

Leeds Autism Services

Ashlar House - Leeds

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashlar House is a care home providing care and support for people with learning disabilities and autism spectrum conditions who may, at times, display behaviours that challenge others. The service can support up to eight people in one residential adapted building. At the time of this inspection, seven people were living at the home. Ashlar House is also registered to provide personal care to people living in their own home in the community. At the time of our inspection, one person was receiving services from the home care service. During this inspection, we looked at the care provided both at the residential home and by the home care service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 8 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

At this inspection, we found considerable improvements had been made by the provider to put in place systems to effectively assess, monitor and improve the quality of service provided. However, some areas required further work and evidence showed these improvements had been implemented only in the recent months; therefore, limited evidence was available to confirm improvements would be sustained. The provider was going through organisational changes and they told us about their plans to continue developing the service to improve people's experience while living at the service.

The service provided safe care. People and relative's feedback was mostly positive about the support offered by staff. Risk assessments were in place to manage risks to people's care, and staff told us about the approaches they would follow to manage people's behaviours in the least restrictive way possible.

Overall, medication was managed safely.

The service followed safe recruitment practices and we found enough staff were available to support people. The service frequently used agency staff to ensure adequate staffing levels and the provider told us they were in the process of recruiting more staff. We received mixed feedback from relatives in relation the

consistent approach followed by staff.

The premises continued in need of ongoing repairs and renovations. These were identified and planned and there was an action plan to ensure issues were addressed timely to guarantee the safety of premises. Regular checks on the building's safety and hygiene were being done.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

The provider completed person -centred assessments and care plans were updated when required. People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

People remained supported by staff who were caring and respectful. People, relatives and when appropriate, advocates, were involved in making decisions about the care people received.

Staff told us they felt appropriately supported in their roles. We saw most staff had their training up to date and had regular supervision meetings with their line manager. There was an open culture within the service, where people, staff and healthcare professionals could approach the management team if they had concerns or suggestions.

There was not a registered manager, however we found appropriate management arrangements were in place. A new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC); they told us about their plans and vision to develop the service and the support they received from the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 30 July 2019) and we found three breaches in regulation in our last inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on a previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ashlar House - Leeds

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience on the first day; and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Ashlar House also provided a domiciliary care service. It provided personal care to one person living in their own house. The arrangements in place in relation to care planning, medicines, staffing and quality assurance were the same as in the care home.

The service had a manager who was in the process of registering with the CQC. The manager was being supported by the operations manager and the nominated individual, who were present during our inspection visits. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave a short period of notice of the inspection because some people using this service needed to be informed of our visit in advance as they could otherwise have found an unannounced inspection difficult to manage.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included Healthwatch Leeds, the local authority safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with three people using the service and five relatives of people using the service. We spoke with one healthcare professional visiting the service. We spent time observing care in the communal lounges.

We spoke with seven staff members; this included the nominated individual, operations manager, home manager, shift leaders and care workers. We looked at care and medication records for two people living at the home and one person receiving domiciliary support. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to review the information emailed by the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess and manage the risks relating to the safety of the premises. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was completing regular checks on the safety of premises in case of fire. For example, the fire alarm, fire door tests and emergency lighting were checked weekly. The service's fire risk assessment had been updated in November 2019 and we saw the provider had been in regular contact with the housing provider to ensure required actions were taken timely.
- Staff had been trained in how to deal with situations of emergency involving fire and fire drills were completed regularly.
- The legionella risk assessment had been updated and regular checks were being completed by management.
- Risks related to people's care and health were managed safely. Risk assessments covered areas such as behaviours that may be challenging and access to the kitchen; during this inspection we observed staff following these.
- People were supported to take positive risks to maximise their independence. For example, one person enjoyed doing their own shopping but there had been recent concerns with some of their choices impacting on their health. This person's care arrangements were reviewed with relevant healthcare professionals and actions put in place to manage the risks. One relative told us, "They [staff] try really hard to give [person] experiences that probably I wouldn't, I wouldn't take the risk. And they do, which is really good. They push [person] in areas where I wouldn't."
- Accidents and incidents were recorded and we saw staff were following interventions that intended to positively manage people's behaviours. Staff used proactive approaches before considering the use of medication to manage people's behaviour or physical intervention, as per their care plan.

Using medicines safely

At our last inspection the provider had failed to always manage people's medication in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Overall, medication was managed safely. People's medication was always available, was administered on time and there were no gaps in the medication administration records. For example, one person required rescue medication to manage a health condition in case of emergency. We saw staff supporting this person had this medication with them all the time, including when accessing the community. Relevant care plans and protocols for this medication were in place and were known to staff.
- We found some issues with records, but these did not have a detrimental impact on the support people received with their medication. For example, one person had been prescribed a cream and there was not a body map to indicate where this should be applied; although staff were able to tell us where. Another person's cream and toothpaste did not have a label. We spoke with the home manager who told us they would address these issues immediately.
- Weekly medication audits were being completed and when issues were identified, an action plan was put in place and actions signed off once completed.
- Staff responsible for administering medication had been trained and their competency regularly assessed.

