives that we spoke with felt that people were happy living in the home, one saying, "[Person] always wants to go back." One relative also said, "[Staff] have a lot of patience", and another saying [staff] get on well with [person]." All of the staff we spoke with were passionate, enthusiastic and committed to providing good care for the people living at the home. One said, "You get a real sense of achievement working here. You build a relationship with [people]." This was echoed by all staff we spoke with, who spoke about people in a respectful manner.

During the inspection we saw positive, caring interactions between people and staff, and saw how staff reassured people if they became distressed. The staff we spoke with told us how important it was to know each individual. The staff said that where people required one to one support, they allocated somebody who knew the person well. All staff talked about people's individual behaviours and what they meant for the person. Staff were able to give us specific examples of supporting individuals who may become distressed or hurt themselves. They said that this related to training around people's needs, but also to the fact that they knew people as individuals well. This meant they were able to effectively support people to minimise anxiety and distress, maintaining people's wellbeing.

When we spoke with relatives of people living in the home, they told us that they felt staff created opportunities for them to make choices. One relative told us how important it was to a person that they wore what they wanted and this was respected by staff. Staff told us how they supported people to make decisions, and the speech and language therapist facilitated this by using various communication aids such as pictures. Staff including the speech and language therapist had made an effort to learn people's individual signs they used to communicate. This meant that they made it as easy as possible for people to communicate with them non-verbally, being led by the people's own ways of communicating.

The speech and language therapist told us how they worked with people to maximise their independence through developing ways to communicate to increase people's understanding. This included giving people information about appointments, things that happened in their lives or choice, in a way that they could understand. They also spent time with staff ensuring that their communication was pitched a level appropriate to the person they were talking to. The speech and language therapist gave us an example of how they helped someone through losing a close family member, through communicating to them what had happened in a way that they could understand, using pictures as well as words.

We saw that people had been consulted about their care as much as possible, as care records contained some information in different formats, including pictures. These had been developed to communicate the information to people, as well as used to find out and confirm their preferences with them. Relatives also confirmed that they had been consulted about people's care. Where there were changes to people's needs, these were communicated to them in a way that they could understand as much as possible.

Staff explained to us how their ability to adapt their communication made a positive impact on people's lives due to knowing how best to respond if an individual became distressed. They described what the

causes of this might be, and related this back to their autism training. Staff felt that by knowing people well, along with understanding their needs, they were able to support them to overcome anxiety.

The person who lived in the home who we spoke with said that they often preferred to spend time alone in their room, and staff respected this. Staff were able to tell us how they promoted people's privacy and dignity. This included ensuring that people received personal care with privacy, and keeping curtains and doors closed. All of the relatives we spoke with said that staff always supported their relative with personal care and maintain a dignified appearance.

The person who lived at the home who we spoke with said that they were supported to spend time with their family. One relative explained how staff supported someone to maintain contact saying, "We skype once a week so [person] can see us." People were supported to maintain regular contact with their loved ones. Relatives we spoke with confirmed that they were always made to feel welcome at any time by the staff, and in some cases the staff took people to visit their families.

Good

Is the service responsive?

Our findings

The person living in the home who we spoke with told us how the staff helped them to access the community and supported them to develop their life skills. They showed us their book where staff had recorded their sessions on money management, and said that they were improving their ability to count. The person also told us how staff were supporting them to do work experience, and said that they were enjoying it very much. The speech and language therapist explained how they were involved with liaising with the colleagues who the person was working with during their work experience, in terms of educating them about the person's communication. This showed how the person was given opportunities to increase their independence and partake in the community, as the staff helped the person increase their ability to communicate effectively with other people.

People living in the home regularly attended an opportunity centre, where they carried out cooking, art and IT activities. Other people attended day centres. People went on outings, for example to Pleasurewood Hills. They went with staff to the supermarket and key workers supported people to organise holidays. A staff member we spoke with told us how they had enjoyed taking people swimming that morning. Staff encouraged people to be independent within the house, and this included making their packed lunches with support, and helping to clear up after meals.