Preventing and controlling infection

At our last inspection the provider had failed to assess and prevent the risks of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The building continued to be in need of improvements and redecoration. However, some improvements had been made since our last inspection. The service was completing regular checks on the premises. When issues were identified these were added to the maintenance log and reported appropriately and timely. The operations manager told us they had developed close relationships with the housing provider to ensure necessary repairs were done quickly. For example, one area of the home had recently been deep cleaned and more were scheduled.
- People's bedrooms, bathrooms and communal areas were clean and free of odours.

Staffing and recruitment

- The service continued to follow safe recruitment practices.
- We found enough levels of staff were available to support people. However, relatives shared mixed feedback about the high turnover of staff and their approach in delivering people's care was not always being consistent. Their comments included, "I think with the high turnover of staff everything gets lost, and you end up repeating and asking for things to be put in place again" ; "The turnover of staff has always been high, it's quite concerning so many people coming and going" and "Yes there's been a lot of change in staff, you have just got to accept the staff changing is part and parcel of the way the industry is, just get used to it."
- The management of the service confirmed there had been some changes in staffing and agency staff were regularly used although their recruitment programme was ongoing. The home manager also showed us they were developing new documentation about people's care to strengthen the consistency of care delivered by staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Their comments included, "I'm happy living here, this is my home and I feel safe here." Relatives also felt their loved ones received safe care. They said, "The good support keeps [person] safe, [person] is allowed to go out into the community and do what [person] enjoys doing."
- There were procedures in place to keep people safe. All staff had training in safeguarding and understood their role in identifying and reporting any concerns. Safeguarding concerns had been raised appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate supervision and appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they felt supported by regular supervision and had access to relevant training to meet the needs of people. The records we reviewed confirmed staff were attending regular supervision in line with the provider's policy; most staff had their training up to date or their next training dates were booked in.
- Staff's knowledge was developed through an ongoing training development programme which included training in autism, epilepsy and intensive interaction training (training in communicating with people with learning disabilities).
- New staff completed an induction which included training and shadowing experienced members of the team. The home manager told us agency staff were provided with relevant information about health and safety and given time to read the care plans of the people they were supporting. We spoke with agency staff who confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were appropriately managed. Relevant care plans were in place and daily notes showed these were followed. People's weight was being monitored when required, to manage any risks to their health.
- People were supported to choose their meals using relevant pictorial aids.
- When safe to do so, people were involved by staff in the preparation of their meals and drinks. People told us they enjoyed their food. Comments included, "The food is very nice" and "The food is good." Relatives told us, "They [staff] manage [person's health condition] quite well, they do reasonably good job as [person] can be quite particular about [their] food;" and "I believe [person] enjoys the food at the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed. Care plans had a one-page profile and an 'About me book' section which included information relating to people's likes and dislikes, contact with friends and family,

their main health and care needs.

- Staff were knowledgeable about people's needs. A relative told us, "They [staff] really get [person], they support both us and [person's other relative] really well. [Person] looks like [they are] easy to manage but [person] is quite complex, the reason [person] does so well, and managers is because [person] has such good support." One healthcare professional told us, "From speaking with staff I feel they know [person] very well, are very aware of [their] needs and address [their] anxieties."
- We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. For example, people's sensory differences were recorded in a section called "My sensory wishes." People with autism spectrum condition often have particular requirements in this area and having this information available ensured staff were able to better support and communicate with people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed and regularly reviewed.
- People were supported to live healthier lives through regular access to health care professionals. Our conversations with people and relatives confirmed this was happening. One person told us, "I go to the dentist up the road and the doctors is just around the corner." One relative said, "They do take him to the GP if they have any concerns."

Adapting service, design, decoration to meet people's needs

- The provider had identified the building was no longer suitable to meet the needs of the service and there was significant work being done with the relevant organisations to ensure, in the short term, the premises were safe for people and staff and, in the medium term, that people transitioned to suitable placements.
- People's bedrooms were personalised with items they had bought and that reflected their preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected. Staff understood how to present information to enable people to make their own decisions wherever possible. Decision specific mental capacity assessments were in place where people were not able to do this.
- At our last inspection we found decisions taken in people's best interest had not always been recorded. At

this inspection we found records contained information about who had been involved in the decision-making process and the outcomes.

- Two people were subject to regularly reviewed DoLS authorisations. There were no conditions attached to the authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about all of the staff who worked with them. Their comments included, "Staff are so good, very friendly and pleasant" ; "I enjoy the company of staff as well" and "There's lots of staff, I get on with them all." Relatives also shared positive feedback about staff. Their comments included, "They have definitely a way of dealing with [person], they make [person] feel like [they are] making choices rather than making [person] do things [they don't] want to do."
- We observed staff talking to people in a polite and respectful manner.
- Staff supported people in line with their specific preferences. For example, we observed staff communicating with people using words that they responded well to or repeating what people were saying to acknowledge what the person was communicating to manage their anxieties.