The relatives we spoke with confirmed that they had been consulted and involved in people's care, and kept informed of any changes to people's health. One relative we spoke with explained how staff supported someone to eat healthily following recommendations from a dietician. Staff we spoke with also reflected this.

Staff were able to tell us about the needs of individuals with complex needs. Changes to people's health were also recorded in the care plans. The care records we looked at were very detailed with information about the individuals, including their individual routines and preferences, and their lives. They included people's abilities with writing, reading, numeracy, and their everyday individual needs. The care plan also contained a short plan of likes and dislikes which contained pictures, so that where possible people could be involved in their care planning.

Although the care plans we looked had been regularly reviewed, there was not a comprehensive summary of needs. The speech and language therapist and the manager were working on summarised documents with important information about people, with a view to increasing understanding by providing this when they had visiting agency staff. The manager also explained how the upkeep and reviewing of care plans was to be made more central in the role of the key worker. At present, staff told us, key workers would organise holidays and appointments for people. The manager had organised further key worker training to include more specific duties in relation to people's individual care.

One staff member said, "I understand everybody's condition and I adapt to their needs individually." Staff were responsive to people's changing needs and followed recommendations from the speech and language therapists. Staff within the organisation communicated people's needs at three monthly multidisciplinary

(MDT) meetings which included the positive behaviour officer and speech and language therapist. A visiting healthcare professional who we spoke with said that they found staff followed any recommendations they gave.

All of the relatives we spoke with said that they found the manager to be approachable, and some had already had regular contact. They said if they had any concerns they would feel happy to raise them. We could see that the manager had responded appropriately to any complaints.

Good

Is the service well-led?

Our findings

A relative said, "I've already spoken to [manager] quite a few times", and said that they were available and approachable. There was an open culture between the staff in the home. A member of staff said, "The office is open and no matter what time it is, [manager] is a phone call away." The manager said and staff confirmed that the manager worked on shift with staff at times. Other staff confirmed that the manager was very approachable. Staff felt that they were a good team, and one senior said that they had felt very well supported by the team when they first became a senior, saying, "I had brilliant support from staff."

The manager had informed us in their PIR that staff had experienced a difficult period recently. Staff said they had some concern over recruiting consistent staff who would stay, following the recent difficult period with regards to losing staff. The turnover had created a lot of pressure on permanent staff. All of the staff said that things had improved recently and they had pulled together well as a team. The manager told us that the organisation was reviewing ways in which to retain staff, and recruitment was on-going.

There were regular meetings which consisted of monthly staff meetings, seniors meetings and three monthly MDT meetings. The MDT meeting would include the manager, some staff, as well as other staff from the organisation. This provided an opportunity for staff to discuss people's changing needs, and ideas for trying new approaches with people. The manager encouraged staff to give feedback at their meetings, and discussed topics for training.

The organisation had sought feedback from relatives and staff in order to analyse feedback and make improvements, however these were last completed in 2013 and 2014. The manager stated that they would be sending them out again this year.

The information that was given to us in the PIR, prior to our visit, had outlined areas that the home were working on and had made improvements on. The organisation had undertaken a full service audit in May 2016, leading to several actions to improve the service provided by the home, and the home was working towards them. These actions included increasing accountability for senior staff in checking competencies and widening the key worker role. The manager had discussed with staff the key worker training in recent meetings, and development of this was underway.

Other actions which had been identified as needed, included training in incident forms to improve them, creating care plan action plans, and increasing Easy read documents in care plans. We saw that these were being developed and some were in place already, and that some individual care plans had specific action plans for them to be improved, with timescales specified.

A recent service monitoring visit had led to a decision to increase options for food in the evenings using choice boards for people. A recent health and safety audit had been carried out and suggested improvements had been made.