Supporting people to express their views and be involved in making decisions about their care

- People and, when relevant, relatives or advocates were involved in decisions about the care delivered by the provider. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Records we looked at confirmed regular reviews were taking place and involving relevant people.
- The home manager and operations manager told us they had recently introduced meetings between people and members of staff chosen by people. These meetings were to discuss about their likes and dislikes in relation to their care and the running of the service. We saw evidence that some people had been involved in the recruitment of staff.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. For example, a staff member told us how they maintained people's privacy while supporting a person with a bath.
- People's independence was promoted. For example, some people were involved in preparing their meals and during our visits we observed people being involved in doing their laundry. One person's care plan indicated how staff should support them to maximise their independence. It stated, "When I get into the shower, I should be supported to wash my hair using the hand on hand method."
- People's records were kept secure and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued receiving personalised care which responded to their individual needs and choices.
- People's care plans contained detailed information for staff on how best to support people. This included information about people's routine, eating and drinking preferences and activities. Some people living at the service could sometimes display behaviours considered challenging to others; the service had developed behavioural profiles with details of the behaviours, their triggers and how to de-escalate them.
- The home manager told us they had started working on a new document called 'my perfect day' which was a very detailed description of people's preferred day and the specific tasks staff should follow while supporting people

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the AIS. During this inspection, we saw several examples of how the service was making information available to people in different formats to facilitate communication. For example, several people used pictures to help them communicate and we saw this was being used, for example, with planning meals or informing people who were the staff on shift. Relevant policies such as a complaint policy were also available in the same format. We also observed staff adapting their communication when speaking with people who required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered regular opportunities to access the community and be involved in activities of interest to them. For example, the provider offered day activities in a different location and we saw people being supported by staff or heard staff making telephone contacts to plan people's activities. There was a board in the staff room with the activities people had planned for that week and the staff allocated to them. Relatives shared mixed feedback about the activities; their comments included, "Outdoor experiences appear to be up and down. They have great ideas, try things and then it drifts off" and "The day centre seems to have helped by coming to [person] at the home because [person is] difficult to motivate and was refusing to go."
- Records showed activities were available during all day and weekends as well, depending on people's preferences and plans. The home manager told us some people had been to trips out of the country and we

saw pictures of these in the home.

- People were supported to maintain relevant relationships. For example, some people's relatives did not live nearby, and staff arranged for people to speak with their families via video chat.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how these were being managed and found it to be appropriate.

End of life care and support

- The home manager and operations manager told us they have initiated some discussions with people about this area, but people chose not to discuss them. Some staff had training in providing end of life care and more were booked in. This was an area the provider said they wanted to improve.
- Currently the service was not supporting anyone with end of life care and if required, the home manager knew who to contact to make sure people received appropriate care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant improvements were still required in the service's management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality of service and accurate and contemporaneous records were not kept. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but continued work was required.

- The service had improved their quality assurance systems in the recent months. However, there was limited evidence available to confirm improvements were sustained. Our last inspection was completed in July 2019 and the provider had not improved the audits straight away. For example, the nominated individual had completed an audit in October 2019 and the operations manager audits in October, November and December 2019; these audits generated actions plans that were being actioned and signed off by the home manager. The medication was being audited every week since December 2019. Monthly environmental audits were being completed since October 2019.
- Most records related with people's care were accurate, but improvements were still required in this area. For example, one person's care plan indicated they used an electronic device to communicate their choices; staff told us they used this however daily records did not evidence this was happening regularly. We reviewed an accident and incident report and after discussing it with the home manager, it was clear the report did not accurately describe what had happened; there was also no record of family being informed even though the home manager said they were.
- The provider was going through organisational changes. Some relatives commented on improvements needed in the communication during this process. The operations manager and home manager told us they kept in regular contact with relatives and facilitated communication with other relevant authorities.
- The management team offered appropriate leadership and support. There was not a registered manager in place but alternative management arrangements were effective and a new manager had recently been appointed.
- The provider had fulfilled their duty with informing CQC and the relevant authorities of incidents happening at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they were satisfied with the care provided. One healthcare professional told us, "The support that [person] gets is very person centred."
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they were listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place for gathering the views of people using the service. Monthly meetings with people using the service had been reintroduced and people could choose the staff member who they could speak with. The home manager told us these meetings were held in an informal and flexible way to ensure people were offered regular opportunity to feedback about their experience of the service.
- The systems in place promoted an effective communication with staff, including handover meetings and staff meetings. Records we looked at showed staff meetings had happened in November and December 2019 and relevant issues were discussed. The provider was also completing a staff survey; in the most recent one, staff had identified areas for improvement and we saw the provider was drafting an action plan to address the issues highlighted.
- The home manager told us about their plans to continue improving the service, such as booking staff on intensive interaction training and completing observational supervisions to assess and support staff's practice.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team such as GPs, social workers, a dietician and commissioners of people's care.